

### CONSENT FORM: Myringotomy with or without insertion of tubes

RIGHT EAR       LEFT EAR

*All surgical procedures incur the risks of anesthesia, bleeding, wound infections, cosmetic deformity, scars, and unforeseen/uncommon complications. The following are some risks and complications specifically associated with your procedure.*

- **Infection/Ear drainage:** Ear infections occur following tube insertion in 15-20% of patients. It typically presents as pus or bloody drainage from the ear and is usually well controlled with topical +/- oral antibiotics.
- **Hearing Loss:** It is very rare, yet possible, to develop permanent hearing loss following myringotomy with or without ventilation tube insertion.
- **Eardrum Perforation:** Myringotomy or placement of ventilation tubes are designed to create a temporary perforation in the eardrum. Most perforations heal spontaneously. Approximately 10% of patients are left with persistent perforations after ear tube placement that may need to be repaired surgically. If just a myringotomy is performed, that risk is substantially lower.
- **Cholesteatoma:** Very rarely, skin from the ear canal or eardrum migrates along the myringotomy or the tube surface, entering the middle ear (behind the ear drum). Here, it can form a bone erosive skin cyst. If this occurs, 1-2 operations are typically required to remove the cyst.
- **Early extrusion of the tube:** Most tubes stay in the eardrum for 6-18 months. Some longer lasting tubes can last several years. It is difficult to predict how long any given tube will remain in the eardrum.
- **Anesthetic Complications:** These are now rare with modern anesthetic techniques. You will meet your anesthetist/anesthesiologist the day of surgery. Please feel free to discuss the anesthetic technique, use of medications, and perioperative care with him/her. Dr. Jacob is not responsible for your anesthetic care.

**By signing below, I acknowledge that my physician and his staff have made themselves available to answer my questions. In addition to verbal counseling during my visit(s) with personnel from Ear & Hearing at Center for Neurosciences, I have read, understand, and have carefully considered the risks and complications of this operation, and I accept them. There were no barriers to effective communication.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider/Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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