



Informed Consent for Endoscopic Sinus Surgery (ESS)

Introduction

This information is given to you so that you can make an informed decision about having endoscopic sinus surgery. Take as much time as you wish to read this information and ask questions of your doctor or the assistants. You have the right to ask questions about and understand the surgery as well as you can before deciding to have the surgery. After learning of your condition and your options for treatment, you and your doctor are the ones who decide together if and when you should have this operation based on your needs and medical condition. This surgery is not an emergency. You may decide not to have this operation at all.

Nature of the Condition and Treatment

Except in unusual circumstances, ESS is appropriate when you have chronic sinusitis. If you choose to have ESS, it is important to understand that the natural openings of the sinuses will be identified and enlarged.

1. **Complications of Surgery in General:** As with all types of surgery, the possibility of other complications exists due to anesthesia, drug reactions or other factors which may involve other parts of my body, including a possibility of brain damage or even death. The likelihood of these complications is very low. The benefits of fewer infections and better sinus drainage from successful surgery are significantly greater than the possibility of a complication noted below.
2. **Specific Complications of Endoscopic Sinus Surgery:** Risks of endoscopic sinus surgery include damage to optic nerve(s) causing blindness, damage to muscles around the eyes causing double vision and restricted gaze, bleeding into the eye area causing protrusion of eye(s) and possible blindness, damage to nasolacrimal duct causing tears to drain down the cheek, leak of the cerebrospinal fluid (CSF) from the brain into the nose, meningitis, brain abscess, damage to brain tissue, brain injury, headache, loss of sense of smell, no improvement to sense of smell, scarring of sinus openings, no improvement in sinusitis, need for further surgeries, and risk of death.

Alternative Methods of Treatment for Sinusitis

Alternative treatments for sinusitis are antibiotics (oral, nebulized, or irrigated), decongestants, nasal and oral steroids, and other procedures.

Patient Statement and Consent for Operation

I hereby authorize _____, and any associates or assistants of his choice to perform upon me endoscopic sinus surgery.

I recognize that during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those explained. I, therefore, further authorize and request my doctor and any associates or assistants of his choice perform such as are, in their professional judgment, necessary or appropriate for such procedures.

I understand that the proposed care may involve risks and possibilities of complications, and that certain complications have been known to follow the procedure to which I am consenting even when the utmost care, judgment and skill are used. I acknowledge that no guarantees have been made to me as to the results of the procedure, nor are there any guarantees against unfavorable results.

I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of such care and acknowledge that the physicians involved have explained my condition, the proposed health care, and alternative forms of treatment in a satisfactory manner.

The basic procedures of the proposed surgery, the advantages, disadvantages, risks, possible complications, and alternative treatments have been explained and discussed with me by my doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. In signing this consent form, I am stating I have read this form (or it has been read to me), and I fully understand it and the possible risks, complications and benefits that can result from the surgery. I also acknowledge that the doctor has addressed all of my concerns regarding this surgery.

Patient's Name: _____ Age _____

Patient's Signature: _____

Date: _____ Time: _____ Place: _____

Witness' Signature: _____

Doctor's Signature: _____

As parent, guardian, caretaker, next of kin or other legal representative responsible for the patient whose name appears above on the appropriate patient signature line, I have read this document and, to the limit of the patient's understanding, I have discussed this informed consent and its terms with the patient. Due to the patient's inability to sign this informed consent, I agree, on behalf of the patient, to sign for the patient and bind him/her to the terms of this informed consent.

Name: (printed) _____

Signature: _____

City: _____ State: _____ Zip: _____

Relationship to Patient: _____

Date: _____ Time: _____ Place: _____

I have received a copy of this informed consent for my own records. I have had the opportunity to read this informed consent and my questions regarding the surgery, alternatives, risks, and expected outcomes have been answered.

Signature: _____

Name: (printed) _____