



Cleveland Nasal Sinus & Sleep Center

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NASAL ENDOSCOPY CONSENT FORM

Patient Name: _____ **DOB:** _____

Nasal Endoscopy: How do we look into your nose / sinuses? When you come to Cleveland Nasal Sinus & Sleep Center with a nose or sinus related problem, the doctors may want to perform a nasal endoscopy. This is a surgical procedure using sterile small cameras to look through the nostrils. This may allow your doctor to:

- obtain drainage for culture
- evaluate previous surgery, scar, openings, masses, polyps, causes of blockage
- evaluate healing or complications of surgery
- obtain specimens / biopsy for pathology evaluation
- remove old blood, foreign material, packing, scabs/scar/blockage
- educate you and others: We can use video glasses / TV screens to show inside also

The nurse will have you sign this permission form first and then offer to spray your nose to make the procedure easier. The spray is a combination of Afrin (to shrink tissue) and Lidocaine (to numb). This spray does taste bad and can cause teeth/throat numbness that wears off in about 20-30 minutes. Some patients may also have a sensation that they can't swallow - do NOT panic – this will pass. Two words you need to remember during this procedure:

"Ouch": allows us to know where it is tender

"Sneeze": allows us to get outta there fast

A few patients experience significant discomfort/pressure during the procedure. We will stop if this occurs. The video glasses/ TV Screens allow you to see and can decrease the anxiety related to this. Less than 5% of patients faint/get queasy also - called a vasovagal reflex - we will put these patients chairs back and allow them to relax for a few minutes and this goes away.

YOUR CONSENT:

The procedure and description of this procedure, the more common risks associated with it and the potential complications have been described to me. This includes: a small amount of pain/pressure, a mild amount of bleeding, and a reaction to the nasal spray. I have had an opportunity to ask questions. I am satisfied with my understanding and the responses that I have received. I hereby authorize Cleveland Nasal Sinus & Sleep Center personnel to perform a sinus / nasal endoscopy. I hereby authorize the doctor or his/her associates, to provide such additional services as he or they may consider to be medically advisable, including but not limited to suctioning, culturing the drainage, biopsies and packing if needed. I also consent to the use of photographs/video images to advance medical education and understand that if any photographs are used, I will not be identified by name.

This consent is valid for one year as of today's date. Thank you!

Date

Patient's Signature / Legal Guardian