

Consent form

Introduction of ear ventilating tubes (VT)

The procedure involves a small incision in the eardrum and insertion of a tiny hollow tube (approximately 2mm) with "wings" that attach to both sides of the incision and prevent the tube from slipping off.

Medical indications for insertion of VT into the eardrum are: liquid in ears for lengthy period of time; recurring inflammation of the middle ear; "ragged" eardrum sucked into the ear due to negative pressure and vacuum in the inner ear space; special cases requiring administration of medication into the middle ear; treatment in a pressure chamber.

The objectives of the procedure are: to improve hearing, prevent or decrease inflammations in the middle ear, and prevent long-term complications.

Surgery is carried out under general anesthesia (children) or local anesthesia (some adults). The procedure is performed by observing the ear using a microscope, making the incision in the eardrum, removing liquids from the ear and inserting the tube.

Patient's name: _____
Last name First name Father's name ID no.

I hereby declare and confirm having received a detailed oral explanation from Dr. _____
Last name First name

Regarding the need for insertion of ventilation tubes (VT) on the right/left/both _____ side/s

Due to _____ (hereinafter: "the procedure")

I was informed that in some cases repeated surgery may be required due to recurring liquid in the ears or early expulsion of the tube, or unsuccessful insertion of the tube. In most cases the tube is expelled from the ear on its own within several months to two years but in some cases another procedure will be required to remove it.

I hereby declare and confirm that I received an explanation about the side effects of the procedure, including slight bleeding from the ears; suppurating secretion from the ear through the VT that may occur due to infiltration of water into the ear or catching a cold or middle ear infection drained through the VT.

Furthermore, I received an explanation of the possible risks and complications of the procedure, including: perforated eardrum after the VT is removed requiring future surgery to close the perforation, clogging of the tube by secretion or blood clots, scarring of the eardrum. Extremely rare complications: tinnitus, impaired sense of taste, damaged facial nerve, damage to the large blood vessel in the ear, cholesteaoma.

I hereby give my consent to performance of the procedure.

I hereby declare and confirm that I have received an explanation and am aware of the possibility that in the course of the procedure the need may arise to extend its scope, modify it or use other or additional procedures to save life or prevent physical damage, including additional surgical procedures that cannot be foreseen certainly or fully at this stage, but their significance has been explained to me. I therefore also consent to said extension, modification or other or additional procedures, including surgical actions institution physicians believe to be vital or required during the course of the procedure.

I am also providing my consent to undergoing local anesthetics with or without intravenous injection of sedatives, after having received an explanation about the risks and complications of local anesthetics including various degrees of allergic reaction to the sedatives and possible complications due to the use of sedatives that may, rarely, cause respiratory disorders or cardiac disorders, particularly among cardiac patients and those with from respiratory system disorders.

I was informed that should the procedure be performed under general anesthesia the anesthetist would give me a relevant explanation about it.

I am aware that and consent to the procedure and all other procedures to be carried out by the person to whom it was allocated according to the institution's procedures and instructions, and I have not received any assurance that the procedure or a part thereof will be carried out by a particular person, provided it is carried out within the responsibility accepted by the institution and subject to the law.

Guardian's name (relationship) Guardian's signature (in case of incompetency, minor or mental patient)

I hereby confirm that I provided the patient/the patient's guardian* with an oral explanation of all of the above in required details and s/he signed the consent before me after I was convinced s/he fully comprehended my explanation.

Physician's name

Physician's signature

License no.

* Strike out the irrelevant item

Israeli Medical Association

Medical Risk Management Company Ltd.

החברה לניהול סיכונים ברפואה בע"מ



ההסתדרות הרפואית בישראל
איגוד רופאי אף-אוזן-גרון וכירורגיה של ראש צוואר

