James P. Thomas, M.D. physician & surgeon — practice limited to laryngology = 909 NW 18th Avenue Portland, OR 97209-2324 fax (503) 478-1846 $\,$ toll free (866) 766-1994 $\,$ cell/pager (503) 341-2555 (503) 478-1845 website www.voicedoctor.net email thomas@voicedoctor.net Today's date ____/ ___/ 2007 Name: ___ Laryngoplasty Medialization **Arytenoid Adduction Nerve transfer - ANSA** ☐ Left ☐ Right ☐ Bilateral MAC anesthesia Time 1 hour 1 1/2 hours 2 hours Preferred **Date of Surgery**: ____/___/ ASAP, at patient convenience PARQ (Procedure, Alternatives, Risks & Questions) conference Anesthesia risk, breathing problems, bleeding, infection, sub-optimal results Laryngoplasty consists of passing a flexible scope through the nose to monitor the voice box and opening up the voicebox (thyroid cartilage). Medialization involves inserting an implant (most often Gore-Tex or Silastic) through an opening in the cartilage. Arytenoid adduction involves suturing one of the cartilages to the vocal cords. Nerve transfer involves borrowing a nerve from a neck muscle and attaching it to one of the nerves to the vocal cords. The main risks of surgery include, but are not limited to a reaction to anesthesia, which is uncommon but can be life threatening. The procedure could potentially cause swelling of the vocal folds. Bleeding or infection are possible anytime an incision is placed into the skin. Results with surgery cannot be guaranteed and a sub-optimal result consisting of a weak voice or a strained voice is possible. Alternatives: A brief listing of alternatives might include injection with various materials, suturing the arytenoid, nerve grafting or living with the problem. Risks are many and may include infection, granuloma, failure to improve, aspiration... This brief listing is meant to satisfy CMS requirements. There is an extensive explanation of the procedure, alternatives and risks available in print from the office and at http://www.voicedoctor.net/surgery/medial.html on the internet. Students may be involved in observing or assisting with procedures described above. Their name(s) are . They may be involved holding retractors or placing a suture if appropriate for their level of training. Dr. Thomas explained all of the above to me, I have seen the extensive explanation and my questions have been answered to my satisfaction.

Patient signature

Date

Witness

James P. Thomas, MD

Date

Preferred hospital

Legacy Emanuel

Providence Portland

Vital signs: BP __ / __, P __, R __

Chest: clear crackles

Heart: regular irregular

Surgical Scheduling Information for Laryngoplasty

Page 1 of 1 © 2/1/2007 fLY bY nIGHT graphics