



TRANSTYMPANIC STEROID INJECTION

A Novel Approach to Address Sudden Hearing Loss

The administration of steroids via injection into the middle ear represents a novel therapeutic intervention. While a considerable number of patients have undergone this procedure with favorable outcomes, uncertainties persist regarding its long-term efficacy and potential side effects. In cases where the treatment proves successful, the need for repeated interventions may arise due to the transient nature of its effects.

Potential complications associated with this treatment encompass, but are not confined to, the following:

Eardrum Perforation

There exists a slight risk of eardrum perforation, with an incidence estimated at one in a hundred patients. In instances where the perforation does not naturally heal, a corrective surgical procedure called Myringoplasty may be necessary.

Ear Infection

Although infrequent, the occurrence of an ear infection may necessitate antibiotic treatment. Ear infection can manifest as ear pain and ear discharge.

Loss of Hearing

While hearing loss typically results from natural fluctuations associated with hydrops, isolated cases of hearing loss following the procedure have been documented. The estimated incidence is less than 1%.

Tinnitus or ear fullness

The prevalence of tinnitus generally remains unchanged, but an exacerbation may sometimes occur. Tinnitus may also be accompanied by a sense of ear fullness, echoing in one's ear, and heightened perception of one's voice.

Dizziness

Brief episodes of dizziness and nausea may accompany the injection due to temperature changes, but prolonged dizziness is a very rare occurrence.

Taste Disturbance

Although uncommon, taste disturbance may manifest as alterations or mouth dryness, typically lasting a few weeks.

Having comprehensively reviewed and understood the associated risks and complications of steroid injection, including consideration of alternative treatment options, I affirmatively choose to proceed. I have had ample opportunities to address any questions or concerns regarding the proposed treatment with Dr Justin Wong.

Signature:

Name:

Date: