

BARIATRIC SURGERY (Distal Gastric Bypass)

Bariatric surgery to treat morbid obesity is performed in different ways. There is a stapling procedure where intestinal tracts are stapled together to prevent the passage of nutrients. Another procedure uses a banding process to close off the intestinal tract, again preventing the passage of nutrients. Bariatric surgery can be performed through an incision into the abdomen or via a laparoscope.

Patient's
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I understand and accept that the most likely material risks and complications of bariatric surgery have been discussed with me and may include but are not limited to:
- *abscess formation*
 - *allergic reaction to medications*
 - *blood clots*
 - *blood vessel injury*
 - *bowel obstruction*
 - *cardiac complications*
 - *dehiscence*
 - *dehydration*
 - *failed procedure*
 - *gastric fistula*
 - *hemorrhage*
 - *hernia*
 - *infection*
 - *inflammation*
 - *nerve injury*
 - *organ injury, especially spleen or diaphragm*
 - *stomal stenosis*
 - *various respiratory difficulties*
 - *wound infection*
 - *death*
- _____ I understand that I will undergo additional counseling related to dietetics, rehabilitation, and other services as deemed necessary by my physicians.
- _____ I understand that as a result of my chronic pre-existing medical conditions, I am at great risk for any or all of these complications to occur.
- _____ I understand and accept the risks of blood transfusion(s) that may be necessary.
- _____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
- _____ I understand that the doctor may, at any time before or during the procedure, end the surgery.
- _____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- _____ I have informed the doctor of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.
- _____ I have been informed of what to expect postoperatively, including but not limited to:
estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- _____ I understand that I should not become pregnant until one to one and one-half years after this surgery.
- _____ The doctor has answered all of my questions regarding this procedure.

Continued

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize _____, M.D., and associates or assistants of his/her choice to perform a gastric bypass procedure (laparoscopic/open) on _____ at _____ (circle one) _____ (patient name) _____ (name of facility)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

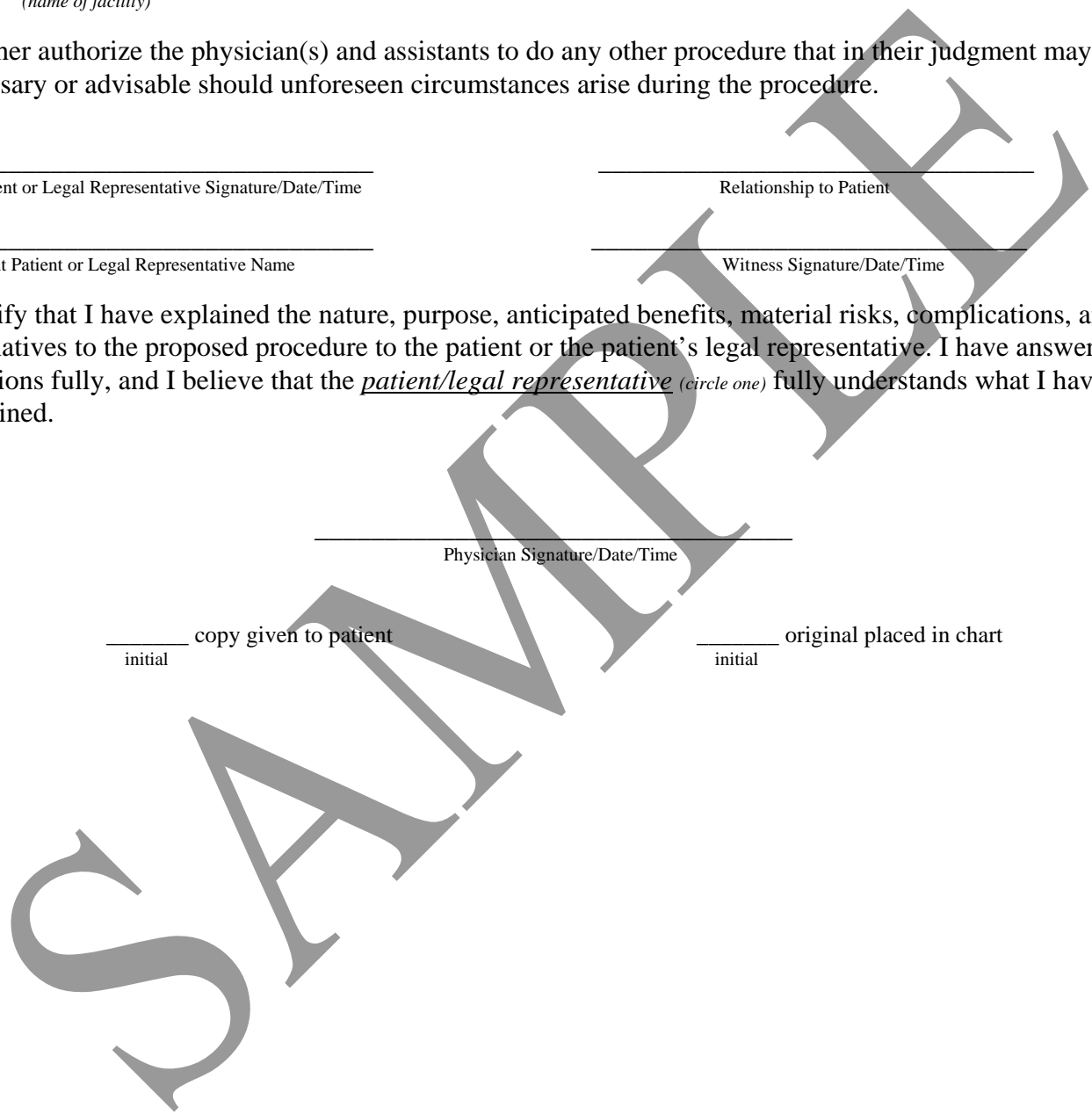
Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Physician Signature/Date/Time

