



# SYNERGY

MOBILE VETERINARY SURGERY

## Surgical Consent Form for total ear canal ablation (TECA) and lateral bulla osteotomy (LBO)

Owner name: \_\_\_\_\_ Pet Name: \_\_\_\_\_  
Veterinary Hospital: \_\_\_\_\_  
Primary veterinarian: \_\_\_\_\_  
Patient age: \_\_\_\_\_ Breed: \_\_\_\_\_  
Patient sex: M MN F FS

A TECA/LBO is being recommended as the most appropriate surgical repair.

\_\_\_\_\_ I have been notified by Dr. \_\_\_\_\_ of the diagnosis leading to a recommendation of the TECA/LBO and informed of the different surgical and non surgical treatment options

Surgery will be on the: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_ (Please initial)

\_\_\_\_\_ I am aware that the success rate for TECA/LBO surgery is usually very good. I understand that, while the prognosis is excellent, guarantees are not being given.

\_\_\_\_\_ Possible complications can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, facial nerve paralysis (temporary or permanent), fistula formation, pharyngeal swelling with difficulty breathing during recovery, head tilt (temporary or permanent).

\_\_\_\_\_ Abiding by the post operative instructions is crucial for a proper recovery and to help avoid the postoperative complications.

\_\_\_\_\_ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform a TECA/LBO on my pet

Y / N I consent to photographs/video of my pet to be used by Synergy Mobile Veterinary Surgery for continuing education lectures, monitoring, case documentation and social media

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Phone number

\_\_\_\_\_  
Date

Office Use Only:

Weight (kg): \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Confirm leg: LEFT

RIGHT