

# EUSTACHIAN TUBE DILATION



Don J Beasley, MD  
208-229-2368

I hereby authorize Dr. Beasley to treat the right / left/ bilateral eustachian tube(s) using an endoscopic balloon dilation device. The physician explained that the device used to perform this procedure, the XprESS ENT Dilation System, is a commercially available product, specifically cleared by the FDA to be used as a treatment for my condition, eustachian tube dysfunction (ETD).

Dr. Beasley has explained that common symptoms of ETD include ear pressure, fullness in the ear, dizziness, painful ears, crackling and popping sounds in the ears, tinnitus, muffled hearing, and pain or discomfort with barometric changes (e.g. flying, diving). Satisfactory treatment of ETD is achieved by dilating the eustachian tube(s) improving its ability to regulate pressure in the ear(s). The general nature of the eustachian tube endoscopic balloon dilation procedure for treatment of (the left, right, or both) ear(s) has been explained to me. I understand that the known risks of this procedure include, but are not limited to:

- Pain
- Bleeding
- Fever and infection
- Continued or worsening symptoms
- Revision surgery
- Tinnitus
- Damage to the Eustachian tube
- Permanent hearing loss
- Tympanic membrane damage

I am aware that in addition to the risks specifically described above, there are other risks that may accompany any surgical procedure, such as intra- and post-operative blood loss, infection, and scar formation in the eustachian tube(s) and/or sinus opening which may require additional medication or surgical intervention, as determined by the physician.

I consent to the photographing, filming, or videotaping of the treatment or procedure for educational or diagnostic use.

I do not wish to have any photographing, filming, or videotaping of the treatment or procedure for any use.

I have read, signed and dated this form prior to the service listed below being rendered to me.

Patient Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

