Specific Risks of Procedures

- Excision of Neck Mass and/or Skin Lesion
  - Pain
  - Infection
  - Bleeding
  - Numbness
  - Swelling
  - Scarring
  - Failure of the surgery
  - Allergic reaction to medicine or material
  - Need for Further Surgery
  - Paralysis
  - Hematoma
  - Hypertrophic Scar or Keloid
  - Bruising

- Micro-Direct Laryngoscopy and/or Pan-Endoscopy with Lesion/Mass Excision/Biopsy
  - Pain and odor
  - Infection
  - Bleeding
  - Numbness
  - Numbness of Tongue
  - Stiff neck
  - Aspiration
  - Earache
  - Lip, gum, teeth, neck injury
  - Chipped or loss of tooth
  - Allergic reaction to medicine
  - Hoarseness
  - Coughing
  - Pain with Swallowing
  - Recurrence
  - Need for Further Surgery
  - Tongue Paralysis
  - Coughing up Blood
  - Chipped or loss of tooth

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