

New Image Bariatric Surgical Associates
John L Coon, MD FACS

Informed Consent for
Laparoscopic Proximal Gastric Bypass

I understand that having an operation is a serious undertaking. Prior to having bariatric surgery and in preparation for surgery, I have:

- had a consultation with my bariatric surgeon and have talked with other patients who are considering bariatric surgery or have had bariatric surgery. _____initial
- Read and understood the booklet The Facts About Weight Loss Surgery which was provided to me by New Image Bariatric Surgical Associates. _____initial
- Watched and understood the informational video shown to me at the office of New Image Bariatric Surgical Associates. _____initial
- Read and understood the article *Surgery for Severe Obesity: Information for Patients* which was provided to me by New Image Bariatric Surgical Associates _____initial
- Read and understood **all** of the New Image Bariatric Surgical Associates Patient Information Guide. _____initial
- Read and understood **all** of the New Image Bariatric Surgical Associates Post Op Instructions. _____initial
- Attended at least one New Image Bariatric Support Group meeting _____initial
- Investigated the benefits and risks of having bariatric surgery, and the alternatives to having bariatric surgery by all of the above means. _____initial
- Been encouraged to ask any and all questions related to the benefits and risks associated with obesity surgery and declare that the surgeon has answered my questions to my satisfaction and understanding. _____initial
- Considered carefully my decision to have bariatric surgery and believe personally the benefit of the surgery for me far overcomes the risk. _____initial
- Discussed my decision to undergo bariatric surgery, including its associated risks, including death, with my immediate family and have obtained their support for my decision to have weight loss surgery. I have also requested that they sign this document with me. _____initial

And prior to having bariatric surgery, I understand the following:

- There are no warranties regarding the amount of weight I will lose, how fast I will lose it, or for how long I will maintain my weight loss. _____initial

- The operation contains components of both **restriction** (of how much I can eat), and **malabsorption** (of what I do eat). As a result, malnutrition: will probably occur for at least six months after bariatric surgery, will possibly occur for up to two years after bariatric surgery, and will rarely occur for even longer after bariatric surgery. On rare occasion, severe malnutrition can result and require additional surgery to correct. _____initial
- I must contact my bariatric surgeon if I get sick for more than just a few days, get hospitalized, need emergency surgery, get pregnant, or are considering any type of elective surgery elsewhere. _____initial
- If I am a woman of child bearing age, I must not become pregnant until my nutritional status returns to normal. We advise that you discuss with us as to when your nutritional status is adequate to support a pregnancy. Becoming pregnant during the period of weight loss could result in permanent damage to the fetus. _____initial
- I will need to cooperate with a rigorous postoperative follow up program. This is imperative in order to reduce the risks of complications from malnutrition. The follow up program includes frequent office visits and periodic lab tests. _____initial
- Morbidly obese patients carry a much higher risk of complications than those of normal weight. This higher risk is due to several factors including: technical difficulty of operating in the presence of excessive fatty tissue growing to the internal organs, underlying conditions such as diabetes, asthma, and reduced ability to fight infections, and reduced reliability of laboratory tests, xrays, and physical exam to diagnose postoperative complications due to limitations that obesity has on the use of these diagnostic tools. In other words, because I am overweight, taking care of me is more difficult that in normal weight people. _____initial
- Because of the compromised reliability of laboratory tests, xrays, and physical exam to diagnose postoperative complications, I understand that I may have to return to surgery, possibly that same day or within a few days, to have my abdomen opened to determine if I have had a significant complication. I also understand that this operation may turn up nothing wrong but vhad to be done because of the severe outcome of untreated complications that are allowed to worsen. _____initial
- My ability to eat will be significantly changed after bariatric surgery and will require a degree of behavior modification. I will not be able to eat as much as before surgery. I will have to eat more often. And, I will no longer be able to tolerate some of the foods I could eat before. _____initial
- I will need to attend the New Image Bariatric Surgery Support Group meetings for at least the first year after my operation. These meetings occur the first Tuesday of each month. _____initial

- This operation will, by itself, not solve all of my obesity or obesity related problems and can only be considered a part of the solution. My results will also be determined by my personal effort and follow up. _____initial
- This operation requires general anesthesia and I will have the opportunity to meet my anesthesiologist prior to surgery and discuss the particular anesthetic risks of this type of operation. _____initial
- Illnesses which I had prior to surgery may or may not improve. In either case, for these problems I will still need to continue to see my Primary Physician after surgery. _____initial

