

PATIENT CONTRACT

LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

This contract is supported by my surgeon, _____, and will be effective and ongoing from the date of my initial evaluation for Laparoscopic Roux-en-Y Gastric Bypass surgery. The purpose of this contract is to outline and document I, _____ (patient name) understand and agree to follow all of my surgeon's instructions, protocols and directions before and after my surgery.

Bariatric surgery is a special opportunity for patients with obesity to improve the quality of their lives. My surgeon's weight loss program is dedicated to promoting and providing the option of bariatric surgery to all qualified candidates. However, it has been well documented that bariatric surgery patients who are non-compliant with medication, postoperative instructions, and outpatient follow up visits, or who otherwise do not take care of themselves, have a higher degree of complications.

I affirm I am significantly overweight and have attempted non-surgical weight loss programs without success. My surgeon has explained obesity can cause early death and significant medical problems including, but not limited to, hypertension, diabetes, obstructive sleep apnea and high cholesterol.

I understand medicine is an unpredictable field. Unpredictable complications can occur. No amount of pre-operative testing can assure an uncomplicated outcome. I have the responsibility to inform my surgeon of any concerns, worries or possible complications at the earliest possible time. I agree my surgeon may make recommendations, and I take full responsibility if I do not follow these recommendations.

I understand significant weight loss is a life-altering event. Significant changes in eating behavior occur. I understand every patient's experience varies and the exact extent of my ability to cope with significant forced behavior changes cannot be predicted. I understand my surgeon can assist in locating a mental health provider who can help me with behavioral needs.

I plan on following all post-operative visits recommended by my surgeon and physicians. I plan on obtaining all tests requested by my surgeon and associated staff. I will abide by all nutritional supplements/recommendations that my surgeon and staff prescribe. If my surgeon's practice ever ceases to exist, I take responsibility to find an appropriate physician to monitor my life-long follow-up. If I leave the area, I take responsibility for finding appropriate follow-up care. I understand proper medical follow-up requires a financial commitment that may include maintenance of health care insurance. There may be costs in the form of fees, co-payments, deductibles, lost time from work and transportation. These costs may be greater than planned in the event of complications.

Medication problems: I understand I will have to monitor my post-operative medication doses closely with the physicians that have prescribed them. My surgeon and physicians will help if necessary. Examples of common medication problems include lightheadedness from too high a dose of high blood pressure medication and too low a blood sugar level from excessive diabetic medication. I agree to work closely with my primary care physician to regulate my medication.

Depression: I understand it is my responsibility to seek psychological help, if needed. Although most people

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experience improvements in their mood, some will have worsening states of depression. Weight loss is not a cure-all for all psychological problems. It is my responsibility to seek psychological help when necessary.

Smoking and other addictions: If I currently smoke, I agree to and take full responsibility to quit smoking to prevent potential life threatening illnesses. Addiction to alcohol, narcotics and other illicit drugs will severely impact my health.

Return to work: I understand although many patients can return to work within one to two weeks, some patients may require a longer recovery. My surgeon and physicians are not responsible for any financial difficulties due to lost work time.

Osteoporosis: Calcium deficiency may occur years after a laparoscopic Roux-en-Y Gastric Bypass. This is a difficult to diagnosis to make until weakness of the bones has already developed. I understand I am expected to take calcium supplements and supplemental Vitamin D for life after this operation.

B vitamin deficiencies: I understand deficiencies in Thiamine, Niacin, B12 and others have been reported following weight loss surgery. These B vitamin deficiencies are very rare. Some B vitamin deficiencies can cause irreversible neurological damage. All patients are required to take a multivitamin supplement for life after this operation. Sometimes, additional B vitamin supplements are also required.

Abdominal pain: I understand some patients may develop a twist in their intestines after this operation which may cause intermittent and/or severe abdominal pain, and which can, in rare cases, be fatal. These symptoms may occur any time after surgery. X-ray tests may not show the abnormality. Only a qualified bariatric surgeon is trained to diagnose and treat this problem. If I develop abdominal pain after my laparoscopic Roux-en-Y Gastric Bypass, I will notify my bariatric surgeon.

Poor weight loss and weight regain: Weight regain may occur, especially with “grazing” behavior. Constantly eating foods such as chips and nuts or other high calorie snacks will result in less than expected weight loss or even weight regain. I will take responsibility for my eating behaviors.

Exercise is an excellent means to improve health and maintain weight loss. I take responsibility to increase my physical activity and will discuss with my surgeon and physicians healthy ways to do so.

Weight loss after a laparoscopic Roux-en-Y Gastric Bypass is expressed as loss of a percentage of my pre-operative excess body weight. Excess weight is defined as my current weight minus my ideal body weight. On average, patients lose between 70% and 80% of excess weight at two years. The range of excess weight loss that nearly all patients experience may range widely from 40% to 100%. My surgeon will give me recommendations on how to experience the most optimal weight loss. Although the majority of patients are satisfied with their weight loss, there is no guarantee that I will achieve my goal weight.

I understand that the chances of reaching my ideal body weight are low. I understand bariatric surgery is a tool that assists with weight loss. I understand most patients will regain some weight, and a few can regain substantial weight. I understand it is my responsibility to maintain healthy eating and exercise habits as prescribed by my surgeon and physicians to assist in maintenance of optimum weight loss.

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Pregnancy: Women who were infertile may become fertile after their laparoscopic Roux-en-Y Gastric Bypass surgery. If I am a female, I understand I will need to use birth control to prevent unexpected pregnancies for 12 months after this procedure. The risks associated with pregnancy in an obese person are generally higher than those in a non-obese person. There is no significant data to suggest the risks of pregnancy are greater, either to the mother or child, after laparoscopic Roux-en-Y Gastric Bypass surgery. However, the safety of pregnancy is NOT established for patients or their fetus during periods of rapid weight loss. **For this reason I agree not to become pregnant for 12 months after my laparoscopic Roux-en-Y Gastric Bypass surgery. I understand serious, life-threatening complications may occur. I take full responsibility for using birth control during this period of time.**

If I intend to become pregnant, I agree before and during pregnancy I will discuss my nutritional needs with my surgeon and obstetrician. I will always make sure that I am taking adequate vitamins and minerals throughout pregnancy and while nursing. I understand my surgeon is not responsible for complications of pregnancy as complications may occur with any pregnancy, and there is no definitive means to prove any complication during pregnancy was due solely to the laparoscopic Roux-en-Y Gastric Bypass surgery.

I understand I may not be able to breastfeed during periods of rapid weight loss. If I am currently breastfeeding, I plan to wean my child before undergoing weight loss surgery.

This contract has been thoroughly reviewed and explained to me, and my signature reflects my understanding of its purpose and expectations, as well as my agreement to its terms.

By signing this contract, I agree to follow the guidelines and instructions set forth above, and understand my failure to comply may impact the result of my surgery.

Patient Signature

Date

Surgeon Signature

Date

Witness Signature

Date

INFORMED CONSENT FOR LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

Please read this form carefully and ask about anything you may not understand.

I consent to have a laparoscopic Roux-en-Y Gastric Bypass for the purpose of weight loss. I met my attending surgeon in the office during my initial consultation. My attending surgeon will perform the procedure, direct my care during the operation, and may be assisted by other physicians, fellows and/or residents under his or her supervision.

As has been explained to me, obesity is associated with early death and significant medical problems such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, gout, venous stasis disease, liver disease and heart failure, among other problems.

My attending surgeon has explained to me that laparoscopic Roux-en-Y Gastric Bypass can improve or cause remission of many medical problems such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, venous stasis disease, liver disease and heart failure. I understand there are no specific guarantees that any one of these conditions will improve or resolve in any given patient as a result of the surgical procedure.

My attending surgeon has discussed with me the alternatives to laparoscopic Roux-en-Y Gastric Bypass surgery, which include non-surgical options. The opportunity to discuss other surgical options such as implantation of a laparoscopic adjustable gastric band has been made available to me. I have advised my surgeon that I have attempted non-surgical weight loss programs without success.

I understand the anatomy of the laparoscopic Roux-en-Y Gastric Bypass procedure and have been shown illustrations of the procedure.

I have been given the opportunity to discuss alternative methods for weight loss. This includes diet and exercise as well as other surgical methods. I believe that the laparoscopic Roux-en-Y Gastric Bypass procedure offers the best balance between risks and benefits for me.

I understand the incidence of complications may be dependent on my particular medical history as well as my surgeon's level of training and experience. I have discussed these issues specifically with my surgeon.

