



## **RISKS AND COMPLICATIONS OF PROCEDURE**

The following is a list of possible complications in your proposed procedure. Though some complications are more rare than others, they could occur. In any human endeavor, there are many unknowns. Hence, it is impossible to have a complete list of possible complications. If you are not satisfied with any explanation, please feel free to postpone the procedure until you believe that the potential benefit of the procedure outweighs the risks. If you would like, we encourage you to obtain a second opinion. If you have concerns or desire further explanation, please do not hesitate to ask. Understand that BOTOX injection has certain expected, but temporary side effects. Understand that BOTOX treatment is only temporary. It is not considered permanent treatment for any type of condition. BOTOX used will either be fresh or frozen. It is also understood that no injection is guaranteed to be perfect each time and that there may be variation in outcome with each injection. Several injections may need to be performed over time before the appropriate amount for a good effect can be determined for a given patient.

### **BOTOX Injection Into Vocal Cord Muscles**

- |  |   |
|--|---|
| 1. Pain                                      | 8. Hoarseness                             |
| 2. Infection                                 | 9. Coughing                               |
| 3. Bleeding                                  | 10. Pain with swallowing                  |
| 4. Breathless or tight sounding voice        | 11. Recurrence                            |
| 5. Dysphagia                                 | 12. No noticeable effect                  |
| 6. Allergic reaction to medicine or material | 13. Death (so far only in young children) |
| 7. Aspiration                                | 14. Difficulty breathing                  |

I have read the above and am willing to accept the risks of surgery and believe that the potential benefits outweigh the potential risks.

I have received the Medication Guide for Botox \_\_\_\_\_ (initial)

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Christopher Chang, MD