Specific Risks of Procedures

- **Sinus Surgery +/- BrainLab**
  - Pain
  - Infection
  - Bleeding
  - Numbness
  - Scarring
  - Failure of the surgery
  - Allergic reaction to medicine or material
  - Eye Injury & Vision Change/Loss
  - Brain Abscess
  - CSF (Brain Fluid Leakage)
  - Meningitis
  - Major blood vessel complications
  - Severe nosebleed
  - Nasal packing

- **Uvulopalatopharyngoplasty (UPPP) and/or Base of Tongue Reduction Partial Glossectomy**
  - Pain and odor
  - Infection
  - Bleeding
  - Numbness
  - Dehydration
  - Loss of taste
  - Headache
  - Stiff neck
  - Aspiration
  - Earache
  - Lip, gum, teeth, neck injury
  - Nasopharyngeal incompetence
  - Chipped or loss of tooth
  - Permanent vocal/speech alteration
  - Nasal food/liquid regurgitation
  - Failure to cure sleep apnea leading to “silent apnea” or apnea without snoring
  - Swallowing problems
  - Scarring of the throat and soft palate
  - Tongue paralysis (tongue reduction only)
  - Tongue swelling resulting in difficulty in breathing and potential need for emergency tracheostomy (tongue reduction only)

- **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