



THE UNIVERSITY OF ARIZONA
MEDICAL CENTER

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MEDICAL RECORD#

DOB

NAME

VISIT#

**DESCRIPTION OF SURGICAL RISKS FOR
TRANSLABYRINTHINE FACIAL NERVE DECOMPRESSION WITH
GREAT AURICULAR NERVE GRAFT AND ABDOMINAL FAT GRAFT**

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 these to be the case, additional surgery may be necessary to control the infection.

Loss of Hearing: This operation results in total loss of hearing in the operated ear.

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. This may be better, worse, or the same after surgery.

Dizziness: Some level of spinning dizziness after surgery is common and typically lasts for 3 days to 3 weeks. In 5% 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 will be partially disrupted by using the Great Auricular Nerve as a nerve graft to the Facial Nerve. This will improve over time but will not completely resolve.

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: This procedure is designed to improve facial tone and perhaps help with regaining some facial movement. Unfortunately, results are variable and can take 12-18 months to finalize. This procedure does not restore normal facial motion.



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Cerebrospinal Fluid (CSF) Leak: This operation results in a temporary leak of CSF that is sealed during surgery with an abdominal fat graft and multilayered wound closure. In about 8 out of 100 patients, the CSF leak recurs through the skin, through the ear canal, or through the nose. Further surgery 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.

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.

Complications at the Abdominal Fat Graft site: These can include infection, bleeding, scars, cosmetic deformity, and abdominal hernia formation necessitating further surgery. These complications are uncommon but possible.

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: _____