Specific Risks of Procedures

- **Tonsillectomy and/or Adenoidectomy**
  - Pain and odor (bad breath)
  - Infection
  - Bleeding
  - Numbness
  - Allergic reaction to medicine or material
  - Dehydration
  - Stiff neck
  - Failure of the surgery
  - Loss of sense of taste and smell
  - Headache
  - Earache
  - Lip, gum, teeth, neck injury
  - Nasal speech
  - Speech Changes
  - Stenosis of the throat and/or nasopharynx
  - Uvular swelling
  - Nasal food/liquid regurgitation

- **Myringotomy and/or Tube Placement and/or Ear Piercings**
  - Pain
  - Infection (Ear Drainage/Swelling)
  - Bleeding
  - Eardrum Scarring
  - Allergic reaction to medicine or material
  - Need to repeat procedure
  - Need for further procedures
  - Failure of the surgery
  - Non-Healing Hole in the Eardrum
  - Blocked Tubes
  - Dizziness
  - Hearing Loss
  - Tubes could fall into middle ear space
  - Need for earplugs with bathing or swimming
  - Abnormal scarring (keloids) after ear piercing
  - Piercing closure after earring removed
  - If done at same time during surgery, earrings WILL need to be removed if returns to surgery (ie, bleeding control)

- **Turbinate Reduction and/or Septoplasty**
  - Pain
  - Infection
  - Nosebleed
  - Failure of surgery
  - Allergic reaction to medicine/material
  - Recurrence of Symptoms
  - Nasal Crusting
  - Nasal Congestion
  - Atrophic or allergic rhinitis
  - Voice changes
  - Nasal Packing
  - Septal perforation (for septoplasty only)

I have read and understood this form. ________ (Initial)
I have received answers to all my questions to my satisfaction. ________ (Initial)
I understand and accept the risks associated with this surgery and wish to proceed.

___________________________
Name of Patient

___________________________
Signature of Patient or Guardian

___________________________
Date

Christopher Chang, MD