

Arizona Hearing & Balance Center

Michael J. Fucci, MD

*Specializing in Diseases
Of the Ear, Hearing,
Balance & Skull Base:
Adult & Pediatric*

*Fellowship Trained In
Neurotology & Skull Base
Surgery*

*Board Certified in
Subspecialty of Neurotology
by American Board
of Otolaryngology*

*Board Certified in
Otolaryngology by
American Board of
Otolaryngology*

*American Academy of
Otolaryngology -
Head & Neck Surgery*

American Medical Assoc.

American Neurotology Soc.

Ashleigh Lewkowitz, Au.D.
CCC- Audiology

Beth Gautereaux, Au.D.
CCC- Audiology

Lindsay Shroyer, Au.D.
CCC-Audiology

COCHLEAR IMPLANT – RESULTS AND RISKS

Your hearing problem may be helped by cochlear implant. As with any surgery there are gains, but also risks. You must keep in mind that you may not benefit from the surgery and your hearing may be worse after surgery. The following information will help you understand the results and risks of a cochlear implant:

FORESEEABLE RISKS:

1. Risks arising directly from the implantation of the receiver-stimulator:
 - a. Palpable, but non-disfiguring lump behind the ear.
 - b. Failure of operation, perhaps requiring removal of the device.
2. Risks arising from ear surgery:
 - a. Numbness or stiffness of the ear and surrounding area.
 - b. Injury to the facial nerve.
 - c. Taste disturbance.
 - d. Perilymph fluid leak, perhaps requiring another operation.
 - e. Giddiness/imbalance.
 - f. Increased tinnitus.
3. Risks arising from surgery in general:
 - a. Blood or fluid collection at the site of surgery requiring drainage.
 - b. Respiratory, heart, or brain complications from a prolonged anesthetic.
 - c. Infection at the site of surgery or neighboring region.

Our goal in performing cochlear implantation is to provide you with the best chance of success with the least risk of failure. Like other aspects of life there are no guarantees of success. If you have a bad result after surgery, we will do our best to treat the problem. Please let Dr. Fucci or the office staff know if you have any questions.

Arizona Hearing & Balance Center

COCHLEAR IMPLANT – Results & Risks Informed Consent

Our intent is to make sure you understand your or your child's surgery

- | | | |
|---|-----|----|
| 1. Do you understand the type of surgery you will have? | Yes | No |
| 2. Do you know the purpose of the surgery? | Yes | No |
| 3. Were you told what we expect to accomplish? | Yes | No |
| 4. Do you have a copy of <u>Cochlear Implant Results and Risks?</u> | Yes | No |
| 5. Have you read <u>Cochlear Implant Results and Risks?</u> | Yes | No |
| 6. Do you understand <u>Cochlear Implant Results and Risks?</u> | Yes | No |
| 7. Do you understand there are no guarantees? | Yes | No |
| 8. Are you satisfied that all your questions have been answered? | Yes | No |
| 9. Are you allergic to any medications? | Yes | No |
| 10. If yes, please list: _____ | | |
| 11. Your surgeon will be: _____ | | |

I ACKNOWLEDGE RECEIPT OF THE DOCUMENT ENTITLED "COCHLEAR IMPLANT –RESULTS & RISKS." I HAVE READ AND UNDERSTAND THIS DOCUMENT AND HAVE HAD ALL MY QUESTIONS ANSWERED.

I HEARBY AUTHORIZE ARIZONA HEARING & BALANCE CENTER, ITS PHYSICIANS, NURSES, EMPLOYEES, AND AGENTS TO PERFORM THE SURGERY REFERRED TO HEREIN. I HAVE HAD AN OPPORTUNITY TO DISCUSS THE POSSIBLE RISKS AND REWARDS OF SUCH SURGERY WITH DR. FUCCI WHO HAS EXPLAINED THE PROCEDURE AND HAS ANSWERED ALL OF MY QUESTIONS TO MY SATISFACTION.

Patient's Name: _____

Date of Surgery: _____

Patient is scheduled for: _____

Signature: _____ DOB _____

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