

Zane Khan, D.D.S.

Oral & Maxillofacial Surgeon

Diplomate of the American Board of Oral and Maxillofacial Surgery

Fellow of the American Association of Oral & Maxillofacial Surgeons

Diplomate of the National Dental Board of Anesthesiology



CONSENT FOR SINUS (CALDWELL-LUC) SURGERY

Page 1 of 3

Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: _____

Your Planned Treatment is: _____

Alternative treatment: methods include: _____

- _____ 1. I have been told that incisions will be placed inside my mouth on the upper jaw in order to enter my sinus through a bony "window" which will be made. I know where the incision(s) will be made, and know it is possible that other incisions may be made inside my mouth or nose to improve sinus drainage and to allow packing material to be placed temporarily after the surgery.
- _____ 2. I have been told that all or portions of the sinus lining may be taken out and that biopsy procedures may be done for diagnosis.
- _____ 3. My doctor has explained to me that there can be risks and side effects in any surgical procedure. These may include:
- _____ A. Post-operative pain and swelling that may require several days of at-home recovery. If nasal packing is used it will make breathing more difficult for a while, cause some pain, cause unpleasant odors and be somewhat unsightly. Usually a nasal bandage will be applied for a while to absorb drainage.
 - _____ B. Prolonged or heavy bleeding from mouth or nose that may need more treatment.
 - _____ C. Injury or damage to adjacent tooth roots, possibly needing further root canal therapy; or even the loss of another tooth.
 - _____ D. Post-operative infection of sinus or nose that may need medication, more treatment, or repeat surgery.
 - _____ E. Stretching of the corners of the mouth that may cause cracking and bruising and which may heal slowly.
 - _____ F. Some chance of limited mouth opening and chewing ability for several days after surgery.
 - _____ G. Possible recurring symptoms of sinusitis needing medications and longer recovery time.

CONSENT FOR SINUS (CALDWELL-LUC) SURGERY

Page 2 of 3

- H. Numbness, pain, or changed feelings in the face, lower eyelid area, cheek, teeth, gums, lip or nose. This is due to the closeness to the sensory nerve which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may be permanent.
 - I. Possible oral-antral fistula - an opening from the sinus into the mouth that may need more medical or surgical treatment.
 - J. Orbital complications including swelling, infection and abscess formation, visual complications, cavernous sinus thrombosis and cranial complications including abscess, meningitis, and blindness.
 - K. Bony infection which may be last a long time and need long-term medications.
 - L. A large amount of discharge from the nose for some time after surgery.
4. I agree to faithfully follow post-operative instructions. I will not blow my nose, suck through a straw, smoke, or do heavy work until I have recovered from surgery.

ANESTHESIA

LOCAL ANESTHESIA: (Novocaine, Lidocaine, etc.) A shot is given to block pain in the area to be worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

ORAL PREMEDICATION WITH LOCAL ANESTHESIA: A pill is taken for relaxation prior to giving local anesthesia.

INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA: makes you less aware of the procedure by making you calmer, sleepy, and less able to remember the procedure.

INTRAVENOUS GENERAL ANESTHESIA WITH LOCAL ANESTHESIA: You will be completely asleep for the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:

1. Nausea and vomiting.
2. An allergic or unexpected reaction. If an allergic reaction is severe, it might cause more serious breathing or heart problems which may need treatment.

In addition, there may be:

CONSENT FOR SINUS (CALDWELL-LUC) SURGERY

Page 3 of 3

- 1. Pain, swelling, or infection of the vein area where the anesthesia or sedation was given.
- 2. Injury to nerves or blood vessels in the vein area.
- 3. Confusion, or a long period of sleepiness after surgery
- 4. Heart or breathing responses which may lead to heart attack, stroke, or death.

Fortunately, these complications and side effects are not common. All forms of Anesthesia are generally very safe, comfortable, and easy to deal with. If you have any questions, PLEASE ASK.

I have read and understand the above and give my consent for:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
- Oral Premedication with Local Anesthesia
- Intravenous Sedation with Local Anesthesia
- General Anesthesia with Local Anesthesia

CONSENT

If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

If I have IV Sedation or General Anesthesia, I confirm that I HAVE NOT HAD ANYTHING TO EAT OR DRINK (INCLUDING WATER) FOR SIX (6) HOURS PRIOR TO SURGERY. I HAVE AN EMPTY STOMACH. TO DO OTHERWISE MAY BE LIFE-THREATENING! I agree not to drive myself home and to have a responsible adult stay with me until I am recovered from my medications. I understand that during this time I should not drive, operate machinery or devices, or make important decisions such as signing documents, etc.

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date