



TYMPANOPLASTY AND MASTOIDECTOMY - INFORMED CONSENT

PURPOSE: Tympanoplasty is a procedure to reconstruct the tympanic membrane (eardrum) and/or middle ear bone as the result of infection or trauma. Mastoidectomy is an operation to remove disease from the bone behind the ear when medical treatment is inadequate. Sometimes a mastoidectomy is performed to gain access and exposure to the middle ear for other reasons. Symptoms of chronic otitis media (infection of the middle ear) include ear drainage, hearing loss, ringing, dizziness, and even facial paralysis. Pain may or may not be present depending on how long infection has been present. The primary goal of surgery is to restore a dry and safe ear. The secondary goal is to improve hearing, if possible.

POTENTIAL INDICATIONS:

1. Removal of infection from the middle ear and mastoid not responsive to antibiotics
2. Removal of cholesteatoma from the middle ear and mastoid
3. Rebuilding the ear drum and middle ear bones from damage of infection or trauma
4. Gain access and exposure of the facial nerve for exploration and repair
5. Gain access and exposure of the endolymphatic sac for Meniere's Disease

POSSIBLE ADVERSE EFFECTS:

Known potential adverse effects include:

1. Ear infection: Ear infection with drainage, graft failure, or cholesteatoma may recur following surgery, or on rare occasions, develop due to poor healing of ear tissue. Factors such as allergies, eustachian tube dysfunction, and scar tissue from previous surgery affect the outcome. Antibiotics are frequently used. Additional surgery is occasionally necessary to correct the problem.
2. Hearing loss: In 3% of ears operated, the hearing is further impaired permanently due to complications in the healing process. Nothing further can be done in these instances. On occasions there is total loss of hearing in the operated ear. In some cases a two-staged operation is necessary; the hearing is usually worse after the first operation.
3. Tinnitus: Should the hearing be worse following surgery, tinnitus (head noise) likewise may be more pronounced.
4. Dizziness: Dizziness is common immediately following surgery due to swelling in the ear and irritation of the inner ear structures. Some unsteadiness may persist for a week after surgery. On rare occasions dizziness is prolonged.
5. Taste disturbance: An altered or decreased sense of taste on the operated side is not uncommon for a few weeks following surgery. Less than 5% of patient report a prolonged disturbance.
6. Facial weakness or paralysis: An uncommon postoperative complication of ear surgery is paralysis of one side of the face. This may occur as a result of an abnormality or a swelling of the nerve. The paralysis may be temporary or prolonged. On very rare occasions the nerve may be injured at the time of surgery. This requires a nerve graft for repair. Paralysis of the face under these circumstances might last six months to a year and may have a permanent weakness. Eye complications, requiring treatment by a specialist, could develop.

STATEMENT: Modern microsurgical techniques and comprehensive training program have resulted in fewer complications. Facial nerve injury is rare, but difficulties can arise when the nerve is exposed or abnormally located. Likewise, diminished hearing and balance functions are unusual, but can occur. The risks are greater from invasion of the infection to the structures than they are from surgery. It is the patient's responsibility to maintain adequate follow up with the ear surgeon to monitor any adverse effects.

I/We have been given an opportunity to ask questions about my condition, alternate forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent.

I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient / Legal Guardian Witness

Date: _____

Time: _____

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