

Laparoscopic Roux-en-y Gastric Bypass Consent Form

_____ Patient Initial The informed consent process is an important conversation between you and your health care provider. This consent form should tell you the risks, benefits, alternatives, and complications that could happen with your operation. Read this form carefully and use this opportunity to educate yourself about the treatment/operation you are about to have performed on you. If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the risks, benefits, complications, and alternatives of the operation, **do not sign the form until all your questions have been answered.**

_____ Patient Initial I have looked at drawings of each of the available bariatric operations. I have had a chance to tell the doctor my eating habits and my medical history. The doctor has helped me to come to a decision as to the best operation for me, considering my:

- Eating and medical background,
- Future weight loss goals,
- Pregnancy plans,
- Bowel habits, and
- Personal limits regarding acceptable meal size.

The doctor has counseled me about my decision to have this operation. My doctor has made recommendations, and we have agreed that this operation is acceptable and appropriate.

Your doctor has discussed with you the risks of obesity and the risks and possible benefits of this operation, called the Laparoscopic Roux-en-y Gastric Bypass. The purpose of this form is to confirm your decision, based on your complete knowledge and understanding of the operation. You may always change your mind about proceeding with the operation.

This form is intended to make you think carefully about your decision.

My Problem

I know that I am very overweight. I understand that being this overweight has been shown to be dangerous and increases my risk of death from a variety of illnesses. I understand that many scientific studies show that being this overweight increases my risk for breathing problems, high blood pressure, heart disease, high cholesterol, stroke, diabetes, arthritis, blood clotting problems, cancer, and death.

The Risks

I understand that all operations have risks. I have been told and I understand that my weight increases my risk of problems and complications during and after this operation. These risks include, but are not limited to, the following:

Allergic Reaction: All kinds of allergic reactions are possible, from minor reactions such as a rash to sudden overwhelming reactions that can cause death.

Anesthesia Problems: Medicines used to put you to sleep for the operation can cause a variety of problems up to and including brain injury and death.

Bleeding: Operations involve incisions and cutting which can result in bleeding problems. If bleeding cannot be stopped, you may need emergency surgery or a blood transfusion. This can sometimes cause death.

Blood Clots: Blood clots either in the veins of the legs or in the lungs can sometimes cause death. You must get out of bed the evening of the operation and move your feet and legs to try to prevent clots from forming in the legs.

Bowel Blockage: Any operation in the stomach can leave behind scar tissue that can put you at risk for later bowel blockage. The bowel can twist, become blocked, and burst, leading to serious problems and even death.

Breathing Problems (also called Respiratory Failure): Breathing problems may happen after the operation and may require you to have a machine to help you breathe. This can sometimes lead to death.

Death: A gastric bypass is a major and serious operation. Problems and complications may lead to death.

Depression: Depression (feelings of sadness) and anxiety (feelings of stress) may occur in some patients after this type of operation.

Excess Skin After Weight Loss: If you lose a large amount of weight after your operation, your skin could lose its tightness. You could develop large folds of sagging skin. The only way to remove this extra skin is to have another operation. The extra operation is a choice and the costs could be your responsibility.

Gallstones: After a bariatric operation, you are at a higher risk for developing gallstones. Gallstones are hard stones that form in the gallbladder, a small sac located under the liver. Another operation may be needed to remove the gallbladder and hard stones.

Too Much Weight Loss: Some patients may experience a large weight loss after the operation and may require reversal of the bypass to prevent starvation, sickness to the stomach, vitamin and mineral shortages, or even death.

Hair Loss: Many patients have hair loss for a period of time after the operation. When this happens, it usually starts about three to four months after the gastric bypass and stops at about seven to nine months after the operation. The hair loss may be permanent.

Hernia: Because your stomach will be cut during this operation, there is a higher chance of developing a weakness or tear in the stomach wall which allows the inner lining of the stomach to push through and form a sac (called a hernia) after the operation. Hernias can cause pain and bowel blockage and could even burst. Treatment of hernias usually requires another operation.

Failure to Lose Weight: You may not lose weight after this operation. Some patients will fail with any type of weight loss operation. Not losing weight is a risk with all types of weight loss surgery.

