



THE UNIVERSITY OF ARIZONA  
MEDICAL CENTER

University Campus

1501 N. Campbell Ave., 50PC  
Tucson, AZ 85724  
Office: (520) 694-1000  
Fax: (520) 694-6101



3 3 1 9

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  
STAPEDECTOMY, TYMPANOTOMY, AND MIDDLE EAR EXPLORATION  
TYPES OF OPERATIONS**

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 is very rare with this type of operation but 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:** This rare complication occurs in less than 1% of patients. However, in this population of patients, the loss may be complete and permanent with no benefit from hearing aids.

**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 outcomes are difficult to predict after surgery. It may be better, worse, or the same.

**Dizziness:** Dizziness may occur immediately following surgery due to swelling in the ear and irritation of inner ear structures. Some unsteadiness can persist for several weeks post-operatively. Very uncommonly, the dizziness may be prolonged.

**Disturbance in Taste:** Taste disturbance and mouth dryness are not uncommon for several months following surgery. In 5% of patients, this disturbance may be prolonged.

**Cholesteatoma:** These are skin cysts that occur in the middle ear or mastoid and are typically the result of migration of tympanic membrane or ear canal skin into the middle ear. A second operation may be necessary to complete cholesteatoma removal.

**Facial Paralysis:** This is an uncommon complication, and when it occurs, it is usually temporary. This may occur as a result of an anatomical abnormality or swelling of the nerve. On very rare occasions, the nerve may be injured at the time of surgery, and when this happens further surgery may be necessary.

**Ear Drum Perforations:** A perforation (hole) in the eardrum develops in less than 1% of patients. If healing does not occur spontaneously, surgical repair may be required.

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