Loyola University Medical Center
Procedure Consent:
Suspension Microlaryngoscopy with/without Laser Treatment

Name:
MR:
DOB:

- O Right
- O Left
- O Bilateral
- O Not Applicable

I have explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to drug reactions, hemorrhage, infection, complications from blood or blood components. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

- O I have given the patient written teaching materials to help inform him/her.
- O Conscious sedation is being used for this procedure and I have explained that risks include suppressed breathing, low blood pressure and occasionally incomplete pain relief.
- O The following additional issues were discussed.

The risks involved with the above mentioned procedure(s) include, but are not limited to:

1. Loosening, damaging or loss of teeth
2. Abrasion of soft tissues (lips, tongue, gums)
3. Temporary tongue numbness/Alteration is sense of taste
4. Bleeding, secondary to the procedure or to the pathology
5. Airway obstruction secondary to the procedure or to the pathology, possible necessitating tracheotomy
6. Scarring of vocal cords with permanent hoarseness
7. laser burn
8. Residual or recurrent disease

All questions were answered and the patient/family/guardian consents to the procedure.

________________________________ Date:________________________
(Physician/Licensed Practioner (signature)) Time:________________AM / PM

________________________________ has explained the above to me and I consent to the procedure.

I understand that Loyola University Medical Center is an academic medical center and that residents, fellows, and students in medical and allied disciplines may participate in this procedure. At times observers may be present, as considered appropriate or advisable by the surgeon/attending or his/her associate and in accordance with hospital policy. Since aspects of this procedure may have educational or scientific value, data, video or photographs may be obtained for teaching purposes, presentations at medical/scientific meetings or publications in a medical/scientific journals. In addition, I understand that blood or other specimens removed for necessary diagnostic or therapeutic reasons may later be disposed of by LUMC. These materials also may be used by LUMC, its affiliates, or other academic or commercial entities, for research, educational purposes, including photography or other activity, if it furthers the Hospital's mission.

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(patient's /health care agent's/guardian's/family's signature)

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