



***ACOUSTIC NEUROMA***

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PATIENT

SURGERY DATE

TIME OF SURGERY

BENEFITS: \_\_\_\_\_

**RISKS AND COMPLICATIONS OF SURGERY:**

The following are the possible complications and risks associate with these procedures. In addition to those listed, there may be some unforeseen complications with any operative procedure.

Hearing Loss: All patients have a total, permanent loss of hearing in the operated ear following translabyrinthine acoustic tumor removal. With a suboccipital or a middle fossa approach, there is a slight chance hearing may be preserved.

Dizziness: Dizziness is common following acoustic tumor removal and may be severe for days or a few weeks. Unsteadiness on head motion and imbalance may be prolonged.

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

Taste Disturbance and Mouth Dryness: is not uncommon for a few weeks following surgery. In 5% of the 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 be persistent for six months to a year and there may be a permanent residual weakness. In 15% of the cases it is necessary to remove all or a portion of the facial nerve in order to remove the tumor. Sometimes in these cases there is complete facial paralysis. 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 might last from six months to a year and there would be a permanent residual weakness. When it is possible to repair the facial nerve immediately, further surgery may be necessary to substitute another.

Eye Complications: Should facial paralysis develop, the eye may become dry and unprotected. It might be necessary to apply artificial tears, to tape the eye shut, even to sew the eye lids shut or insert a spring eyelid closing device.

Other Nerve Weakness: Acoustic tumors often contact the nerves which supply the eye muscle, the face, the mouth, and throat. These areas may be injured with resultant double vision, hoarseness, and difficulty swallowing. 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 this area of the brain, may be injured. These serious complications are rare with removing a small tumor, but in large tumors up to 10% of the patients may have injury to these vital structures in which case death could result.



Cerebral Spinal Fluid Leak: This operation can result in a temporary leak of cerebral spinal fluid (fluid surrounding the brain). This leak is always closed prior to the completion of surgery. On occasions, however, the leak reopens, and further surgery may be needed to close it.

Infection: is a rare occurrence following surgery. Should it develop, however, it could lead to meningitis (an infection in the fluid and tissue following the brain and require prolonged hospital treatment).

Hematoma: A hematoma (collection of blood under the skin incision) 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 the acoustic 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.

Complication Related to General Anesthesia: There are risks involved with any anesthesia and you may discuss these with the anesthesiologist if desired.

ALTERNATIVES:

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I have read, understand, and considered the risks and complications of this surgery and accept them.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_