# CONSENT FOR EXCISION OF SUBMANDIBULAR SALIVARY GLAND



Patient's Name Date

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

I hereby authorize **Dr. Tyler L. Clark** and his staff to perform the following procedure:

_____

and to administer the anesthesia I have chosen, which is:

_____☐ Local Anesthesia
_____☐ Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
_____☐ Local Anesthesia with Oral Premedication
_____☐ Local Anesthesia with Intravenous Sedation

I have been informed that I have the following condition(s):

_____

The procedure to treat my condition(s) has/have been described as:_____

_____

I have been told of the following treatment option(s), and the risk and benefits have been explained:

_____

_____

I have been told that certain inherent and potential risks are possible including, but not limited to:

_____1. This surgery is intended to totally remove the salivary gland and any other associated tissue that may be suspicious for disease. An incision will be required in the skin of the neck that will result in a scar line.

_____2. Postoperative discomfort, swelling and possible bruising that may necessitate several days of at-home recuperation.

_____3. Significant bleeding that may be prolonged and require additional treatment.

_____4. Postoperative infection that may require additional treatment.

_____5. Injury to sensory nerves in the area of the surgery which may result in numbness or tingling of the lip, chin, teeth, tongue (including possible loss of taste sensation), cheek or skin of the neck in the area. This may persist for several weeks, months or in rare instances may be permanent.

_____6. Injury to motor nerves in the area of surgery which control certain muscles of facial expression and which may result in muscular weakness and/or permanent changes in speech, chewing, swallowing and appearance.

_____7. Decreased or altered taste sensation.

_____8. Possible further surgery, depending on the disease found in the gland.

_____9. Other: _____

_____

**ADDITIONAL INFORMATION**

_____10. I have fully and truthfully informed my doctor of my past medical and social history, including drug and alcohol use, recognizing that withholding information may jeopardize the planned goals of surgery.

_____11. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result, or may be life threatening. I have not been given any warranty or guarantee as to the result of the proposed procedure.

_____12. If any unforeseen condition should arise during surgery calling for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.

## INFORMATION FOR FEMALE PATIENTS

_____1. I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

Surgical time out _____

## CONSENT

I certify that I have had an opportunity to read and fully understand the terms within the above paragraphs and that all blanks were filled in prior to my signing this form. All my questions have been answered to my satisfaction and I am willing to undergo the proposed surgery. I also certify that I speak, read and write English.

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

Doctor's Signature Date

Witness' Signature Date

Print Witness' Name and Address

Unless sooner terminated in writing, this consent shall remain in force for 60 days from the date it is signed by the Patient. A facsimile transmission, and/or an electronic scanned transmission, shall constitute an original. 05/2012