



GENERAL MIDDLE EAR INFORMED CONSENT

I hereby give consent to perform the following surgery:

The reasons and benefits of this surgery have been discussed thoroughly with me. I understand the outcomes with and without the surgery which have been discussed with me in detail. I acknowledge that I have been given an opportunity to ask questions and that these questions have been answered to my satisfaction. I further understand that any operation or procedure involve some risks and hazards.

Modern microsurgical techniques and comprehensive training programs have resulted in fewer complications. Facial nerve injury is rare, but difficulties can arise when the nerve is exposed or abnormally located. Likewise, diminished hearing and balance functions are unusual, but can occur. The risks are greater from invasion of the infection to the structures than they are from surgery. It is the patient's responsibility to maintain adequate follow up with the ear surgeon to monitor any adverse effects.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. You can discuss these risks with your anesthesiologist before your surgery.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent. I certify this form has been fully explained to me, and I understand its contents. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Print Name:

Signature:

Date:
