

## INFORMATION AND AUTHORIZATION DOCUMENT FOR TRANSORAL ROBOTIC SURGERY

Full Name: .....

Age: ..... ID Number: ..... Medical Record Number:

.....

Diagnosis: ..... Date: .....

Informing Physician: ..... Medical License Number: .....

### BRIEF DESCRIPTION OF THE SURGICAL PROCEDURE

Transoral Robotic Surgery (TORS) refers to a set of surgical techniques aimed at the excision of lesions or structures located in the oral cavity, pharynx, or larynx for diagnostic or therapeutic purposes. These procedures are performed through the mouth using robotic instrumentation.

TORS is considered a minimally invasive surgical approach designed to reduce the potential sequelae associated with conventional surgical techniques. However, some sequelae may still occur, varying based on the location and extent of the tissue excised.

As with all minimally invasive procedures, there is a possibility of complications that may necessitate converting the approach to a conventional surgical technique. However, this is an uncommon occurrence.

If, due to the patient's anatomy, there is insufficient exposure of the lesions to ensure surgical success, the procedure may need to be suspended or converted to another more appropriate technique.

Depending on the case, the patient may require admission to the Intensive Care Unit (ICU) for better postoperative monitoring during the first few days following surgery. Subsequently, they will be transferred to a hospital ward for continued recovery.

Following surgery, patients will experience pain or discomfort, which may be severe and exacerbated during swallowing. This pain may radiate to the ears and persist for ten to fifteen days or longer, necessitating the use of analgesics.

During the initial postoperative hours, patients may notice blood-tinged saliva or even experience dark, digested blood in vomit, which is related to the blood swallowed during surgery. Similarly, dark stools may be observed in the immediate days following surgery due to the same cause.

Bad breath may be noticeable during the first few days. Initially, patients may have difficulty swallowing normally. Thus, the physician may decide to administer nutrition through a nasogastric tube or, in rare cases, a direct feeding tube directly into the stomach (gastrostomy). Swallowing function usually recovers gradually.

In some cases, a temporary tracheostomy (a direct airway opening in the neck) may be required to facilitate breathing. If necessary, the tracheostomy may be maintained during postoperative radiotherapy or if wound healing prevents early removal. A tracheostomy requires specific care.

Nevertheless, TORS is designed to minimize the need for tracheostomy, feeding tubes, and other functional impairments. However, some sequelae may persist, depending on the specific area operated on, though they are generally less significant than those associated with conventional treatments.

The length of hospital stay varies depending on the patient's progress. However, minimally invasive surgery is generally associated with reduced hospitalization time.

## **POSTOPERATIVE CARE AND FOLLOW-UP**

Throughout the recovery process, the presence of fever, bleeding, and other complications will be monitored, as well as wound healing. After discharge, the patient will undergo outpatient follow-up visits as necessary.

In some cases, additional treatments such as **radiotherapy and/or chemotherapy** may be required after surgery to ensure the best possible outcome.

## **CONSEQUENCES OF NOT UNDERGOING THIS SURGERY**

If the procedure is not performed:

The lesions that justified the surgery may persist, or diagnostic elements may not be available.

If the surgery is recommended for the treatment of a malignant tumor, the cancer may progress, leading to local, regional, or distant metastasis, ultimately causing death.

Tumor progression may result in **swallowing difficulties, airway obstruction, infections, and hemorrhages**.

If the surgery is intended for diagnostic purposes, the physician may be unable to obtain the necessary information to determine the best treatment approach.

## **EXPECTED BENEFITS**

**Cure of the disease with fewer mutilating or disabling sequelae.**

## **ALTERNATIVE PROCEDURES**

**Radiotherapy and chemotherapy** are alternative treatments, with varying success rates depending on the case.

**Other surgical approaches** include **open surgery** or **transoral surgery using other instruments** (e.g., laser surgery).

Modern treatment protocols often combine these approaches to optimize patient outcomes. The attending physician, in consultation with a team of specialists, will recommend the best treatment plan.

## **POTENTIAL RISKS AND COMPLICATIONS OF THIS PROCEDURE**

**Bleeding**, which may require additional surgery, blood transfusions, or cardiovascular interventions.

**Infections** at the surgical site or in the respiratory system, including tracheitis, bronchitis, or pneumonia.

**Mucous plugs** in the tracheostomy tube (if performed), trachea, or bronchi, potentially causing **respiratory distress (dyspnea)**.

**Swelling of the larynx (laryngeal edema), laryngeal stenosis (narrowing), or scar tissue formation (synechiae)**, which may cause **difficulty breathing**, necessitating medical treatment, tracheostomy, or permanent use of a tracheostomy tube.

**Swallowing difficulties (dysphagia) and aspiration (choking episodes)**, which may be temporary or permanent.

**Fistulas (abnormal connections between the throat or mouth and the external neck)**, which may require prolonged treatment or surgical revision.

**Rare complications**, such as **laryngeal cartilage inflammation (perichondritis), bone inflammation (osteitis), or soft tissue necrosis** in the neck.

**Cervical or mediastinal emphysema** (air pockets in the neck or chest).

**Gastrointestinal ulcers and psychological effects, such as depression, due to stress.**

**Burns or mechanical injuries from robotic instruments**, though no cases have been reported.

**Potential ignition of oxygen or anesthetic gases** in rare circumstances.

**Dental injuries** due to transoral surgical exposure devices.

**Cancer recurrence (early or late relapse).**

**Standard surgical and anesthesia-related complications**, including a **1 in 15,000 risk of death due to general anesthesia**. This risk is higher in elderly patients and those with pre-existing conditions.

## **PATIENT CONSENT DECLARATION**

I hereby declare that I have been informed by my physician about:

- The key aspects of the planned surgical procedure.
- The expected recovery process, potential complications, risks, and contraindications.
- The consequences of not undergoing this procedure.
- Alternative treatment options.

I am satisfied with the information provided. I have had the opportunity to ask questions, and all my concerns have been addressed. I affirm that I have disclosed all relevant information about my medical history, lifestyle, and habits.

I understand that the surgeon performing the procedure will be the most appropriate member of the medical team available on the day of surgery. I consent to the collection of **biological samples and medical imaging** necessary for my case.

I acknowledge the **risk of hospital-acquired infections**, despite the medical team's hygiene precautions.

If the surgeon encounters **unforeseen circumstances requiring modifications to the planned procedure**, they will consult my authorized representative. If my life is at risk, I authorize the surgeon to take the most appropriate action for my health.

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_