

The following documents your right, as a patient, to be informed about your condition and our proposed surgical, medical, or diagnostic procedure so that you may make the decision whether or not to undergo our recommendations. This disclosure is not meant to alarm you but allow you to be more informed and involved in your medical decision making process. Your signature provides us with documentation that you were informed of your proposed procedure, the risks, and alternative options.

I, voluntarily request Dr. Pasha as my physician and such associates, technical assistants and other health care providers as they may deem necessary to treat my condition.

My condition was explained to me as:

My surgical plan was explained to me as:

Please review the following:

Initials |

I give consent for the above mentioned procedure to be performed by Drs. Pasha/Matorin with the assistance of such associates such as technical assistants, other health care providers, or whomever they may designate as his assistant.

Initials |

The medical decision process was made jointly between Drs. Pasha/Matorin and myself or ourselves.

Initials |

I understand that my physician(s) may discover different conditions that may require additional or different procedures than those original planned. I (we) authorize my physician(s), and such associates, technical assistants, and other health care providers permission to perform such other indicated procedures which they may deem necessary in their professional judgment.

Initials |

I understand that no warranty or guarantee has been made in regards to the result or cure from this procedure.

Initials |

I give permission for blood products to be given by the discretion of my physician(s), and such associates and other health care providers.

Initials |

I am not pregnant nor do I believe I could be pregnant and I have taken precautions to avoid being pregnant during the time of the surgery.

Initials |

I give permission for intraoperative photography.

Initials |

I have been explained the risks and hazards of the procedure listed above.

Initials |

I understand that certain complications may arise from the risks of any anesthesia and from common surgical procedures including but not limited to: respiratory distress, blood clots in the veins or lungs, bleeding, infection, allergic reactions, paralysis, brain injury, heart failure, or even death.

Initials |

I was presented with alternative options including non-surgical management.

Initials |

I was given ample time to ask questions and all questions were answered to my satisfaction.

Please review the following:

Initials |

I certify that this form is fully understandable to me as I have read it or it has been fully explained to me.

Initials |

If I do not speak English the form was explained to me in my native language of _____ by _____.

Initials |

If I have an advanced directive, this document has been provided.

Initials |

I have been given the "Preoperative Operative Guidebook" by Raza Pasha, MD, and will review the contents in detail.

Initials |

I have been given detailed postoperative instructions specific to my surgery. I will be responsible in following the recommended postoperative care to maximize the therapeutic benefit and to avoid complications.

Initials |

One of my responsibilities as the patient is to register at the hospital three days prior to my surgery to avoid cancellation (do not phone register) and to not eat or drink anything after midnight the night before my surgery.

Initials |

If I do not show or cancel prior to 24 hour notice, I will be charged \$250.00 which will not be billed to my insurance.

Initials |

I understand that the Ambulatory Surgery Center is partially owned and controlled by a group of physicians including Dr. Pasha. I understand that this is an out-of-network facility and will be charged at your out-of-network rates



By signing below you agree with the terms of this agreement and have received the appropriate information sheets.

Patient Signature

Date

Time



PARENT

If the patient is comatosed, incapacitated, mentally or physically incompetent the above statement was explained to me (legal guardian) and I have a thorough understanding of the above procedure including benefits, risks, hazards, and alternative therapeutic options. The above was explained to me (legal guardian) in a language that was understandable. All questions and concerns were addressed.

Name of Relative

Relationship

Date

Parent Signature

LEGAL GAURDIAN

If the patient is comatosed, incapacitated, mentally or physically incompetent the above statement was explained to me (legal guardian) and I have a thorough understanding of the above procedure including benefits, risks, hazards, and alternative therapeutic options. The above was explained to me (legal guardian) in a language that was understandable. All questions and concerns were addressed.

Name of Relative

Relationship

Date

Parent Signature

WITNESS

I believe that the above patient, parent, relative, or legal guardian has a thorough understanding of the above procedure including benefits, risks, hazards, and alternative therapeutic options. The patient, parent, relative, or legal guardian appears competent to make this medical decision. I believe this to be true since the patient, parent, relative, or legal guardian was alert and oriented, engaging in logical conversation, and appeared to comprehend the information. The above was explained in a language that was understandable to him/her. All questions and concerns were addressed. I will not be directly involved in the caring for the patient during the procedure.

