



***RETROLABYRINTHINE OR RETROSIGMOID, VESTIBULAR NERVE SECTION;  
COCHLEO-VESTIBULAR NERVE SECTION***

\_\_\_\_\_  
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: Up to 5% of patients may develop a severe hearing impairment in the operated ear.

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: Temporary weakness of one side of the face is an uncommon postoperative complication of ear surgery. It may occur as the result of an abnormality or a swelling of the nerve, or nerve damage and could require further surgery. Eye complications, requiring treatment by a specialist, could develop.

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.

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

ALTERNATIVES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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