



Consent for Procedure

Raza Pasha, MD

The following documents your right, as a patient, to be informed about your condition and our proposed surgical, medical, or diagnostic procedure so that you may make the decision whether or not to undergo our recommendations. Your signature provides us with documentation that you were informed of your proposed procedure, the risks, and alternative options.

I, _____, voluntarily consent for the below mentioned procedure to be performed by Dr. Raza Pasha as my physician and such associates, technical assistants and other health care providers as they may deem necessary to treat my condition.

My condition was explained to me as:

My surgical plan was explained to me as:

Please review the following:

- _____ • The medical decision process was made jointly between Dr. Pasha and myself or ourselves.

- _____ • I understand that my physician may discover different conditions that may require additional or different procedures than those original planned. I (we) authorize my physician, and such associates, technical assistants, and other health care providers permission to perform such other indicated procedures which they may deem necessary in their professional judgment.

- _____ • I understand that no warranty or guarantee has been made in regards to the result or cure from this procedure.
- _____ • If I do not speak English the form was explained to me in my native language of _____ by _____.
- _____ • I give permission for blood products to be given by the discretion of my physician(s), and such associates and other health care providers.
- _____ • I am not pregnant nor do I believe I could be pregnant and I have taken precautions to avoid being pregnant during the time of the surgery.
- _____ • I have been explained the risks and hazards of the procedure listed above.
- _____ • I understand that certain complications may arise from the risks of any anesthesia and from common surgical procedures including but not limited to: respiratory distress, blood clots in the veins or lungs, bleeding, infection, allergic reactions, paralysis, brain injury, heart failure, or even death.
- _____ • I was presented with alternative options including non-surgical management.
- _____ • I was given ample time to ask questions and all questions were answered to my satisfaction.
- _____ • I certify that this form is fully understandable to me as I have read it or it has been fully explained to me.
- _____ • If I have an advanced directive, this document has been provided.
- _____ • I have been given the “Preoperative Operative Guidebook” by Raza Pasha, MD, and will review the contents in detail.
- _____ • I have been given detailed postoperative instructions specific to my surgery. I will be responsible in following the recommended postoperative care to maximize the therapeutic benefit and to avoid complications.

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- One of my responsibilities as the patient is to register at the hospital three days prior to my surgery to avoid cancellation (do not phone register) and to not eat or drink anything after midnight the night before my surgery.
 - If I do not show or cancel prior to 24 hour notice, I will be charged \$250.00 which will not be billed to my insurance.
 - I give permission for intraoperative photography that may be used by Dr. Pasha for lectures and other educational programming or marketing.
 - I understand that the Oprex Ambulatory Surgery Center and Town Park Ambulatory Center are partially owned and controlled by a group of physicians including Dr. Pasha, thereby Dr. Pasha does have a financial interest and receives distributions. I understand that Oprex is an out-of-network facility and will be charged at your out-of-network rates. We do not waive co-pays or deductibles. Financial considerations may be offered depending on your circumstances. If you do not want to utilize an out-of-network facility an in-network facility will be offered.
 - For additional charges (*eg.* uvular reconstruction procedure or pillar implants) not covered by insurance, these costs will not be billed to the insurance company and will not be subtracted from your deductible or co-pay
 - In Compliance with Section 102.006 of Texas Occupations Code in connection with my informed consents and personal choice of doctors and facility solely based on the quality and safety of care, reputation of patient satisfaction, and my knowledge in my decision-making in exercising my rights with respect to the in-network or out-of-network coverages and cost sharing, Dr. Pasha and/or his staff have disclosed to me at the time of initial contact and at the time of referral with respect to the choice of a doctor or facility solely in the interest of my healthcare quality and safety, as a result of my informed consent and personal choice of doctor and/or facility: (A) Dr. Pasha's affiliation with Oprex Surgery Center and Town Park Surgery Center (B) that Dr. Pasha will receive, directly or indirectly, remuneration for referring upon my such request and exercising my rights of freedom of choice for the provider and facility under the in-network or out-of-network coverage as provided by my health plan, in compliance with all applicable federal and state laws, Medicare, ERISA, PPACA and the section 102.006 of Teas Occupations Code.

