



# CONSENT FORM FOR EXOSTECTOMY

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

AFFIX LABEL HERE

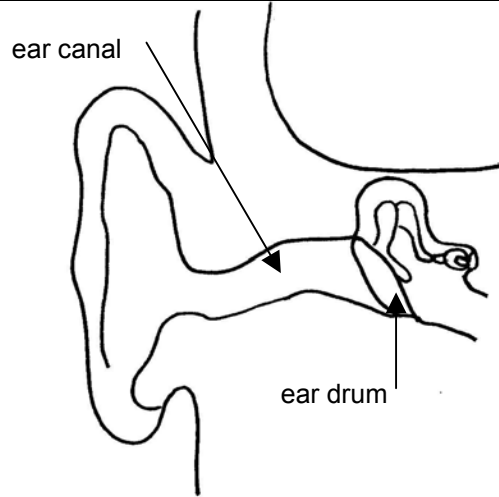
## PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*) .....,  
have .....and that  
an **exostectomy** on the .....side is proposed:

**This means removing small overgrowth(s) of bone from the sides of the ear canal, close to the eardrum.**

**Under a general anaesthetic, a cut is made either behind the ear or in the covering of the ear canal to give the surgeon access to the bony nodule(s). These are then drilled away using a high-speed water-cooled drill.**

**Any bleeding is stopped and, where possible, the soft tissue covering is replaced.**



## RISKS

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your ENT surgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- Depending on how much surgery has to be done, my wounds may take some weeks to heal. I may have some temporary healing problems, including scar bands and build up of healing tissues, which may need local treatment.
- I understand I should keep water out of my ears for 1-2 months after the operation.
- My condition may recur, particularly with further exposure to likely causes, eg cold water.
- There is a remote chance of damage to my facial nerve, with numbness and weakness of the face on the operated side and paralysis of the facial muscles. I may have problems with the temporomandibular joint (between lower jaw and skull) afterwards.
- My eardrum (tympanic membrane) may be perforated during the operation

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

## INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....  
.....

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FOR  
EXOSTECTOMY**

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**DECLARATION BY PATIENT**

- I acknowledge the ENT surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the ENT surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my ENT surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist ENT surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient  Date

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Doctor's name  Date   
*(please print)*

**INTERPRETER'S DECLARATION** - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature  Date

Interpreter's name