

Consent for Gastric Bypass & Sleeve Gastrectomy Surgery

Name: _____

Surgeon: _____

The purpose of this form is to provide me with certain information so that I may make an informed decision as to whether or not I should undergo obesity surgery. My physician has recommended gastric bypass surgery because I have been diagnosed with clinical morbid obesity.

Specific risks associated with gastric bypass surgery include but are not limited to the following:

1. Infection – including wounds and the intravenous line sites.
2. Intra-abdominal infections or abscesses (inside the abdomen).
3. Bleeding.
4. Formation of ulcers, gastritis (stomach irritation), or heartburn.
5. Failure to lose weight or regaining of weight lost.
6. Injury to adjacent organs such as the esophagus, stomach, intestines, diaphragm, pancreas, spleen or liver.
7. Port-site infections.
8. Leaking from stomach or intestines, or development of fistulas.
9. Problems with intubation or anesthesia (a more detailed description of the risks associated with anesthesia will be provided by the anesthesiologist).
10. Hernias of the wounds or internal organs requiring operative repair.
11. Formation of adhesions or scar tissue inside the abdomen.
12. Damage to nerves of the stomach or in the skin near the incisions.
13. Pneumonia and respiratory failure requiring mechanical ventilation.
14. Transfusion of blood and blood products if needed and the attendant risks of transfusion of blood products.
15. Development of deep vein thrombosis or clots (DVT) resulting in pulmonary embolism (blood clots moving to the lungs) requiring anticoagulation treatment. Diagnosis of DVT is difficult in morbidly obese patients due to unreliable venous dopplers and absence of clinical signs.
16. Pulmonary embolism.
17. Depression due to restraints in eating habits, types and amounts of food consumed.
18. Re-operation for any unforeseen complications not yet listed.
19. Unexpected medical catastrophe such as heart attack, stroke or other disabling condition.
20. Death.
21. While the majority of patients with this operation lead a normal life, there are some who find that the restriction of eating small meals creates a lifestyle that is intolerable.
22. Body Mass Index above 50: patients have greater risks for surgery, including but not limited to, difficult exposure, greater risk of injuring internal organs, difficulty with i.v. access, difficulty performing and interpreting X-ray studies, higher risk of leaks or fistulas, higher risks for infections and DVT.

The alternatives to obesity surgery include – further attempts at non-operative approaches to weight loss such as diet, exercise and behavior modification. The benefits of such alternatives include – weight loss without the risks of surgery. The risks associated with those alternatives include- failed attempts, worsening of co-morbid conditions, further weight gain, and increased mortality.

No guarantees have been made to me that this surgery will improve my condition or result in weight loss.

I have read and understand (1) risks associated with obesity surgery, (2) the alternatives to obesity surgery, and (3) the benefits and risks associated with the alternatives to obesity surgery. Anything I may not have understood was explained to me to my satisfaction, and any questions I may have had were answered to my satisfaction.

I hereby authorize _____, and such other qualified medical persons as are needed, to perform gastric bypass surgery on me.

Date: _____

Signature: _____

Time: _____

Witness: _____

Surgeon: _____

Consent for Adjustable Gastric Banding Surgery

Name: _____

Surgeon: _____

The purpose of this form is to provide me with certain information so that I may make an informed decision as to whether or not I should undergo obesity surgery. My physician has recommended adjustable gastric banding surgery because I have been diagnosed with clinical morbid obesity.

Specific risks associated with adjustable gastric banding surgery include but are not limited to the following:

- 1) Infection – including wounds and the intravenous line sites.
- 2) Intra-abdominal infections or abscesses (inside the abdomen).
- 3) Bleeding.
- 4) Formation of ulcers, gastritis (stomach irritation), or heartburn.
- 5) Failure to lose weight or regaining of weight lost.
- 6) Injury to adjacent organs such as the esophagus, stomach, intestine, spleen, pancreas, diaphragm or liver.
- 7) Port-site infections.
- 8) Malfunction of the device requiring repair, replacement or removal of the device such as leakage, breakage or other problem with inflation or deflation.
- 9) Enlargement of the stomach pouch, blockage of the stomach outlet, swelling of the stomach, improper placement of the band or over-inflation of the band.
- 10) Need for removal of the band due to port or tubing infection, malfunction or loss of muscular function of pouch.
- 11) Erosion of the band into the stomach which may require re-operation.
- 12) Migration of the band which may require re-operation.
- 13) Problems with intubation or anesthesia (a more detailed description of the risks associated with anesthesia will be provided by the anesthesiologist).
- 14) Hernias of the wounds requiring operative repair.
- 15) Formation of adhesions or scar tissue inside the abdomen.
- 16) Damage to nerves of the stomach or in the skin near the incisions.
- 17) Pneumonia and respiratory failure requiring mechanical ventilation.
- 18) Transfusion of blood and blood products if needed and the attendant risks of transfusion of blood products.
- 19) Development of deep vein thrombosis or clots (DVT) resulting in pulmonary embolism (blood clots moving to the lungs) requiring anticoagulation treatment. Diagnosis of DVT is difficult in morbidly obese patients due to unreliable venous dopplers and absence of clinical signs.
- 20) Pulmonary embolism.
- 21) Depression due to restraints in eating habits, types and amounts of food consumed.
- 22) Re-operation for any unforeseen complications not yet listed.
- 23) Unexpected medical catastrophe such as heart attack, stroke or other disabling condition.
- 24) Death.
- 25) While the majority of patients with this operation lead a normal life, there are some who find that the restriction of eating small meals creates a lifestyle that is intolerable.
- 26) Body Mass Index above 50: patients have greater risks for surgery, including but not limited to, difficult exposure, greater risk of injuring internal organs, difficulty with i.v. access, difficulty performing and interpreting X-ray studies, higher risk of leaks or fistulas, higher risks for infections and DVT.

While gastric banding surgery is reversible/removable, I understand that there are significant risks associated with the reversal/removal, and that such risks may be life-threatening. I also understand that reversal/removal of a gastric band may have an adverse effect on future surgery in this area of the stomach.

The alternatives to obesity surgery include – further attempts at non-operative approaches to weight loss such as diet, exercise and behavior modification. The benefits of such alternatives include – weight loss without the risks of surgery. The risks associated with those alternatives include- failed attempts, worsening of co-morbid conditions, further weight gain, and increased mortality.

No guarantees have been made to me that this surgery will improve my condition or result in weight loss.

I have read and understand (1) risks associated with obesity surgery, (2) the alternatives to obesity surgery, and (3) the benefits and risks associated with the alternatives to obesity surgery. Anything I may not have understood was explained to me to my satisfaction, and any questions I may have had were answered to my satisfaction.

I hereby authorize _____, and such other qualified medical persons as are needed, to perform adjustable gastric banding surgery on me.

Date: _____

Signature: _____

Time: _____

Witness: _____

Surgeon: _____