

Informed Consent

Ventral Bulla Osteotomy (VBO)

Your pet has been diagnosed with a problem in the middle ear. The most common scenario is what is called a benign nasopharyngeal polyp. A nasopharyngeal polyp can affect the nose, ear, and the back of the throat. However, a different tumor, or fluid/pus instead of an actual tumor cannot be ruled out. You have elected ventral bulla osteotomy (VBO) to open, clear, and sample the tissues/substances present within the middle ear. Generally, the prognosis is very good to excellent with surgery, however, there are risks we need to make you aware of. If you have any questions or concerns, please let us know.

The risk of complications after VBO is low, about 15% of cases. Here are some potential risks:

Horner's syndrome- this is a VERY common but very benign, and usually self-limiting issue. The nerves that help supply the eye become inflamed and lead to a 1) dilated pupil (mydriasis), 2) elevated third eyelid, and 3) the eye can appear sunken in the socket (enophthalmos). Usually no therapy is required

Infection- this is a risk with any surgery and is usually treatable with oral antibiotic therapy

Recurrence of signs- if a tumor was present and it was not removed in entirety, or if the signs, were in fact due to viral infection vs a removable tissue

Vestibular syndrome-if after surgery, your pet's sense of balance becomes affected, it may or may not return. This is a very rare scenario.

Damage to tissues in the area could include muscle, blood vessels (leading to hemorrhage) and nerves. Nerve damage could include specifically the facial nerve and could include facial nerve paresis (weakness, temporary) or paralysis (permanent damage) and the result affect the muscles of the face and includes inability to blink the eye on the affected side.