

ARIZONA HEARING & BALANCE CENTER
Michael J. Fucci, MD

TRANSLABYRINTHINE ACOUSTIC TUMOR REMOVAL
RISKS AND COMPLICATIONS OF SURGERY

Hearing Loss

All patients will have a total permanent loss of hearing in the surgical ear following a translabyrinthine acoustic tumor removal.

Dizziness

Dizziness is common following acoustic tumor removal and may be severe for days or weeks. Imbalance or unsteadiness with head motion is prolonged in some patients.

Tinnitus

Tinnitus (head noise) remains the same as before surgery in most patients. In some patients the tinnitus is more noticeable.

Taste Disturbance & Mouth Dryness

Taste disturbance and mouth dryness is not uncommon for a few weeks following surgery. In some patients this disturbance is prolonged.

Weakness of the Face

Acoustic tumors are in intimate contact with the facial nerve. Temporary weakness 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 with 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 the eye shut. In some cases surgery on the eyelid is necessary.

Other Complications

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

Respiratory & 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 the tumors, the brain itself or the blood vessels supplying these areas of the brain may be injured 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 completion of surgery. On occasion the leak reopens and further surgery may be necessary to close it.

Infection

Infection occurs in less than 10% of patients following surgery. Should this develop it could lead to meningitis, which is an infection of the fluid and tissues surrounding the brain, and would require prolonged hospital treatment. A rare complication is bladder or lung infections.

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.

Brain Complications

Temporary paralysis of half the body due to brain swelling has occurred following middle fossa surgery; however, this complication is rare. Permanent paralysis is possible but extremely rare.

Transfusion Reaction

It is sometimes necessary to administer blood transfusions during acoustic tumor 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 possible 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 6 – 12 months and in some cases may be permanent.

Arterial Line Monitoring

In large tumors it is often 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. 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 this with the anesthesiologist is desired.

TRANSLABYRINTHINE ACOUSTIC TUMOR REMOVAL RESULTS & RISKS
INFORMED 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 |
| c. | Were you told what we expect to accomplish? | Yes | No |
| 4. | Do you have a copy of <u>Translabyrinthine Acoustic Tumor Removal Results & Risks?</u> | Yes | No |
| 5. | Have you read <u>Translabyrinthine Acoustic Tumor Removal Results & Risks?</u> | Yes | No |
| 6. | Do you understand <u>Translabyrinthine Acoustic Tumor Removal 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 "**TRANSLABYRINTHINE ACOUSTIC TUMOR REMOVAL 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 _____