



THE UNIVERSITY OF ARIZONA
MEDICAL CENTER

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Abraham Jacob, M.D.

**Department of Surgery/Division of Otolaryngology
Otology, Neurotology, and Cranial Base Surgery**

MEDICAL RECORD#

DOB

NAME

VISIT#

**DESCRIPTION OF SURGICAL RISKS FOR
RESECTION OF BASE OF SKULL TUMORS**

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 tissues. Were this to be the case, additional surgery may be necessary to control the infection.

Loss of Hearing: Depending on the size and location of your tumor, you may experience partial or total hearing loss following the removal of this tumor.

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 may develop or be more pronounced after surgery.

Dizziness: Some level of spinning dizziness after surgery is common and typically lasts for 3 days to 3 weeks. In a small minority of patients, the sensation of dizziness or significant imbalance persists indefinitely after surgery due to failure in vestibular compensation by the un-operated ear.

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 of the Ear: Sensation to the skin and ear canal can be disrupted for 2-3 months following surgery. It will resolve in 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.

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: The facial nerve may be intimately involved with the tumor, and it may be necessary to stretch or cut the nerve in order to adequately remove the disease. If facial function does not return within 12-18 months, further surgery such as nerve grafting may be required. Eye complications can arise from facial paralysis, and require treatment by an ophthalmologist or plastic surgeon.



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Cerebrospinal Fluid (CSF) Leak: At times this operation results in a leak of CSF through the incision, through the ear canal, or through the nose. Further surgery 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: _____