

ARIZONA HEARING & BALANCE CENTER
Michael J. Fucci, MD

ENDOLYMPHATIC SHUNT RESULTS & RISKS

HEARING LOSS:

Further permanent hearing loss occurs in 5% of cases. Total loss of hearing occurs in 1%.

DIZZINESS:

Dizziness is common immediately following surgery due to swelling and irritation of the inner ear structures. In approximately 1/3 of patients dizziness is not improved following surgery.

TINNITUS:

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

WEAKNESS OF THE FACE:

Temporary weakness of one side of the face is a rare postoperative complication of ear surgery. It may occur as the result of an abnormality or a swelling of the nerve. Permanent paralysis is extremely rare. Eye complications, requiring treatment by a specialist, could develop.

SPINAL FLUID LEAK:

This operation results in a temporary leak of cerebrospinal fluid (fluid surrounding the brain). This leak is always closed prior to completion of the surgery. On occasion, the leak reopens and further surgery may be necessary to close it.

INFECTION:

Infection is a rare occurrence following surgery. Should this develop in your case, it could lead to meningitis, an infection of the fluid and tissues surrounding the brain, and would require prolonged hospital treatment. A very rare complication is bladder or lung infection.

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.

Endolymphatic Shunt Results and Risks Informed Consent

Our intent is to make sure you understand your or your child's 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 **Endolymphatic Shunt Results & Risks?**
Yes No
5. Have you read **Endolymphatic Shunt Results & Risks?**
Yes No
6. Do you understand **Endolymphatic Shunt 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:

Your surgeon will be:

I ACKNOWLEDGE RECEIPT OF THE DOCUMENT ENTITLED
“ENDOLYMPHATIC SHUNT 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:

Date of Surgery:

Patient is scheduled for:

Signature: _____ DOB _____