

CONSENT FOR EXCISION OF ACOUSTIC NEUROMA
(VESTIBULAR SCHWANNOMA)

I have discussed the operative procedure of excision of acoustic neuroma with the patient. I have explained that this is a major operative procedure (retromastoid posterior fossa approach / translabyrinthine approach) with its intended benefits in relation to tumour removal and preventing future progressive neurological deterioration).

I have also discussed the risk of potential complications, in particular alluding to:

Incomplete tumour excision, which might necessitate further treatment e.g Stereotactic radiosurgery.

Tumour recurrence.

Facial palsy – this may be temporary or permanent. Facial re – animation may subsequently be considered. On occasion a tarsorrhaphy will also be indicated.

Facial numbness.

Hearing loss.

Lower cranial nerve palsy causing dysphagia with a risk of pulmonary aspiration. If significant a tracheostomy and enteral nutrition may be considered.

CSF fistula : CSF may leak either from the wound or nose (rhinorrhea). If this persists insertion of a lumbar drain may be considered, as well as re – exploration of the operative site and insertion of a fat graft.

Intraoperative / postoperative intracranial haemorrhage and / or cerebellar ischaemia / swelling may cause potential life threatening complications or a significant permanent functional neurological disability. eg Gait ataxia, poor limb co - ordination

Infection : wound, meningitis, abscess, empyema,

Postoperative transient symptoms of headache, nausea and dizziness are very common, but are self limiting with resolution usually within weeks of the surgical procedure.

Some of these complications may necessitate further surgery.

General complications following any major surgical procedure : Chest infection
/ Pneumonia, DVT / Pulmonary embolus

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Signature
Consenting Neurosurgeon

Signature
Consenting Patient

Please print name

Please print name

Date: