

**ARIZONA HEARING & BALANCE CENTER**  
**Michael J. Fucci, MD**

**PLASTIC REPAIR OF STENOSIS OF THE EXTERNAL AUDITORY  
CANAL (CANALOPLASTY) RESULTS AND RISKS**

**HEARING LOSS:**

Further permanent hearing loss occurs in 1% of cases, due to problems in the healing process.

**EAR INFECTION:**

Ear infection with drainage, swelling, and pain may develop following surgery on rare occasions.

**TINNITUS:**

Tinnitus (head noise) may be more pronounced following surgery.

**DAMAGE TO THE EARDRUM:**

A perforation (hole) in the eardrum occurs in 10% of patients due to the fact that the stenosis area is next to the eardrum. When this occurs, the eardrum is repaired at the time of surgery. It is rare for a permanent hole in the eardrum to develop.

**HEMATOMA:**

Hematoma (collection of blood) develops in a small percentage of cases prolonging hospitalization and healing. Re-operation to remove the clot may be necessary if this complication occurs.

**GENERAL ANESTHESIA COMPLICATIONS:**

Anesthesia complications are very rare, but can be serious. You may discuss these with the anesthesiologist if desired.

**FACIAL PARALYSIS:**

A rare post-operative complication of ear surgery is temporary paralysis of one side of the face. This may occur as a result of an abnormality or swelling of the nerve and usually subsides spontaneously. On very rare occasions the nerve may be injured at the time of surgery. When this happens, a skin sensation nerve is removed from the upper part of the neck to replace the facial nerve. Paralysis of the face under these circumstances lasts six months to a year and there would be a permanent residual weakness. Eye complications requiring treatment by a specialist could develop.

## **CANALOPLASTY RESULTS AND RISKS INFORMED CONSENT**

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

(Please Circle)

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 **Canaloplasty Results & Risks?**  
Yes                      No
5. Have you read **Canaloplasty Results & Risks?**  
Yes                      No
6. Do you understand **Canaloplasty Results & Risks?**  
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

If yes, please list:

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Your surgeon will be:

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I ACKNOWLEDGE RECEIPT OF THE DOCUMENT ENTITLED ***Canaloplasty Results & Risks***. I HAVE READ AND UNDERSTOOD 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:

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Date of Surgery:

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Patient is scheduled for:

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Signature: \_\_\_\_\_ DOB \_\_\_\_\_