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MEDICAL RECORD#

DOB

NAME

VISIT#

**DESCRIPTION OF SURGICAL RISKS FOR  
HYPOGLOSSAL - FACIAL NERVE ANASTOMOSIS**

Right    Left

*The following are possible complications and risks associated with these procedures. In addition, all surgical procedures incur the risks of anesthesia, bleeding, wound infections, cosmetic deformity, scars, and unforeseen/uncommon complications.*

**Infection:** Infection with drainage, swelling, and pain may persist following surgery or on rare occasions may develop following surgery due to poor healing of surrounding tissues. Were this to be the case, antibiotics and additional surgery may be necessary to control the infection.

**Numbness Along the Incision:** Sensation to the skin can be disrupted for 2-3 months following surgery. It will return in 90-95% of patients by the end of 3 months.

**Hematoma/Bleeding:** A hematoma is a collection of blood under the skin. An operation to remove the clot may be necessary if this complication occurs and may prolong hospitalization and wound healing.

**Tongue Weakness:** The nerve controlling muscles of one side of the tongue is released, re-positioned, and connected to the facial nerve. The result is loss of muscle control on one side of the tongue. This may produce some speech disability and difficulty in swallowing/chewing, but this is usually temporary. Over time, the nonfunctioning muscles on the affected side of the tongue atrophy (shrink).

**Facial Paralysis:** A period of several 12-18 months is necessary for the fibers from the tongue nerve to grow into the facial muscles. When movement does occur, it will not be normal. There will be improved tone and motion but some weakness will persist. On moving the face, all the muscles will tend to contract (synkinesis) at once. Some facial motion will occur when speaking or eating.

**Blood Transfusions:** It is VERY rarely necessary to administer blood transfusions during this surgery or immediately thereafter. We mention it here for completeness. Adverse reactions due to blood-type mismatch are possible but extremely uncommon. A late complication of transfusion is viral infection. Hepatitis is the most common disease transmitted by blood transfusions. According to the American Red Cross, about 1 blood transfusion in 205,000 transmits a hepatitis B infection, and 1 blood transfusion in 1,935,000 transmits hepatitis C. In most cases there are no symptoms, but hepatitis can lead to liver failure. HIV causes acquired immune deficiency syndrome (AIDS). Testing the blood supply for HIV began in 1985, and several tests for HIV are now used on all donated blood. With improved testing for HIV, the number of transfusion-related AIDS cases continues to drop. The risk of HIV transmission through transfusion is about 1 in 2,135,000.

**Anesthetic Complications:** You will meet your anesthetist/anesthesiologist the day of surgery. Please discuss the type of anesthesia, use of perioperative medications, and complications with him/her.

**My physician and his staff have made themselves available to answer my questions. I have read, understand, and carefully considered the risks and complications of this surgery, and I accept them.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Military Time: \_\_\_\_\_