



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  
RETROLABYRINTHINE VESTIBULAR NERVE SECTION**

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:** Up to 10% of patients requiring this surgery have a total loss of hearing in the operated ear. If the hearing is normal preoperatively, it is unusual for hearing loss to result from this surgery.

**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:** There may be severe dizziness/vertigo after surgery for 3-7 days. This usually subsides rapidly and depending upon age, general physical condition, and baseline level of activity, 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.

**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

**Facial Paralysis:** Temporary paralysis of one side of the face is an uncommon postoperative complication of any ear or cranial base surgery. It may occur as the result of an anatomical abnormality in the nerve or swelling after manipulation. Permanent paralysis is extremely rare. Eye complications requiring treatment by a specialist can develop if the blink is 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 (2%), brain abscess, or brain tissue injury do sometimes occur but are extremely rare. Should this happen, prolonged hospitalization may be required for treatment.



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**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: \_\_\_\_\_