Thyroidectomy Surgery Consent Form

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The complications related to the surgery involve the proximity of important structures. Uncontrolled disease/cancerous lesions also pose similar risks and complications. The risk of complication increases when more extensive surgery is required to eradicate cancer. Possible risks include (but are not limited to):

1. Bleeding/seroma/hematoma (collection of blood or fluid under the skin). This either absorbs spontaneously or must be drained.
2. Infection
3. Hoarseness or change in voice quality (temporary or permanent).
4. Recurrence of disease/persistence of disease which may require additional surgery and/or additional forms of therapy.
5. Need for more extensive surgery (including lymph node removal) if cancer is found to have spread. More extensive surgery involves risks to the trachea, esophagus, and other nerves located nearby which are involved in sensation, tongue mobility, shoulder function, swallowing, etc.
6. If a total thyroidectomy is performed, there is a small risk of bilateral vocal cord paralysis, which often would require additional surgery.
7. If a total thyroidectomy is performed, possible problems with calcium balance requiring supplementation on a temporary or chronic basis may occur.
8. Rarely, a tracheotomy tube is required if there is extensive post-operative bleeding or bilateral vocal cord paralysis.
9. Chronic discomfort at the surgical site.
10. A subtle change in the voice character can occur in up to 40% of patients. This is particularly important for singers, and those who use their voice professionally.

Your alternatives include having no surgery, which has the following risks:

1. Tumor growth
2. The spread of the tumor, making a cure more difficult.

I understand this surgery is elective (optional) and my alternatives include not having surgery. I have read the above information and all of my questions have been answered to my satisfaction.

________________________________________  ___________________
Patient, Parent, or Guardian                  Date

Copy given to patient