SURGICAL CONSENT & AUTHORIZATION (TECA-BO)

Date:_____ Referring Hospital:_____
Pet's name:_____ Client's name:_____
Pet's DOB:_____ Breed: _____ Sex: Male Female Altered: Yes No

_____ This document acknowledges that I have been informed by Dr. _____ that my pet is suspected to have ear canal disease (severe infection, obstruction or mass/tumor). I have been informed of the treatment options, including surgery.

_____ I elect and consent for TECA-BO surgery (total ear canal ablation and bulla osteotomy) to be performed on my pet by Dr. Jessie Sutton, DACVS. This is considered a salvage surgery with the goal of improved quality of life by removing a diseased ear canal.

_____ Surgery will be performed on the: RIGHT_____ LEFT_____

_____ I understand the risks associated with this procedure that may include anesthetic risk, hemorrhage (bleeding), infection, abscess, fistula formation, wound healing complications, facial nerve damage, Horner's syndrome, vestibular disease (vertigo), and death.

_____ This surgery is being performed on a contaminated or infected area (the ear), so the risk of infection and/or fistulous tract is higher. If significant swelling or drainage occurs, then additional treatment such as culture or revision surgery may be necessary.

_____ Facial nerve paralysis (temporary or permanent) occurs in up to 30-40% of pets after this surgery. Eye lubrication is necessary if a complete blink is not present after surgery to prevent damage to the surface of the eye. Eye lubrication can be necessary until blink function is regained (typically within 2-6 weeks) or in some cases lifelong.

_____ Animals with erect ears before surgery will lose cartilage support to the ear, and have a high chance of the ear no longer standing up (the ear flap may fall). This is purely cosmetic.

_____ Hearing loss is expected after this surgery.

_____ I understand that successful outcomes require proper home care and restrictions. I understand that no guarantees are being made.

_____ I understand that my pet may be administered Nocita (local anesthetic lasting up to 72 hours) for pain management.

_____ I consent for photographs and videos to be obtained of my pet for use by Roam Veterinary Surgery for case presentations, monitoring, and/or website or social media. CIRCLE ONE: YES NO

I hereby grant permission for my pet to have surgery by Dr. Jessie Sutton

_____ _____ _____

Client's signature Client's phone number Date