FACIAL NERVE DECOMPRESSION OR REPAIR
Risks and Complications

Your condition may be helped by an operation to remove the bone over the facial nerve or to repair an injured facial nerve. As with any surgery there are not only gains, but also risks. The risks are listed below.

Facial Nerve Paralysis: The facial nerve controls movement on one side of the face and runs through the ear. Decompression or repair of a malfunctioning nerve will take several months to years to see the effect of the procedure. Uncommonly, no further recovery is noted.

Hearing: This operation is designed to preserve hearing. Because the inner ear and middle ear are very near to the facial nerve, hearing loss of temporary or permanent nature may occur.

Dizziness: Spinning vertigo may occur after this surgery because of the proximity of the inner ear to the area of surgery. This is usually temporary, but may last weeks to months.

Infection: After any surgery, infection is a potential complication. This is very rare after this surgery.

Numbness of the Ear: It is common to have numbness of the ear after any type of ear surgery. This will improve over several months, and only very rarely is permanent.

Spinal Fluid Leak: Spinal fluid bathes the brain and very rarely may leak out through the incision or through the nostrils after ear surgery. If this occurs, a procedure may need to be performed to stop the flow of fluid.

Ringing: Ringing in the ear (tinnitus) is often present in patients undergoing this type of surgery. After surgery, ringing is usually less but can be worse and quite bothersome.

Taste Disturbance: The nerve that supplies one third of the taste to the tongue runs through the middle ear. Therefore, temporary taste disturbance occurs rarely after this surgery.

Our goal in performing facial nerve decompression or repair surgery is to help with the facial paralysis that you are experiencing. But like other aspects of life, there are no guarantees of success. If, by chance, you have had a bad result after surgery, we will do our best to treat the problem. Please let me or the staff of the Dallas Ear Institute know if you have any questions.

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Signature                  Date