I understand the risks of the laparoscopic Roux-en-Y Gastric Bypass include, but are not limited to the following:

INTRA-OPERATIVE AND/OR IMMEDIATE POST-OPERATIVE RISKS:

Death: The mortality rate of the laparoscopic Roux-en-Y Gastric Bypass nationwide is 0.3% to 2%.

Significant Bleeding: Bleeding may occur unexpectedly in the operating room. Bleeding may also occur post-operatively in the days after the operation. This bleeding may be through the intestinal tract at the anastomosis and result in the passage of blood in the stool. Bleeding may also be unseen inside the abdomen and be diagnosed through other means. A transfusion may be necessary in some circumstances. Re-operation to stop bleeding may be necessary.

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Anastomotic Leak: A leak is when the connection between the stomach and the intestine does not heal. Serious complications can result from a leak, including, but not limited to a prolonged hospital stay, a long period of nothing to eat, prolonged antibiotic requirements, organ failure and death. The reported incidence of anastomotic leak nationwide ranges from 0.5% to 3%.

Renal Failure: Transient kidney (renal) failure occurs rarely. Irreversible kidney failure has been reported in rare cases.

Prolonged Ventilation: A prolonged stay on a ventilator (breathing machine) in the intensive care unit may occur if a patient has severe sleep apnea or after certain significant complications. A temporary tracheostomy may be necessary.

Heart Attack: Although a heart attack is possible after a laparoscopic Roux-en-Y Gastric Bypass, it is very rare. Risk factors for heart disease include increased age, diabetes, hypertension, hypercholesterolemia and a family history of heart disease.

Prolonged Hospital Stay: Unforeseen complications may result in a prolonged hospital stay. Intensive care admission may be required.

Bowel Obstruction: An obstruction can occur that would require re-operation. An obstruction can occur from a number of causes, such as bleeding, scarring, technical problems or hernia.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism: Blood clots that form in the legs, and elsewhere, and break off into the lungs may cause death. Given this risk, treatments may be initiated to decrease the risk for the formation of blood clots, including the use of heparin (a medication that thins the blood), special foot and leg stockings, walking soon after surgery and medication at home after discharge from the hospital. Completely eliminating the risks of DVT (clots) altogether is not medically possible. The risks associated with the medications used to prevent blood clots can include excessive bleeding. Any symptoms of leg swelling, chest pain or sudden shortness of breath should be immediately reported to the surgeon. Rarely, patients develop allergies to heparin, sometimes causing very severe reactions.

Other Complications that may be common: Allergic reactions, headaches, itching, medication side-effects, heartburn/reflux, bruising, gout, anesthetic complications, injury to the bowel or vessels, gas bloating, minor wound drainage, wound opening, scar formation, stroke, urinary tract infection, urinary retention, pressure sores, injury to spleen or surrounding structures, and pneumonia.

Risks Associated with an Open Procedure: If a conversion to an open procedure is required, complications include but are not limited to: wound infection, which may cause significant scarring and healing problems, prolonged wound care, and discomfort. Incisional hernias occur in approximately one-third of patients after an open Roux-en-Y Gastric Bypass. Hernias will often require an operation to repair. There is a higher chance of certain complications including lung infections, pressure ulcers and blood clots after an open operation. There would also likely be more discomfort and a longer hospital stay.

RISKS IN THE EARLY POSTOPERATIVE PERIOD:

Stricture: It has been reported that connection between the stomach and the intestine, the gastrojejunostomy, can

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scar to the size of a pinhole. This is a relatively common complication. This scarring is diagnosed by the intolerance to solid foods after surgery. A stricture can be treated by endoscopic balloon dilation. Under sedation, a scope (1/2-inch diameter tube with a camera) is placed through the mouth and into the stomach pouch. The stricture is then dilated with a balloon. On occasion, a dilation may be required several times. Very rarely, re-operation would be necessary.

Ulcer: An ulcer can cause pain, bleeding or result in a perforation. Ulcers are more common in patients who take medications such as aspirin, Advil®, Motrin®, Aleve®, Ibuprofen, or other drugs classified as NSAIDs. Aspirin, Celebrex® and Vioxx® can cause ulcers when used for prolonged periods of time. Also, patients who smoke tobacco are at higher risk for the development of an ulcer.

