



Office Procedure Information

You have elected to have one or more of our in office procedures. This form will review what to expect before and after the procedure. We do our best to make sure you feel comfortable during each procedure. You should not need any narcotics afterwards, but we do recommend Tylenol for post-op pain. **You will be doing saline and medicated rinses twice a day following the procedure.** When more than one procedure is recommended, you can expect that a longer healing time will be needed. After the procedure, you will have a one week and a 4-6 week follow up in the office, but we want you to call us with any concerns.

With all procedures, you will need to take your pre op medication **one hour before our scheduled appointment time.** You can often pick up your medications on the way and have a seat in our waiting room as they take effect. The medications will be called in one day prior to the procedure. You may eat before your procedure. Please do not drive after taking medications. We ask that you **have a driver to drop you off and pick you up.** We can call them when you are ready, so they do not need to wait in the office, but they are welcome to do so. The drivers can park in our back lot.

Clarifix is a cryoablation of nasal tissue in order to decrease nasal drainage. You will be given medications for comfort and be expected to use nasal rinses to aid in healing. After the procedure, you will be given a warm beverage in the office. You can expect mild congestion following the procedure and continued congestion for the first week. You will be able to resume normal activity after the procedure.

Balloon Sinuplasty / Eustachian Tube Dilation may be done on one or more sinus orifices. This opens up the body's natural drainage to decrease frequency of congestion and infections. Many people feel relief in the office, but healing will take weeks to complete. You will be able to resume activities as you feel ready. Patients often rest at home for the remainder of the day after the procedure. Most people have bloody drainage for the first couple of days. Please call the office if you have continuous bleeding. ET only causes very little congestion or bloody drainage, your ears may feel fuller after the procedure, it can take 6-8 weeks to notice more open ears.

Turbinate Reduction is often done in conjunction with balloon sinuplasty. This manually reduces obstruction in your nasal passages. You can expect post op discomfort, but it should be eased by tylenol and nasal rinses. It may cause some swelling and the feeling of congestion, particularly for the first week. You will have some bloody drainage for two days.

Latera is a nasal implant that decreases the amount of nasal collapse when deep breathing. The implant slowly dissolves and is replaced by scar tissue, which will continue to keep passages open. There is a slight risk that the implant may extrude. If extrusion occurs, there will be no noticeable scar and placement of another implant can be discussed with your physician. There may be some discomfort, but you should not expect drainage.



Medication Checklist

- Stop blood thinners one week prior to the procedure. This includes aspirin, vit E and fish oil as well as other types of blood thinners you may be taking.
- The night before, use **Neilmed Sinus Rinse** and then **Afrin**, one puff per side.
- When you wake up on the day of procedure
 - Take your normal meds (except blood thinners) and breakfast
 - Use **Afrin** (or the generic oxymetazoline) : one puff per side. Continue every hour prior to the procedure. IF afternoon schedule do three doses before
 - **One hour before procedure Ativan 2 mg, Phenergan 25 mg, Norco 7.5 mg/ 325 mg** (Due to being controlled substances, these medications will not be made available for pickup until the day before.
- The evening after the procedure:
 - Start antibiotic **Augmentin 875 mg and Tylenol** as needed (do not wait until the pain is intolerable to start this, you will have numbness and pain medication on board and this will wear off after about 4 hours) if told to have antibiotic prior to dental procedure start augmentin in the morning
- Per Dr.'s instruction either the evening or the next day:
 - **Neilmed Sinus Rinse** twice a day followed by **Budesonide Rinse** 20 ml flush each side. We will provide you with a 20 ml syringe in the office.

You may resume activities, medication, and diet as usual after the procedure, as tolerated.

Please use distilled or purified water for rinses while you are healing post op to prevent infection

Note: if you have been told to take an antibiotic prior to dental procedures start Augmentin the morning of the procedure.

