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Head and Neck Surgery Consent Form

Complications may occur days, months, or even years after surgery.

Possible risks include, but are not limited to:

1. Deformity or unfavorable scar.
2. Cranial nerve complications. These may include: loss of smell, sight, eye motion (double vision), sensation (numbness), movement of the face, difficulty swallowing, speaking or hearing, dizziness, inability to move the tongue, shoulder weakness and pain, arm weakness.
3. Chronic pain.
4. Leakage of fluid/saliva through the wound (“fistula”).
5. Lung complications such as entry of air around the lungs (pneumothorax), blood clots (pulmonary embolus), pneumonia, or paralysis of the diaphragm (making breathing more difficult).
6. Airway obstruction, possibly even needing emergency intervention such as tracheotomy (breathing tube through the neck).
7. Wound complications such as infection, bleeding.
8. Complications relating to general medical conditions such as stroke or heart attack.
9. Need for further surgery.
10. Recurrent of the disease.

I understand this surgery is elective (optional) and my alternatives include not having surgery. I have read the above information and all of my questions have been answered to my satisfaction

Patient, Parent, or Guardian

Date

Copy given to patient