Fatigue: After any general anesthesia, fatigue is very common. Fatigue may last days, or in some circumstances, much longer.

Food Intolerance: Following laparoscopic Roux-en-Y Gastric Bypass, patients may experience an intolerance to certain food types, usually fatty greasy foods, dairy products and/or sweets, which may cause unpleasant symptoms similar to seasickness such as sweating, nausea, diarrhea and shaking. These symptoms may last from a few minutes to an hour. This is called “dumping.” Food intolerances vary from person to person. Some patients never experience any of these symptoms, or may become less sensitive over time. Rarely, a patient may have severe food intolerances that last for many months.

LATE COMPLICATIONS:

Osteoporosis: Calcium deficiency may occur years after a laparoscopic Roux-en-Y Gastric Bypass. This is a difficult diagnosis to make until weakness of the bone has already developed.

Iron Deficiency Anemia: Since iron is not as easily absorbed after the laparoscopic Roux-en-Y Gastric Bypass, supplements are generally recommended in all patients to prevent anemia. Serious complications can occur with severe anemia. Iron stores can be measured by blood tests and should be routinely performed. Sometimes oral iron supplements are not adequate to treat anemia and intravenous iron is recommended.

B Vitamin Deficiencies: Deficiencies in Thiamine, Niacin, B12 and others have been reported. These B vitamin deficiencies are very rare. Some B vitamin deficiencies can cause irreversible neurological damage. All patients are required to take a multivitamin supplement for life after this operation. Sometimes, additional B vitamin supplements are also required. It is important to be evaluated regularly for vitamin deficiencies after surgery. Severe vomiting is a risk factor for the development of B vitamin deficiencies.

Bowel Habits: Changes in bowel habits are common. Changes may include constipation, diarrhea and excessive flatus. Food intolerances are very common and unpredictable.

Internal Hernia: Some patients may develop a twist in their intestines after laparoscopic Roux-en-Y Gastric Bypass which may cause intermittent and/or severe abdominal pain, and can in rare cases be fatal. These symptoms may occur any time after surgery.

Pregnancy: I understand the pregnancy should be deferred for 12 months after laparoscopic Roux-en-Y Gastric Bypass

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surgery because of concern for fetal and maternal health. I also understand that fertility may be substantially increased very early after surgery due to my weight loss. I understand that I am responsible for using appropriate birth control methods in this time period. Studies appear to show a decreased rate of complications of pregnancy in those patients who have had laparoscopic Roux-en-Y Gastric Bypass. There may be rare instances where complications of pregnancy may be increased secondary to having laparoscopic Roux-en-Y Gastric Bypass.

Gallbladder Problems: Significant weight loss promotes the formation of gallstones. There is an increased risk in the future of requiring removal of the gallbladder due to gallstones.

Weight Regain: Modest weight regain years after surgery is typical. Significant weight regain may occur more rarely. The causes of weight regain are complex.

Excessive Weight Loss: Excessive weight loss is uncommon and usually results from complications that require close management by the surgeon.

Psychiatric Complications: Although most people experience improvements in their mood, some will have worsening states of depression which could lead to suicide. There may be a higher incidence of marital problems after weight loss surgery. Patients taking psychiatric medications should have the dosage and effectiveness of these medications monitored carefully by their prescribing physician.

Temporary Hair Loss: Hair loss occurs in many people after a weight loss operation. Hair generally grows back. There are no proven supplements to alter hair loss.

Other Complications: Autonomic Dysfunction (causing dizziness when standing) and hypoglycemia are not uncommon symptoms after surgery. There may be other extremely rare and significant complications that may occur which are not well described to date.

Unlisted complications: I understand that it is impossible to list every complication possible during and after this procedure.

POSSIBLE ADDITIONAL PROCEDURES:

During the laparoscopic Roux-en-Y Gastric Bypass operation, several conditions may arise that may cause additional procedures to be performed. These include:

A liver biopsy: Many patients will have a liver biopsy performed. Bariatric patients often have some degree of liver disease. A biopsy helps determine the severity of liver disease (if present at all) and helps with post-operative management. The risks with performing a liver biopsy include a low chance of bleeding.