Afrin (oxymetazoline) and Neil Med Sinus rinses are available at most drug stores, Walmart, or grocery stores over the counter. Make sure you pick up enough salt packs to last 15 or more days.

Budesonide rinse can be purchased in office at \$20 or at We Care (compounding pharmacy) 417 Tamiami Trail, Venice FL 941-786-9181 at \$35

Please contact us with any questions or concerns Island ENT 941-786-0386



I, _____ authorize Dr. M Jonathan Clark MD to perform

My physician has explained to me the details and risks of local anesthesia to me. This procedure will be performed in the office setting under local and topical anesthesia.

The surgical risks of this procedure include:

1. Bleeding either during or after the procedure. This may require control in the operation room and very rarely a blood transfusion.
2. Infection, pain intranasal scarring and swelling
3. Leakage of cerebrospinal fluid, injury to the brain or meningitis
4. Injury to the eyes causing visual changes including blindness and double vision
5. Tear duct injury with excessive tearing
6. Bruising or swelling around the eyes
7. Recurrence of symptoms
8. Loss of smell and or taste
9. Nasal congestion from dried blood, nasal packing ect. Need for frequent cleaning saline washes
10. Dry nose/ atrophic rhinitis- may need to use saline rinse/ sprays/ gels
11. Unexpected cardiac, pulmonary, or anesthesia reactions
12. Voice changes due to new airflow patterns
13. Need for further surgical interventions or medical treatment

I understand that unforeseen conditions may require additional or different procedures than those planned. I authorize my Physician and his or her associates to perform other procedures as deemed necessary in their professional judgment and I consent to the administration of such anesthetics and drugs as may be considered necessary or advisable for this operation or procedure except for _____.

I understand the nature and purpose of the procedure, the risk involved and the possibility of complications. I have been given the opportunity to ask questions about my condition, alternative forms of treatment and the risks of non-treatment. I believe I have sufficient information to give this informed consent.

I understand that if my physician judges at any time that my surgery should be postponed or canceled for any reason he or she may do so.

I consent to the admittance of authorized observers to the procedure room for the purpose of advanced medical education and or product support

I give permission to take still digital or motion photography with the understanding that such photographs remain the sole property of the physician and may be published in scientific journals or shown for scientific reasons. The physician maintains copies of originals of such photographs, films or videotapes.

I agree to keep my doctor informed of any changes of address so that I may be notified of any late findings and agree to actively cooperate with my surgeon in my care after surgery until completely discharged.

I certify that this and all other forms have been thoroughly explained to me, that I have read them or had them read to me that the blank spaces have been filled in and that I understand the consents.

Signature

Date

Witness

Date



Island ENT

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420 Nokomis Avenue S, Venice FL 34285 call 941-786-0386 fax 941-761-6241

www.IslandENTVenice.com

Patient: _____ DOB _____

Procedure: _____

Location: office Englewood LWR Blake Premier Sx Date: _____

| | | | |
|------------|----------------|----------|------------|
| Code _____ | descript _____ | \$ _____ | 100% _____ |
| Code _____ | descript _____ | \$ _____ | 50% _____ |
| Code _____ | descript _____ | \$ _____ | 25% _____ |
| Code _____ | descript _____ | \$ _____ | 25% _____ |
| Code _____ | descript _____ | \$ _____ | 25% _____ |
| Code _____ | descript _____ | \$ _____ | 25% _____ |

ICD10-Diagnosis: _____

Est. Time: _____ Est. Post-op Days: _____

Address: _____ Phone #: _____

Verify Insurance _____

Deductible _____ co pay _____

Called _____

Call 2 _____

Call 3 _____

authorization _____

Cardiologist _____ clearance _____

Call patient and give instructions

Hold blood thinners if needed

Pharmacy in Practice Fusion _____

Total charges _____ total allowable _____

Deductible owed by patient _____ secondary deductible _____

Coinsurance owed _____ secondary coinsurance owed _____

Total patient balance _____ pt notified by _____ date _____