Infection: You could get infections in the wound, the bladder, the lungs, the skin, and the stomach. These infections could lead to death.

Laparoscopic Surgery Risks: In laparoscopic surgery, small cuts are made into your stomach. This can sometimes cause injury to organs and other tissues in the stomach. This can cause bleeding and even death. Sometimes laparoscopic surgery needs to be changed to an open procedure. An open procedure involves one large cut (incision) into your stomach instead of several small cuts. Your doctor will use his/her medical judgment to decide if your surgery will be laparoscopic or open.

Leakage: After the operation, when the stomach is bypassed, sometimes the new connections can leak stomach acid, bacteria, and digestive liquids, causing a bad infection. This leakage can require another operation, a stay in the Intensive Care Unit and can even cause death.

Narrowing (also called Stricture): A narrowing of the connection between the stomach and the small bowel can happen after the operation. This can require an emergency operation, a stay in the Intensive Care Unit and can even cause death.

Birth Control Failure: Female gastric bypass patients who take oral contraceptives ("the pill") should understand that the pill will **NOT** work as well after the operation. Birth control pills do not work in up to 20% of women who have had a gastric bypass. Couples need to use another kind of non-hormonal birth control (such as condoms, a diaphragm, etc.) for 6 to 12 months after a gastric bypass.

It is recommended that you **NOT** get pregnant for the first 12 to 18 months after the operation. A rapid weight loss could lead to lack of nutrition and birth defects in the baby as it grows in your body.

Low Vitamin and Mineral Levels: After a gastric bypass, your body cannot absorb all of the vitamins and minerals it needs. This means that after the surgery, you must take vitamin and mineral pills every day **for the rest of your life** to avoid problems. **This is VERY important!** You will need to take vitamin and mineral pills **FOREVER**. In some cases, the lack of vitamins and minerals is so bad that it can lead to nerve and brain damage. If that happens, the gastric bypass surgical operation must be attempted to be reversed.

You will need to have blood tests to measure the levels of vitamins and minerals in your body. These blood tests are usually done on the following schedule: at 1 week, 6 weeks, 4 months, 8 months, and 12 months after your surgery, then every year thereafter.

***Gastric Bypass is only a tool used by a patient to lose weight.
You must also eat a proper diet and exercise to lose weight.***

Common Complications

Some patients will experience hardly any of these complications while others may have lots of the problems listed here.

Dumping Syndrome: This symptom usually occurs when eating sweet or sugary foods after the operation. Symptoms can include some or all of the following: faintness, weakness, palpitations (where you may feel as if your heart is beating very fast), fainting, sickness to the stomach, vomiting, low blood pressure, sweating, mild to explosive diarrhea, cramps, pain, and other problems.

Sickness to the Stomach & Vomiting: Frequent mild to debilitating symptoms of sickness to the stomach and vomiting after a gastric bypass can happen. This may cause your doctor to prescribe the use of one to four anti-emetics (drugs that help sickness to the stomach and vomiting) that are administered by mouth and/or rectally as frequently as every two hours and sometimes requires repeated stays in the hospital. This can cause significant depression (feelings of sadness), complications such as dehydration (not having enough water in your body), and further life threatening or organ threatening problems (such as kidney failure).

Inability to Eat Certain Foods: Foods you are able to eat before the operation may become **FOREVER** impossible to eat after a gastric bypass. This will require you to relearn what can and cannot be eaten.

Alternatives

All other options currently available and in common practice in the United States have been explained to me in complete detail in a setting where I have had a chance to ask questions.

I have asked all questions that I wished to ask about alternatives and all have been answered in a satisfactory manner.

I have been counseled about other surgical and non-surgical options and techniques available for treating obesity, including but not limited to:

- Various diets and weight-reducing plans with or without the use of drugs,
- Exercise regimens,
- Psychological or psychiatric therapy, and
- Other regimens.

I have made numerous attempts at permanent weight loss in the past, all without long-lasting success.

Benefits

I have been told and understand that this weight reduction operation has been reported to improve several health problems such as diabetes, sleep apnea (breathing problems while sleeping), high blood pressure, and high cholesterol. Other benefits include improved heart function, having more energy, and improved ability to move around. I understand that these benefits are different for each patient.

