Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Preauricular Sinus Excision

1. Introduction

1.1. Surgical excision of preauricular sinus and excision of scar from previous infection.
1.2. Indications:
  1.2.1. Previous history of infection of the preauricular sinus.
  1.2.2. Symptomatic preauricular sinus e.g. discharge.

2. Procedural Preparation

2.1. Tests may be ordered include blood tests, Chest X-Ray and Electrocardiogram (ECG).
2.2. The indication of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
2.3. Pre-operative anesthetic assessment will be performed.The anesthetic management and its possible risks will be explained by the anesthetist.
2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
2.5. Do not eat or drink for 8 hours before operation.

3. Procedure

3.1. Local / general anaesthesia.
3.2. Make incision in front of the ear with inclusion of the sinus opening and scar.
3.3. Remove soft tissue along the area including all the tracts.
3.4. Haemostasis.
3.5. Wound closure.
3.6. Head bandage may be necessary.

4. Recovery Phase

4.1. Keep wound clean and dry.

5. Possible Risks and Complications

5.1. Common Risks and complications(≧1% risk):
  5.1.1. Bleeding
  5.1.2. Wound infection / abscess
  5.1.3. Wound break down
  5.1.4. Poor wound healing
  5.1.5. Scar / keloid
  5.1.6. Recurrence
5.2. Uncommon Risks with Serious Consequences (<1% risk):
  5.2.1. Damage to nearby structures (facial nerves / vessels)

6. Follow up after surgery

6.1. Seek medical attention when there is severe bleeding, wound swelling or discharge, pain, fever or chills.
6.2. Please follow as schedule.

7. Remark

7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further.

8. Reference

8.1. Hospital Authority. Smart Patient Website.

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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____