Witness

Date

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Patient's Initials |

Myringotomy Tubes

- Hearing Loss
- Persistent Perforation of the tympanic membrane (ear drum) – 10%
- Diminished taste
- Early or late extrusion (tube comes out early or late, may require replacement)
- Persistent drainage – 10%
- Ringing or noise in the ear
- Required revision surgery

Patient's Initials |

Tympanoplasty/Mastoidectomy

- Bleeding and Infection
- Hearing Loss
- Persistent Perforation of the tympanic membrane (ear drum)
- Diminished or change of taste
- Early or late extrusion (tube comes out early or late)
- Persistent drainage
- Ringing or noise in the ear
- Facial nerve paralysis (nerve that moves the face)
- Diminished or bad taste
- Brief or long standing dizziness
- Intracranial infections (brain infections)
- Failed graft placement (required revision surgery)
- CSF leak (brain fluid leak)
- Required revision surgery

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Patient's Initials |

Nasal Surgery

- Bleeding – may require a transfusion or control in the OR
- Infection - rare
- Septal Perforation (may cause whistling)
- External deformity - rare
- Nasal Crusting - rare
- CSF leak (brain fluid leak) - rare
- Change or loss of smell
- Tooth, lip, or mouth numbness
- Required revision surgery
- Nasal obstruction

Patient's Initials |

Sinus Surgery

- Bleeding – may require a transfusion or control in the OR
- Infection - rare
- Intracranial Infection (Brain infection) - rare
- CSF leak (brain fluid leak) - rare
- Excessive tearing - rare
- Required revision surgery
- Nasal Crusting
- Nasal obstruction
- Change or loss of smell
- Tooth, lip, or mouth numbness
- Blindness

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Patient's Initials |

Tonsils & Adenoidectomy

- Bleeding and Infection
- Nasopharyngeal Stenosis (closure at the back of the nose) - rare
- Required revision surgery - rare
- Pulmonary edema (fluid in the lungs) - rare
- Nasal regurgitation (food coming from the nose)
- Voice changes
- Teeth, lip, and gum injury
- Jaw joint dislocation or injury

Patient's Initials |

Throat Surgery

- Bleeding and Infection
- Nasopharyngeal Stenosis (closure at the back of the nose) - rare
- Required revision surgery - rare
- Pulmonary edema (fluid in the lungs) - rare
- Nasal regurgitation (food coming from the nose)
- Voice changes
- Teeth, lip, and gum injury
- Jaw joint dislocation or injury
- 50% chance of improving sleep apnea/90% chance of improving snoring

Patient's Initials |

Thyroidectomy

- Bleeding and Infection
- Injury to the nerve that moves the voice box (hoarseness, swallowing problems)
- Respiratory distress (requiring intubation or tracheotomy) - rare
- Injury to parathyroid glands (low calcium, requires calcium supplements to avoid cataracts, brittle bones, muscle weakness)
- Life-long requirement for thyroid medication
- Required revision surgery (eg, total thyroidectomy if only a partial was done)

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Patient's Initials |

Parotidectomy

- Bleeding and Infection
- Facial nerve paralysis (nerve that moves the face, causing facial deformity, drooling, incomplete eye closure) – Dr. Pasha will discuss specifically the risk of permanent or temporary facial nerve injury
- Excess sweating when eating
- Numbness to area around the ear
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials |

Submandibular Gland Excision

- Bleeding and Infection
- Facial nerve paralysis (nerve that moves the bottom lip, may result in drooling)
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials |

Tracheotomy

- Bleeding and Infection
- Pneumothorax (air in chest requiring a chest tube)
- Loss of airway (dislodgement)
- Tracheal stenosis (closing of the airway, may require revision surgery)
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials |

Microlaryngoscopy/Laryngoscopy

- Bleeding and Infection
- Airway obstruction (requiring intubation or tracheotomy) - rare
- Required revision surgery
- Voice changes
- Vocal Fold Injury (hoarseness, swallowing disturbances)
- Scarring of the vocal cords requiring additional surgery
- Jaw joint dislocation or injury

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Patient's Initials |

Excision of Mass, Scar Revision, Keloid Removal

- Bleeding and Infection
- Recurrence of lesion, mass, or keloid
- Cosmetic deformity
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials |

Neck Mass Excision, Neck Dissection

- Bleeding and Infection
- Injury to nerve that moves bottom lip, tongue, shoulder, or arm
- Injury to nerve that causes numbness to neck, face, or tongue
- Cosmetic deformity
- Injury to the nerve that moves the voice box (hoarseness, swallowing problems)
- Injury to duct that drains lymph material
- Recurrence of lesion, mass, or neoplasm
- Required revision surgery
- Neck fistula (opening from throat or mouth to skin) - rare
- Excess scar or keloid formation

Patient's Initials |

Facial Fractures

- Bleeding and Infection
- Injury to Facial nerve (nerve that moves the face) - rare
- Numbness to face, teeth, lip, or mouth
- Required revision surgery
- External deformity
- Poor bite
- Plate exposure or plates can be felt or seen
- Blindness (if working around the orbit) - rare
- Lid revision
- CSF leak (brain fluid leak) - rare
- Excess Tearing
- Excess scar or keloid formation