And prior to surgery I understand that there are risks to the operation and that complications can occur. Some of these complications can occur several months to years after my original bariatric surgery. The following is a partial list of these risks and complications:

- Drainage of fluid from the surgical wound
- Infection in the surgical wound
- Pneumonia or fluid in the lungs
- Development of breathing problems that could require a respirator after surgery for an unknown length of time
- Leakage from the stomach or intestinal suture/staple lines. This could require additional surgery to correct and could result in intestinal fluid draining out of the body through a hole in the skin possibly for a long period of time
- Failure of the stomach staples. This allows food to pass into the bypassed stomach, thus stopping weight loss. This problem usually requires additional surgery to correct it
- Abscess formation within the abdomen. This could require additional surgery to drain
- Injury to the spleen during surgery. This could require repair or removal of the spleen and could result in significant additional blood loss during the operation
- Development of stomach ulcers. These can either bleed or perforate. This could require additional surgery to control the bleeding or close the perforation
- Formation of gallstones. Additional surgery could be needed to remove the gallbladder. I understand that I am supposed to take Actigol which helps to reduce the chance of forming gallstones.
- Formation of blood clots. These occur typically in the legs or in the lower parts of the abdomen in spite of the use of pneumatic compression devices and anticoagulation before, during and after surgery. These blood clots can dislodge and travel up the veins to the heart and lungs and cause significant damage to these organs and sometimes even death
- Stricture of the passage way from the stomach pouch to the intestine. This could require surgery either to dilate the passage way or to revise it

- Development of nutritional problems. These problems occur most frequently during the first year but can occur anytime. They include protein, essential fatty acid, vitamin, and mineral deficiencies. As a result of these deficiencies, hair loss, muscle loss, weakness, paralysis, confusion, rashes, anemia, night blindness, numbness, tongue soreness, foul breath, and joint problems can occur. Also, as a result, nutrition may have to be provided temporarily through an intravenous line placed typically in either my neck, chest or arms,, through a special tube placed through the nose for feeding, or a tube placed surgically directly through the abdominal wall into the intestines
- Development or worsening of psychiatric conditions.
- Conversion to an open operation. This will typically occur if there is a technical problem that cannot be handled laparoscopically. This usually results in a longer hospital stay, more pain, a much larger incision, and a longer convalescence. In addition, conversion to an open operation exposes me to the chance of an incisional hernia which will typically require additional surgery to correct. The chance is up to 30%.
- Development of “Dumping Syndrome”. This involves an exaggerated response by the body to a sudden ingestion of sugar. Some of the symptoms are nausea, vomiting, dizziness, diarrhea, abdominal cramps, and abdominal pain. While these symptoms will abate spontaneously after a few hours, they are quite uncomfortable. I understand that this is a typical result of this operation and that short of reversal of the operation, this problem will not get better.

In addition to the above complications, there are several side effects which are not uncommon. They are:

- Loss of hair. This will typically occur and the question is how much. The use of protein supplements and vitamins will help reduce the hair loss.
- Skin sagging. This will occur most commonly in the abdomen and arms but can occur in other areas as well, such as the breasts and hips. This can cause discomfort, sores, chronic skin infections, and odor. And in some cases this sagging is severe enough that the patient dislikes their personal appearance. Reconstructive surgery is sometimes necessary to correct these problems.
- Chronic bad breath or body odor
- Foul smelling bowel movements or gas. Not everyone gets this but it is not uncommon
- Diarrhea. Again not everyone gets this but it is not uncommon and can require chronic medication to control it. In rare instances surgery to alter the intestinal tract is necessary.

I understand and accept the possibility of the above risks and complications. I also understand this is only a partial list and that there are other complications that can also occur. I also understand there is a real risk of death from a number of these complications. The national average is about one death in every 100 operations. I understand the rationale behind accepting this risk is that the risk for the remaining years of my life, if I do not have bariatric surgery, is substantially greater than is the risk of surgery. I have discussed the possibility of complications and the risk of death with my surgeon and have had all of my questions answered and accept this risk. _____initial

By signing this statement, I attest that I have read, understood, agree with, and accept the information presented to me in this document and by my bariatric surgeon.

Signature _____ PATIENT
date

printed name

signature _____ SPOUSE/RELATIVE/FRIEND
date

printed name

signature _____ WITNESS
date

printed name