ARIZONA HEARING & BALANCE CENTER
Michael J. Fucci, MD

RETROLABYRINTHINE SECTION OF THE VESTIBULAR NERVE

This surgery involves cutting the balance nerve via an incision behind the ear.

HEARING LOSS:
Total loss of hearing occurs in up to 10% of patients. Partial loss of hearing may occur in others.

TINNITUS:
Should the hearing be worse following surgery, tinnitus (head noise) usually accompanies the hearing loss.

DIZZINESS:
Dizziness is common following surgery and may be severe for days or weeks. It may be followed by prolonged unsteadiness on head motion.

FACIAL WEAKNESS:
The facial nerve is in close proximity to the balance nerve. Weakness of the face from swelling of the nerve is a rare complication of surgery but can occur. Permanent paralysis is extremely uncommon.

EYE COMPLICATIONS:
The nerves responsible for eye movement lie in close proximity to the balance nerve. A rare complication of this surgery is paralysis of one or more of the eye muscles. In this case, double vision results and treatment is necessary.

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

INFECTION:
Infection may occur following surgery. Should it develop it could lead to meningitis, an infection in the fluid and tissues surrounding the brain. This would require prolonged hospital treatment.

HEMATOMA:

Hematoma (a 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.

TRANSFUSION REACTION:

It is very uncommon to administer blood transfusions during vestibular nerve section surgery. Fortunately, immediate adverse reactions to transfusion are rare. A potential late complication of a blood transfusion would be a viral infection such as hepatitis. When this complication occurs, medical treatment and possibly hospitalization would be necessary. It is possible for patients to donate their own blood for use during their own surgery. This should be discussed with your surgeon well in advance of your surgery.

ARTERIAL LINE MONITORING:

In some cases it is 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 pain in the hand or foot following surgery or a clot may form. 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, hand or foot.

GENERAL ANESTHESIA COMPLICATIONS:

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

RETROLABYRINTHINE SECTION OF THE VESTIBULAR NERVE CONSENT

Our intent is to make sure you understand your 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 **Retrolabyrinthine Section of the Vestibular Nerve**?
   Yes No

5. Have you read **Retrolabyrinthine Section of the Vestibular Nerve**?
   Yes No

6. Do you understand **Retrolabyrinthine Section of the Vestibular Nerve**?
   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 **RETROLABYRINTHINE SECTION OF THE VESTIBULAR NERVE**. 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 _____