initial copy given to patient

initial original placed in chart



BARIATRIC SURGERY OR WHAT EVERY PATIENT SHOULD KNOW ABOUT GASTRIC BYPASS SURGERY

Surgical operations to treat morbid obesity include gastric bypass, gastric banding, and diversion procedures. Access to the abdominal cavity can be through standard surgical incisions or via laparoscopy. However, bariatric surgery is only one step in the process of weight reduction, and many other medical disciplines contribute to achieving a good outcome. In the preoperative, surgical, and postoperative phases of treatment, other caregivers play an important role, including:

- Patient counselors
- Nurse consultants
- Group facilitators
- Psychologists
- Dieticians and nutritionists
- Physical therapists
- Social workers
- Plastic surgeons

Who is a candidate for bariatric surgery?

In general, individuals with a Body Mass Index (BMI) over 40 or a BMI between 35 and 40 if there are obesity-related health conditions (sleep apnea, diabetes, hypertension, etc.) are candidates.

What are some of the benefits of bariatric surgery?

Obesity is a medical problem, causing mental and social stigmas, and medical complications that can culminate in death. Most clinical reviews have shown that weight loss leads to a significant improvement in obesity-related health problems. Examples include: sleep apnea resolution, improved control or resolution of diabetes, back and joint pain relief, decreased leg swelling, and blood pressure stabilization.

What are the potential interoperative risks and complications?

Like other major surgical procedures, bariatric surgery is associated with serious risks. National mortality rates average 1 percent and may be higher in super obese patients. The following complications may occur:

- Allergic reaction to medications, anesthetic agents, or solutions used
- Blood clots that occur in leg veins may travel to the lungs as pulmonary emboli
- Cardiac arrhythmias (irregular heart beat) or cardiac arrest (heart attack)
- Failed procedure (surgery is unsuccessful)
- Fistulas (generally gastric in origin)
- Hemorrhage from any site but especially within the operative area
- Hernia
- Injuries to blood vessels (veins, arteries) or abdominal organs during the procedure
- Death

Possible risks and complications that can occur soon after surgery

- Abscess of the wound site
- Blood clots forming in leg veins may travel to the lungs as pulmonary emboli
- Leaks at the gastric stapling line
- Dehiscence (separation of the wound)
- Dehydration
- Depression
- Severe bloating of the stomach
- Gallstones due to rapid loss of weight in a short time period
- Infections, generally at the wound site, but may occur elsewhere
- Intestinal blockage
- Death

Because there are additional complications that may occur months or years after surgery, consider attending educational sessions designed for patients about to undergo bariatric surgery. Most medical centers as well as your own physician will have a list of these educational programs, where patients who have gone through the procedures attend and share their experiences.

It is not recommended that pregnancy be considered until at least one to one and one-half years after bariatric surgeries. Oral contraceptives are inadequately absorbed due to the intestinal bypass and therefore are NOT recommended as an effective method of birth control.

Because of dramatic weight loss, plastic surgery may eventually be required to remove loose and wrinkled skin.

Assistance is available; call your physician!