



THE UNIVERSITY OF ARIZONA  
MEDICAL CENTER

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**Abraham Jacob, M.D.**

**Department of Surgery/Division of Otolaryngology  
Otology, Neurotology, and Cranial Base Surgery**

**DESCRIPTION OF SURGICAL RISKS FOR  
TRANSLABYRINTHINE LABYRINTHECTOMY**

Right     Left

MEDICAL RECORD#

DOB

NAME

VISIT#

*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 this 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 can be disrupted for 2-3 months following surgery. It will resolve in 95% of patients by the end of 3 months.

**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.



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**Facial Paralysis:** This is an uncommon complication, and when it occurs, it is usually temporary. This may occur as a result of an anatomical abnormality or swelling of the nerve. On very rare occasions, the nerve may be injured at the time of surgery or it may be necessary to excise the nerve in order to adequately eradicate the disease. When this happens, further surgery may be required. Eye complications can arise from facial paralysis, and may require treatment by an ophthalmologist or plastic surgeon.

**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.

**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: \_\_\_\_\_