Specific Risks of Procedures

- **Injection Snoreplasty**
  - Pain
  - Bad Breath
  - Infection
  - Bleeding
  - Numbness
  - Scarring
  - Allergic reaction to medicine or material
  - Failure of the surgery
  - Dehydration
  - Palate perforation/hole
  - Uvula Loss
  - Loss/Alteration of Taste or Smell
  - Headache
  - Earache
  - Voice/Speech Change
  - Nasopharyngeal incompetence
  - Permanent vocal/speech alteration
  - Continued Snoring

- **Uvula Excision**
  - Pain
  - Bad Breath
  - Infection
  - Bleeding
  - Numbness
  - Dehydration
  - Loss of taste
  - Allergic Reaction
  - Nasopharyngeal incompetence
  - Permanent vocal/speech alteration
  - Nasal food/liquid regurgitation
  - Headache
  - Swallowing problems
  - Scarring of the throat and soft palate
  - Earache
  - Continued Snoring

- **Ear Piercings**
  - Pain
  - Infection
  - Allergic reaction to earring
  - Allergic reaction to medicine/material
  - Failure of the procedure
  - Abnormal scarring (keloids)
  - Piercing closure after earring removed
  - Need to repeat procedure

- **Intra-Tympanic Steroid Injection**
  - Pain
  - Ear Infection
  - Bleeding
  - Allergic reaction to medicine/material
  - Numbness
  - Hearing Loss
  - Dizziness
  - Tinnitus
  - Tympanic Membrane Perforation
  - Mastoiditis
  - Ear Fullness
  - Failure of the procedure
  - Worsening of Symptoms
  - Continued Snoring

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