By signing below you agree with the terms of this agreement and have received the appropriate information sheets.

Patient Signature: _____ Date: _____
Time: _____

Parent:

If the patient is under 18 years of age the above statement was explained to me (parent) and I have a thorough understanding of the above procedure including benefits, risks, hazards, and alternative therapeutic options. The above was explained to me (parent) in a language that was understandable. All questions and concerns were addressed.

Name of Relative: _____ Relationship: _____

Parent's Signature: _____ Date: _____

Legal Guardian:

If the patient is comatose, incapacitated, mentally or physically incompetent the above statement was explained to me (legal guardian) and I have a thorough understanding of the above procedure including benefits, risks, hazards, and alternative therapeutic options. The above was explained to me (legal guardian) in a language that was understandable. All questions and concerns were addressed.

Name of Guardian: _____ Relationship: _____

Guardian's Signature: _____ Date: _____

Witness:

I believe that the above patient, parent, relative, or legal guardian has a thorough understanding of the above procedure including benefits, risks, hazards, and alternative therapeutic options. The patient, parent, relative, or legal guardian appears competent to make this medical decision. I believe this to be true since the patient, parent, relative, or legal guardian was alert and oriented, engaging in logical conversation, and appeared to comprehend the information. The above was explained in a language that was understandable to him/her. All questions and concerns were addressed. I will not be directly involved in the caring for the patient during the procedure.

Witness: _____ Date: _____

Care Credit:

If you elect to finance you procedure for deductibles, deposits, or co-insurance with Care Credit, a \$45 additional administration fee will be added.

Patient Signature: _____ Date: _____

Addendum Specific Risks and Hazards Nasal Surgery

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Septoplasty/Nasal Fracture Reduction/Turbinectomy/Rhinoplasty

- Bleeding – may require a transfusion (rare), control in the OR, nasal balloon, or packing, may occur during or after the procedure (5% chance)
- Infection - rare
- Septal Perforation (may cause whistling) – small perforations are common
- External deformity - rare
- Nasal Crusting – normal temporary crusting occurs for 2-3 weeks, extended crusting is rare
- CSF leak (brain fluid leak) – exceedingly rare
- Change or loss of smell- rare
- Tooth, lip, or mouth numbness – usually temporary
- Required revision surgery
- Persistent Nasal obstruction
- For Closed Nasal Fractures – may not be able to move nasal bones or bones do not align or become misaligned; if no improvement in cosmetic appearance may require a formal rhinoplasty which may not be covered by insurance

Patient's Initials: _____

Sinus Surgery

- Bleeding – may require a transfusion (rare), control in the OR, nasal balloon, or packing, may occur during or after the procedure (5% chance)
- Infection - rare
- Intracranial Infection (Brain infection) - rare
- CSF leak (brain fluid leak) - rare
- Excessive tearing - rare
- Required revision surgery (10-20%) worse with nasal polyps (20-50%)
- Nasal Crusting – usually temporary, expected for 2-3 weeks
- Nasal obstruction
- Change or loss of smell and taste - rare
- Tooth, lip, or mouth numbness– usually temporary
- Blindness – exceedingly rare

Patient's Initials: _____

In-Office Balloon Sinuplasty

- Bleeding – may require control in the OR (rare), nasal balloon, or packing, may occur during or after the procedure (5% chance)
- Required revision sinus surgery
- Infection - rare
- Nasal Crusting – usually temporary
- CSF leak (brain fluid leak) – exceedingly rare
- Tooth, lip, or mouth numbness – usually temporary
- Visual disturbances (rare)

Patient's Initials: _____

In regards to the indication for your nasal or sinus procedure, Dr. Pasha has indicated this option based on the following:

- I have a significant nasal obstruction or sinus congestion that has been treated with appropriate medical management such as nasal steroid sprays (>3 weeks) and antibiotics (broad spectrum).
- I have been offered other therapeutic options including continuing with a medical management (nasal sprays, allergy management, antibiotics, decongestants, etc...).
- I have a narrow nasal airway from my septum and turbinates as demonstrated by physical exam or endoscopy.

