



**BRUCE R. MADDERN, M.D., P.A.**

*Pediatric Otolaryngology  
Head & Neck Surgery*

Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_

**STRIDOR / CROUP / SUSPECTED UPPER AERODIGESTIVE ABNORMALITY  
(DIRECT LARYNGOSCOPY / BRONCHOSCOPY / ESOPHAGOSCOPY)**

We have discussed the patient's history and/or physical examination findings that are suspicious for an upper aerodigestive [e.g. larynx ("voice box"), trachea ("windpipe"), esophagus ("swallowing tube") or other] abnormality and my recommendation for directly visualizing the upper aerodigestive tract under general anesthesia in the operating room. We have discussed that this is a diagnostic procedure and not a cure for the underlying suspected abnormality and that additional medical or surgical treatment may be necessary. We have discussed the risks of the surgery, including but not limited to: general anesthesia, hoarseness, voice change, bleeding, pneumonia ("lung infection"), pneumothorax ("collapsed lung"), pneumomediastinum ("air around heart sac"), esophageal perforation and the need for additional surgery. Questions have all been answered.

\_\_\_\_\_  
Parent/Guardian

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