Specific Risks of Procedures

- **Mycrotomity and/or Tube Placement**
  - Pain
  - Infection (Ear Drainage)
  - Bleeding
  - Allergic reaction to medicine or material
  - Failure of Surgery
  - Dizziness
  - Hearing Loss
  - Tube extrusion
  - Non-Healing Hole in Eardrum
  - Blocked Tubes
  - Scarring of the tympanic membrane
  - Tubes could fall into middle ear space
  - Need for earplugs with bathing or swimming
  - Need to repeat procedure
  - Need for further procedures
  - Failure of Surgery
  - Dizziness
  - Hearing Loss
  - Tube extrusion
  - Non-Healing Hole in Eardrum
  - Blocked Tubes
  - Scarring of the tympanic membrane
  - Tubes could fall into middle ear space
  - Need for earplugs with bathing or swimming
  - Need to repeat procedure
  - Need for further procedures

- **Face / Neck / Intra-Oral Mass Lesion Excision**
  - Pain
  - Infection
  - Bleeding
  - Numbness
  - Swelling
  - Allergic Reaction
  - Abnormal Scarring (Keloid)
  - Need for Further Procedures
  - Failure of Surgery
  - Bruising
  - Hematoma
  - Paralysis

- **Botox Injection**
  - Pain
  - Infection
  - Allergic reaction to medicine/material
  - Bruising
  - Bleeding
  - Difficulty in Breathing
  - Complete/Partial unanticipated paralysis
  - Numbness
  - Persistent spasms
  - No Noticeable Affect
  - Need for Repeat Injection
  - Death (so far only in children)

- **Tongue Tie Release, Upper Lip Tie Release, Posterior Tongue Tie Release with Adjacent Tissue Transfer**
  - Pain
  - Infection
  - Bleeding
  - Swelling
  - Allergic Reaction
  - Need for Further Procedures
  - Failure of the Procedure
  - Salivary Gland Problem
  - Recurrence of Tie
  - Dehydration with need for IV fluids

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/procedure and wish to proceed.

___________________________  _____________________________
Name of Patient                  Signature of Patient or Guardian

____________________________
Date

Christopher Chang, MD