Removal of the gallbladder: In some patients, removal of the gallbladder may be medically necessary. Removal of the gallbladder increases the length of time of the total operation. There is a small risk of bile duct injury that can result in serious complications. Removal of the gallbladder may increase the hospital stay and increase post-operative pain. An additional port (and incision) may be necessary to perform the procedure safely.

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Gastrostomy Tube: Although rare, placement of a gastrostomy tube (G-tube) may be performed. A G-tube may be placed in the excluded, lower portion of the stomach when the laparoscopic Roux-en-Y Gastric Bypass operation was much more difficult than expected, or when the procedure is a revision of a previous weight loss operation. Associated complications with a G-tube include, but are not limited to: leakage of stomach contents around the tube which can irritate the skin; persistent drainage even after removal of the G-tube (fistula); mild discomfort around the G-tube; and premature removal of the G-tube which may necessitate emergency re-operation.

Incisional Hernia repair: A hernia may have to be repaired at the time of the operation.

Esophagogastroduodenoscopy: An EGD, or upper endoscopy, is sometimes performed during the laparoscopic Roux-en-Y Gastric Bypass operation in order to visualize the stomach, the new intestinal connection or to make sure there are no other abnormalities of the intestinal tract.

Hiatal Hernia repair: If a hiatal hernia is present, this may require repair during the surgery. The associated risks with a hiatal hernia repair include, but are not limited to injury to the esophagus, dysphasia (difficulty swallowing) and hernia recurrence.

Lysis of Adhesions: In the setting of a previous operation or significant abdominal infection, scarring always results. The degree of scar tissue is unpredictable. Sometimes, depending on the location of the scar tissue, the scar tissue must be cut (called “lysis of adhesions”) in order to perform the weight loss operation. There are increased risks when a lysis of adhesions is necessary, including injury to the intestines, prolonged operative times and bleeding.

Placement of a Drain: In certain circumstances, the surgeon may elect to place a temporary plastic drain. A drain is a thin plastic tube that comes out of the body into a small container to allow for the removal of fluid and the control of infection.

I have had the opportunity to read these materials, speak with my attending surgeon and ask any questions. I understand that unforeseen events may occur that could result in the last minute cancellation or postponement of my surgery. I have reviewed all of the information in this consent form and related consent materials with my immediate family. I have clearly stated to my closest family members that I fully understand the risks of surgery and accept such risks. I have read, or had read to me, the contents of this consent form and related consent materials and have no further questions. I wish to proceed with laparoscopic Roux-en-Y Gastric Bypass.

Patient Signature

Date

Surgeon Signature

Date

Witness Signature

Date

PATIENT INITIAL EACH PAGE: _____ **Date:** _____

GASTRIC BYPASS REVIEW QUIZ

Name _____.

Please answer the following questions to assess your understanding of bariatric surgery.

- T F Weight loss surgery is only one part of a successful weight loss program.
- T F Diabetes, high blood pressure and back pain are guaranteed to get better after surgery.
- T F Staple or suture lines may leak.
- T F Behavior modification is an important part of bariatric surgery and will enhance the success of weight loss.
- T F After surgery, I will be able to eat anything I want and as much as I want and still lose weight.
- T F On **rare** occasions, a re-operation is sometimes necessary due to bleeding, hernias, ulcers, leaks or obstruction.
- T F After the first year, I won't need to see the bariatric surgery team for follow up anymore.
- T F Gastric bypass can have immediate effects on diabetes.
- T F The purpose of the preoperative diet is to shrink the size of the liver.
- T F Vomiting, fever or severe pain is NOT normal after surgery.
- T F It is possible that emotional difficulties may occur after surgery because of the many life styles changes.
- T F After gastric bypass surgery, sugars & high fat foods may cause dumping syndrome.
- T F Symptoms of dumping may include bloating, cramps, lightheadedness, fast heart rate, sweating.
- T F After the first year, I won't have to take vitamins anymore.
- T F Exercise has no affect on the amount of weight that I will lose after surgery.
- T F Alcohol consumption is not recommended after bariatric surgery.
- T F Attending monthly support group meetings is important for long term success.
- T F Once I have bariatric surgery, weight gain is not possible.
- T F After gastric bypass, it is recommended to avoid sodas, candy, sweet fruit, milkshakes and sweetened cereals.
- T F Complications are always infrequent and minor, so it is important not to bother the doctor after hours.

Signature

Date