Patient's Initials: _____

Addendum Specific Risks and Hazards
Sleep Apnea and Snoring Surgery

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Uvulopalatopharyngoplasty /Tonsils/Adenoidectomy/Oropharyngeal

Reconstruction/Uvuloplasty

- Bleeding – 1-5% overall risk, may require revisit to the operating room to control bleeding, transfusion is rare
- Infection - rare
- Nasopharyngeal Stenosis (closure at the back of the nose) - rare
- Required revision surgery
- Pulmonary edema (fluid in the lungs) – rare, requires intubation and overnight stay in the hospital
- Nasal regurgitation (drink or food coming from the nose) – common for the first few days, typically resolves within days, sometimes weeks, rarely months; long-term issues are rare
- Voice changes – typically non consequential, if you are a professional singer then you may have a change in the quality (resonance), significant voice change is uncommon
- Teeth, lip, and gum injury – typically resolves
- Pillars extrusion – if this occurs typically it is because of scar formation “pushing” out the implant and therefore does not need to be replaced. If occurs early may need to be replaced in the office.
- Jaw joint dislocation or injury – temporomandibular joint disease (TMJ) may be aggravated
- Foreign Body Sensation/Congestion in Back of Throat – may be from scar formation, less risk if uvula is preserved, may persist after healing or present late
- Dehydration – you will be instructed to maintain your fluids and symptoms of dehydration (low urine output, headache, light-headedness), failure to do so may require an ER visit or a hospital stay to avoid complications from dehydration (organ failure, coma, or death)
- No guarantee has made in regards to eliminating snoring or sleep apnea. Dr. Pasha will discuss with you your chance of “success.” Success may be measured by a reduction of snoring or an improvement of your sleep apnea or improvement to your tolerance to CPAP

Patient’s Initials: _____

Hyoid Myotomy/Hypopharyngeal Surgery/Tongue Procedures/Robotic Surgery

- Bleeding – 1-5% risk, may require revisit to the operating room to control bleeding, transfusion is rare
- Infection – if occurs in the chin or under the skin, may require removal of hardware, antibiotics, and revision surgery; if occurs in the mandible (jaw bone) may require removal of plate and antibiotics
- Keloid, Poor scar formation, Cosmetic deformity – more common with dark skin, may require further procedures (steroid injections)
- Hematoma – if this occurs in the back of the tongue, may require intubation with sedation and observation in the ICU for up to 3 days
- Required revision surgery
- Breakage of sutures – if this occurs, typically there is nothing to do except monitor, if it occurs in the tongue base the suture may need to be removed
- Voice changes – typically non consequential, if you are a professional singer then you may have a change in the quality (resonance)
- Numbness in the tongue/change in taste - rare
- Teeth, lip, tongue, and gum injury – typically resolves, tooth root injury for GBAT can result in loss of the tooth, robotic surgery has an increased chance of injury
- Jaw joint dislocation or injury – temporomandibular joint disease (TMJ) may be aggravated
- Rejection of Metal Plates – plate in the gum area may cause a reaction requiring removal of the plate, this may be done in the operating room
- Swallowing Disorder – uncommon, usually have pain initially but resolves with healing
- No guarantee has made in regards to eliminating snoring or sleep apnea. Dr. Pasha will discuss with you your chance of “success.” Success may be measured by a reduction of snoring or an improvement of your sleep apnea or improvement in your tolerance to CPAP

Patient's Initials: _____

In regards to the indication for your snoring or sleep apnea operation, Dr. Pasha has indicated this option based on the following:

- I have a significant snoring disorder or sleep apnea as based by a sleep study.
- I have been offered other therapeutic options including a CPAP machine, dental appliance, or perhaps not treating the disorder at all (if the the severity is mild).
- I have collapse of my airway at the level of the nose, throat (oropharynx), or tongue base (hypopharynx) as demonstrated by physical exam or endoscopy.

Patient's Initials: _____

Addendum Specific Risks and Hazards

General Otolaryngology

The following are the risks and hazards associated with your procedure. Full disclosure of these risks and hazards is required by the physician to the patient or the person authorized for the consent.

