

Michael J. Fucci, MD

Arizona Hearing & Balance Center

*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

GLOMUS TUMOR REMOVAL RISKS AND COMPLICATIONS

GLOMUS TUMOR REMOVAL

Removal of a vascular tumor involving the middle ear, inner ear, mastoid, or all of these structures; includes the jugular vein and carotid artery.

TUMOR SIZE

It is usually, but not always, possible to determine before surgery whether the tumor is small, medium, or large. The likelihood and severity of the complications is directly related to size and difficulty in tumor removal.

HEARING LOSS

The larger the tumor the more likely one is to experience further loss of hearing following surgery. On occasion, there is a total loss of hearing in the surgical ear.

TINNITUS

Should the hearing be worse following surgery, tinnitus (head noise) will usually be more pronounced and of a different character.

TASTE DISTURBANCE AND MOUTH DRYNESS

Taste disturbance and mouth dryness may occur following surgery. In some cases these disturbances may be prolonged.

DIZZINESS

Dizziness is common immediately following surgery due to irritation of the inner ear structures. In some cases it is necessary to remove the inner ear structures in which case the dizziness may be severe with some permanent residual weakness. Eye complications, requiring treatment by a specialist, could develop.

FACIAL PARALYSIS

At times it is necessary to move the facial nerve from its canal, in which case a temporary paralysis is common. Rarely, the tumor involves the facial nerve and it may be necessary to excise a portion of the nerve in order to remove the tumor. In this case, 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 from six months to a year with permanent residual weakness. Eye complications, requiring treatment by a specialist, could also develop.

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ARTERIAL LINE MONITORING

In large tumors it may be necessary to monitor the patient's general status by inserting a small tube into an artery in the arm or leg. When this is necessary there may be pain in the hand or foot following surgery and occasionally a blood clot forms in the artery following surgery. Should this complication occur, further surgery may be necessary to remove the clot. A very rare complication of this arterial line monitoring is the loss of a finger, toe, or even a hand or a foot.

GENERAL ANESTHESIA COMPLICATIONS

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

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GLOMUS TUMOR REMOVAL – 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 Glomus Tumor Removal Results & Risks? Yes No
- 5. Have you read Glomus Tumor Removal Results & Risks? Yes No
- 6. Do you understand Glomus Tumor Removal 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
- 10. If yes, please list: _____
- 11. Your surgeon will be: _____

I ACKNOWLEDGE RECEIPT OF THE DOCUMENT ENTITLED "**GLOMUS TUMOR REMOVAL 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 _____