

Arizona Hearing & Balance Center
Michael J. Fucci, MD

RETROSIGMOID ACOUSTIC TUMOR REMOVAL

RISKS & RESULTS

As with any surgery, there are gains but also risks. The following information will help you understand the risks and results of the above surgery.

HEARING LOSS:

50% of patients have a total permanent loss of hearing in the surgical ear following retrosigmoid acoustic tumor removal.

TINNITUS:

Tinnitus (head noise) usually remains the same as before surgery. If the hearing is worse following surgery, tinnitus may then be more noticeable.

DIZZINESS:

Dizziness may occur following surgery, and may be severe for days or weeks. It may be followed by prolonged unsteadiness with head motion.

TASTE DISTURBANCE AND MOUTH DRYNESS:

Taste disturbance and mouth dryness are not uncommon for a few weeks following surgery. In some patients these disturbances are prolonged.

FACIAL PARALYSIS:

Acoustic tumors are in intimate contact with the facial nerve. Temporary weakness of one side of the face commonly occurs as a result of nerve swelling. This weakness may persist for six months to a year, and there may be permanent residual weakness. In 5% of cases it is necessary to remove all or a portion of the facial nerve in order to remove the tumor. In some cases it is possible to reconnect the facial nerve at the time of surgery, or to remove a skin sensation nerve from the upper part of the neck to replace the missing portion of the facial nerve. In this case paralysis of the face lasts from six months to a year, and there would be a permanent residual weakness. When it is not possible to repair the facial nerve immediately, further surgery may be necessary to substitute another nerve.

EYE COMPLICATIONS:

Should facial paralysis develop, the eye may become dry and unprotected. It may be necessary to apply artificial tears or to tape eye shut. In some cases surgery on the eyelid is necessary.

OTHER COMPLICATIONS:

Acoustic tumors often contact the nerves which supply the eye muscles, the face, the mouth, the throat, face, and tongue. Difficulties with these nerves can cause weakness of the shoulder, weakness of the voice and hoarseness, difficulty swallowing, and double vision. These problems may be permanent.

RESPIRATORY AND CIRCULATORY COMPLICATIONS:

Acoustic tumors are located adjacent to the vital centers of the brain responsible for control of breathing, heart rate, and blood pressure. During the course of removal of these tumors the brain itself, or the blood vessels supplying these areas of the brain, may be injured. These serious complications are rare, but a patient may have injury to these vital structures in which case death could occur.

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, the leak reopens and further surgery may be necessary to stop it.

INFECTION:

Infection is a rare occurrence following surgery. Should it develop it could lead to meningitis, which is an infection in the fluid and tissues surrounding the brain, and would require prolonged hospital treatment. Very rare complications are bladder and lung infections.

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.

BRAIN COMPLICATIONS:

Temporary paralysis of the arms and legs may occur following acoustic tumor surgery. Permanent paralysis is rare. At times it is necessary to remove a portion of the brain responsible for balance; in this case persistent unsteadiness may occur.

TRANSFUSION REACTION:

It is sometimes necessary to administer blood transfusions during acoustic tumor surgery. Fortunately, immediate adverse reactions to transfusions 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.

HEADACHES:

Severe, persistent headaches may occur after surgery. These headaches may last six to twelve months, and in some cases can be permanent.

ANESTHESIA:

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

RETROSIGMOID ACOUSTIC TUMOR REMOVAL

RESULTS & 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 <u>Retrosigmoid-Results & Risks?</u> | Yes | No |
| 5. Have you read <u>Retrosigmoid-Results & Risks?</u> | Yes | No |
| 6. Do you understand <u>Retrosigmoid-Results & 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 |

If yes, please list: _____

Your surgeon will be: _____

I ACKNOWLEDGE RECEIPT OF THE DOCUMENT ENTITLED “**RETROSIGMOID ACOUSTIC TUMOR REMOVAL**”. I HAVE READ AND UNDERSTAND THIS DOCUMENT AND HAVE HAD ALL MY QUESTIONS ANSWERED.

I HEREBY AUTHORIZE ARIZONA HEARING AND 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 Birth _____

Date of Surgery: _____

Signature: _____