Myringotomy Tubes

- Hearing Loss
- Persistent Perforation of the tympanic membrane (ear drum) – 10%
- Diminished taste - rare
- Early or late extrusion - tube comes out early or late, may require replacement or removal
- Persistent drainage – 10%
- Ringing or noise in the ear
- Required revision surgery

Patient's Initials: _____

Tympanoplasty/Mastoidectomy

- Bleeding and Infection
- Hearing Loss
- Persistent Perforation of the tympanic membrane (ear drum)
- Diminished or change of taste
- Early or late extrusion (tube comes out early or late)
- Persistent drainage
- Ringing or noise in the ear
- Facial nerve paralysis (nerve that moves the face)
- Diminished or bad taste
- Brief or long standing dizziness
- Intracranial infections (brain infections)
- Failed graft placement (required revision surgery)
- CSF leak (brain fluid leak)
- Required revision surgery

Patient's Initials: _____

Thyroidectomy

- Bleeding and Infection
- Injury to the nerve that moves the voice box (hoarseness, swallowing problems)
- Respiratory distress (requiring intubation or tracheotomy) - rare
- Injury to parathyroid glands (low calcium, requires calcium supplements to avoid cataracts, brittle bones, muscle weakness)
- Life-long requirement for thyroid medication
- Required revision surgery (eg, total thyroidectomy if only a partial was done)

Patient's Initials: _____

Tonsils and Adenoidectomy

- Bleeding – 1-5% overall risk, may require revisit to the operating room to control bleeding, transfusion is rare
- Infection - rare
- Nasopharyngeal Stenosis (closure at the back of the nose) - rare
- Required revision surgery
- Pulmonary edema (fluid in the lungs) – rare, requires intubation and overnight stay in the hospital
- Nasal regurgitation (drink or food coming from the nose) – rare, if occurs typically temporary
- Voice changes – typically non consequential, if you are a professional singer then you may have a change in the quality (resonance)
- Teeth, lip, and gum injury – typically resolves
- Jaw joint dislocation or injury – temporomandibular joint disease (TMJ) may be aggravated

Patient's Initials: _____

Parotidectomy

- Bleeding and Infection
- Facial nerve paralysis (nerve that moves the face, causing facial deformity, drooling, incomplete eye closure) – Dr. Pasha will discuss specifically the risk of permanent or temporary facial nerve injury
- Excess sweating when eating
- Numbness to area around the ear
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials: _____

Submandibular Gland Excision

- Bleeding and Infection
- Facial nerve paralysis (nerve that moves the bottom lip, may result in drooling)
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials: _____

Microlaryngoscopy/Laryngoscopy

- Bleeding and Infection
- Airway obstruction (requiring intubation or tracheotomy) - rare
- Required revision surgery
- Voice changes
- Vocal Fold Injury (hoarseness, swallowing disturbances)
- Scarring of the vocal cords requiring additional surgery
- Jaw joint dislocation or injury

Patient's Initials: _____

Excision of Mass, Scar Revision, Keloid Removal

- Bleeding and Infection
- Recurrence of lesion, mass, or keloid
- Cosmetic deformity
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials: _____

Neck Mass Excision, Neck Dissection

- Bleeding and Infection
- Injury to nerve the moves bottom lip, tongue, shoulder, or arm
- Injury to nerve that causes numbness to neck, face, or tongue
- Cosmetic deformity
- Injury to the nerve that moves the voice box (hoarseness, swallowing problems)
- Injury to duct that drains lymph material
- Recurrence of lesion, mass, or neoplasm
- Required revision surgery
- Neck fistula (opening from throat or mouth to skin) - rare
- Excess scar or keloid formation

Patient's Initials: _____

Facial Fractures

- Bleeding and Infection
- Injury to Facial nerve (nerve that moves the face) - rare
- Numbness to face, teeth, lip, or mouth
- Required revision surgery
- External deformity
- Poor bite
- Plate exposure or plates can be felt or seen
- Blindness (if working around the orbit) - rare
- Lid revision
- CSF leak (brain fluid leak) - rare
- Excess Tearing
- Excess scar or keloid formation

Patient's Initials: _____

Tracheotomy

- Bleeding and Infection
- Pneumothorax (air in chest requiring a chest tube)
- Loss of airway (dislodgement)
- Tracheal stenosis (closing of the airway, may require revision surgery)
- Required revision surgery
- Excess scar or keloid formation

Patient's Initials: _____