THE UNIVERSITY OF ARIZONA
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3312

MEDICAL RECORD#

DOB

NAME

VISIT#

Abraham Jacob, M.D.
Department of Surgery/Division of Otolaryngology
Otology, Neurotology, and Cranial Base Surgery

DESCRIPTION OF SURGICAL RISKS FOR CEREBELLOPONTINE ANGLE (CPA) TUMORS: ACOUSTIC NEUROMAS, MENINGIOMAS, EPIDERMOID TUMORS, LIPOMA, ARACHNOID CYSTS, METASTATIC TUMORS, AND OTHER UNUSUAL TUMOR TYPES

☐ **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 the ear and surrounding tissues. Additional surgery may be necessary to control the infection.

Loss of Hearing: All patients undergoing a translabyrinthine/transotic approach to their tumor lose hearing completely in the operated ear. Hearing loss occurs in 30-40% of patients who had functional hearing prior to surgery and underwent a hearing preservation approach (retrosigmoid or middle fossa approach).

Tinnitus: This is referred to as ringing in the ear or more generally as a sound perceived by the patient in the absence of external sound stimuli. Tinnitus is aggravated in 30% of patients undergoing tumor removal. This may be permanent but often improves with time.

Dizziness: There may be severe dizziness/vertigo after surgery for 3-5 days. This usually subsides rapidly and depending upon age, general physical condition, and baseline level of activity, some unsteadiness may be present for 3 weeks to 3 months. In a small minority of patients, the sensation of dizziness or imbalance persists indefinitely after surgery due to failure in vestibular compensation by the un-operated ear.

Postoperative Headache: Headaches immediately following surgery are well managed with pain medications. Persistent headaches for greater than 3 months are rare but are most common following the retrosigmoid/suboccipital approach.

Disturbance in Taste: Taste disturbance and mouth dryness are not uncommon for up to 3 months following surgery. In 5% of patients, this disturbance is prolonged or permanent.

Numbness Along the Scalp or Ear: Sensation to the skin can be disrupted for 2-3 months following surgery. It will resolve 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.

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Blood Transfusions: It is occasionally necessary to administer blood transfusions during this surgery or immediately thereafter. 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.

Facial Paralysis: Temporary paralysis of one side of the face is an uncommon postoperative complication of this or any cranial base surgery. It may occur as the result of an anatomical abnormality in the nerve, preexisting irreparable damage to the nerve, or swelling of the nerve resulting from manipulation. Permanent paralysis is rare, but if facial function does not return in 12-18 months, further surgery may be required. Eye complications requiring treatment by a specialist can develop if the blink is significantly compromised.

Cerebrospinal Fluid (CSF) Leak: At times (<10%) this operation results in a leak of CSF through the incision, through the ear canal, or through the nose. Further surgery or catheter drainage of spinal fluid may be required to close it.

Intracranial (Brain) Complications: Complications such as meningitis, brain abscess, or brain tissue injury do sometimes occur but are extremely rare. Should this happen, prolonged hospitalization may be required for treatment.

Paralysis of Body or Coma: Anytime the brain is involved in surgery, there exists the possibility of coma, brain damage, or paralysis of the body. In this particular surgery, the chances of this complication are less than 1%.

Death: The risk of death from this surgery is less than 1 in 200 cases (0.5%)

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: _____