The Operation and Follow-Up

I understand that during the operation a small stomach pouch will be created by stapling or by a process known as vertical banding. This pouch will restrict the amount of food I can eat. Next, a Y-shaped section of the small intestine will be attached to the pouch to allow food to bypass the first and second parts of the small intestine (called the duodenum and jejunum). This will reduce my body's ability to absorb nutrients and calories.

I understand that after this operation, if I eat large amounts of fat or sugar, I will experience a bad reaction. This reaction may involve sickness to the stomach, vomiting, diarrhea, sweating, and weakness. The desire to avoid this problem will help me remember to make healthy food choices.

I understand that an operation on my stomach and upper digestive tract for weight loss is a serious undertaking with known **long-term risks** that have been explained to me. I am committed to following my doctor's instructions for long-term follow up. I understand that I will need to follow up with other medical specialists such as a nutritionist, physical therapist, occupational therapist, psychiatrist, or other specialists at my doctor's request. I understand that my doctor expects me to return to his/her clinic for follow up for regularly scheduled visits.

Patient Understanding

I understand that there is no plan to reverse this operation in the future and it is considered to be permanent.

I understand that I must be willing to make major changes in my eating habits and lifestyle. I have agreed to make the changes explained to me by my doctor.

I understand and it has been explained to me that this type of surgery requires:

- Psychological reviews (before and sometimes after surgery),
- Support group meetings,
- A commitment from me to change my way of life,
- Maintenance of an exercise program, and
- Support from family members.

I understand there are no guarantees to this operation and success is dependent upon my cooperation and commitment to behavior change and medical follow-up.

I understand and it has been explained to me that I will be scheduled for ongoing visits with my doctor. I understand that these visits are necessary to monitor my progress and to make sure that my nutritional and medical needs are met.

I certify that I have read and filled out the patient registration and medical history fully and correctly to the best of my knowledge, and that the information that I have given is complete and correct. I understand that not telling my doctor all medical information could cause complications or problems that may have been prevented if that information were known by my doctor before my operation.

Request for the Operation

I request Dr. _____ to perform a Laparoscopic Roux-en-y Gastric Bypass on me. The operation has been explained to me by my doctor and I completely understand the nature and consequences of the operation. My doctor has provided me with a detailed description of gastric bypass surgery as a treatment of obesity.

I know this operation involves connecting my bowel to another portion of bowel in two places (also called an anastomosis). My doctor has shown me drawings and given me both verbal and written descriptions of the operation. My doctor has strongly encouraged me to make my own investigations into gastric bypass surgery.

____ **Patient Initial** I understand that women of childbearing age should not get pregnant for at least 12 to 18 months or until their weight becomes stable. Rapid weight loss and nutritional shortages can harm a developing baby. I confirm with my initials that I am not pregnant at this time and understand that I should wait a minimum of one year before trying to get pregnant.

Because of my particular condition, these additional risks have also been explained to me
 none **list:** _____

I have the following allergies **none** **list:** _____

Understanding all of the above, I request and hereby give my informed consent to Dr. _____ and his/her associates to perform Laparoscopic Roux-en-y Gastric Bypass surgery on me. I confirm with my signature below that my physician has discussed the above information with me, that I have had the chance to ask questions, that all of my questions have been answered to my satisfaction, and that I consent to have Laparoscopic Roux-en-y Gastric Bypass surgery performed upon me.

 Signature of responsible party

 Date

 Relationship to patient (if responsible party is not patient)

 Witness to signature

 Date

Note to Witness

You have been asked to witness this procedure-specific informed consent. By witnessing this consent form you are acknowledging that you have asked and the patient has confirmed to you that he/she:

- Has read the whole form,
- Understands the form as it is written,
- Has had his or her questions satisfactorily answered, and
- Chooses to proceed with the doctor's recommended treatment or operation.

Physician

I confirm with my signature that I have discussed with the above-named patient the risks, potential complications, alternatives, and intended benefits of the Laparoscopic Roux-en-y Gastric Bypass surgery. The patient has had the opportunity to ask questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested that Laparoscopic Roux-en-y Gastric Bypass surgery be performed upon him/her.

Physician signature _____

Date _____

Witness _____

Date _____