Jennifer Hoch, DVM
Diplomate ACVS

MVSS
mobile veterinary surgical services

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# SURGICAL CONSENT & AUTHORIZATION for TECA Surgery

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 surgery (total ear canal ablation and lateral bulla osteotomy surgery) to be performed on my pet by Dr Jennifer Hoch, 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, infection, abscess, fistula, wound healing complications, facial nerve damage, Horner's syndrome, 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. The risk minor and major incisional complications is up to 25%.

_____ Facial nerve paralysis (temporary or permanent) occurs in up to 50% of pets after this surgery. Eye lubrication is necessary if a complete blink is not present after surgery. This can be necessary for 6-8 weeks to prevent corneal ulceration until the pet adapts and learns to spread the tears in other ways (moving other eye muscles).

_____ Horner's syndrome (head tilt, sunken eye, drooping eyelid, small pupil) is very common in cats after bulla and ear surgery. In most cases in resolves within 3-4 weeks, but can be permanent in 14% of cats.

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

_____ Hearing loss is expected after this surgery.

_____ I understand that biopsy and other lab tests (ie Culture) will be obtained and submitted for your veterinarian. Antibiotics are often recommended for 6-8 weeks after surgery to resolve the deep bone infection.

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_____ I understand that successful outcomes require proper home care and restrictions.

_____ I understand that no guarantees are being made.

_____ I understand that my pet will be administered the recommended Nocita (local anesthetic lasting up to 72 hours) for an additional pain management.

_____ I consent for photographs and videos to be obtained of my pet for use by MVSS for case presentations, monitoring, and/or website or social media.

I hereby grant permission for my pet to have surgery by Dr Jennifer Hoch.

_____ _____ _____

Client's signature | Client's phone number | Date

Clinic Staff, please fill in:

Weight:_____ Temp:_____ HR:_____ RR:_____

Confirm: Circle One LEFT RIGHT