

PATIENT CONSENT TO PROCEDURE - ROUX-EN-Y GASTRIC BYPASS

As a patient you must be adequately informed about your condition and the recommended surgical procedure. Please read this document carefully and ask about anything you do not understand. Please initial each page and sign this document at the end to indicate your understanding and acknowledgement of its content.

1. **Consent.** I consent to have Dr. Michael Carroll perform Gastric Bypass Surgery to treat my severe morbid obesity.
2. **Purpose of Procedure.** The purpose of this operation is to limit the amount of food or liquid I can consume at any given time. Because of this limited intake, if I eat too much at any one meal, I may feel discomfort and may vomit. Stretching this stomach pouch routinely will diminish any weight loss I may experience.
3. **Description of Proposed Procedure.** Gastric Bypass Surgery is designed to make a small reservoir for food at the upper portion of your stomach, creating a “pouch” with a capacity of approximately less than 2 ounces. This pouch is connected to the upper small intestine by a new small connection of approximately ½ inch in diameter, effectively bypassing the stomach remnant.

The Gastric Bypass procedure will be performed by means of the procedure I choose below. I understand that Gastric Bypass Surgery is considered to be a permanent alteration of the stomach anatomy that is not reversible.
Initial one of the following:

___ In a laparoscopic procedure, small incisions are made in the abdomen using narrow tube-like instruments. The laparoscope, which is connected to a tiny video camera, is inserted by means of small tube-like instruments, to perform the procedure. A picture is projected onto a television giving the surgeon a magnified view of the stomach and other internal organs. Conversion from a laparoscopic to a traditional “open” procedure may be necessary as determined by my Surgeon(s).

___ In an open procedure, a surgical instrument is used to make larger incisions in the abdomen and perform the procedure.

4. **Benefits of the Proposed Procedure.** The proposed procedure may include the following benefits: initial and long-term weight loss and improvement of medical conditions associated with obesity, such as diabetes, hypertension, sleep apnea, joint pain and heartburn.
5. **Alternatives.** I understand that surgical and non-surgical alternatives for the treatment of obesity exist. Non-surgical alternatives for the treatment of obesity include dieting, exercise, counseling and medication. These non-surgical methods are very safe, but these methods alone may not result in long-term weight loss. In addition, some medication may have negative side effects, including valvular heart disease. I understand that other procedures exist to treat obesity and I have elected this procedure.
6. **Potential Risks/Complications.** I understand and accept the risks related to all major abdominal surgery including, but not limited to, the following:

_____ (initials)

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- Thrombophlebitis or Deep Vein Thrombosis (blood clots) *
- Allergic complications (varying from minor reactions such as a rash to severe reactions that could be life threatening)
- Anesthetic risks
- Pulmonary embolism (blood clot traveling to lung) *
- Bleeding (which may require transfusion)
- Pneumonia or other pulmonary complications such as atelectasis or sleep apnea *
- Cardiac events including heart attack, stroke and subsequent neurologic problems *
- Wound healing complications (infection, leaking, separation, or scar tissue) *
- Bowel obstruction
- Adhesions (scar tissue)
- Bowel or Blood vessel injury

* These risks of surgery are increased because of obesity _____ (initials)

I understand and accept the risks/complications related Laparoscopic Gastric Bypass Surgery including, but not limited to, the following:

- Anastamotic leak or spillage of the contents from the connection of the stomach pouch to the small intestine which will likely require reoperation. This is a life-threatening complication which occurs in approximately 1-3% of cases.
- Death. Although the mortality of Gastric Bypass Surgery is less than 1%, my family members and I understand that Gastric Bypass Surgery is a major surgery and death is possible.
- Peptic ulcer
- Incisional hernia
- Anastomotic stricture or scarring at the connection of the stomach and pouch to the small intestine may require balloon dilation.
- Endoscopy of the gastric pouch to the small intestine connection may be used during surgery.
- Injury to the spleen. Injury to the spleen may require removal of the spleen to control excessive bleeding.
- Bile duct injury. Injury to the bile ducts draining the liver and gallbladder may occur requiring repair or replacement of the duct with a segment of bowel.
- Gastric pouch – gastric body fistulae. Abnormal connections from the gastric pouch to the gastric body can form. These may create problems such as bleeding, nausea and poor weight loss.
- Narrowing. Narrowing or stricture can occur at the site of bowel hookup.
- If the procedure is laparoscopic initially, conversion to an “open” procedure.

I understand and accept that there may be later complications resulting from the surgical procedure, including but not limited to the following:

_____ (initials)

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- Dumping syndrome. This syndrome, including cardiac problems, weakness, sweating, nausea, diarrhea and dizziness, may occur after Gastric Bypass Surgery as an early or late complication.
 - Vitamin and mineral deficiencies. After Gastric Bypass Surgery there will be malabsorption of many vitamins and minerals and I will be required to take supplements for life.
 - Risks of transfusions. These risks include the rare development of hepatitis and AIDS from the administration of blood or blood products.
 - Hair loss. Many patients develop hair loss in the post-operative period, which is usually temporary.
 - Protein and caloric malnutrition. Some patients may become markedly deficient in protein and calories. This may require intervention, including nutritional support and possible repeat surgeries.
 - Depression. Depression is common in the first few weeks following surgery but usually improves with recovery and weight loss.
 - Drug side effects. Drugs have a wide variety of side effects including rashes, nausea and vomiting, diarrhea, blood abnormalities and organ damage.
 - Kidney stones. Although rare, kidney stones may occur following surgery.
 - Bowel obstruction. Any operation in the abdomen can result in scar tissue that can put you at risk for later bowel blockage. This may occur early or late and frequently may require further surgeries.
7. **Guarantees.** I understand that the result of the procedure is not guaranteed. I understand that before, during or after the procedure I may develop new conditions. These new conditions may require other procedures to be used. I authorize my doctor(s), the assistant(s), and hospital staff to use these other procedures as reasonably necessary and appropriate for my care, including the transfusion of blood products.
8. I understand that the gallbladder is not routinely removed at the time of Gastric Bypass Surgery. I understand that if my gallbladder is not removed, I may subsequently develop gallbladder related problems (ranging from pain to biliary tract obstruction) that may require surgical, radiological, and/or endoscopic treatment. Rapid weight loss, as is expected after Gastric Bypass Surgery, increases my likelihood of developing gallstones and gallbladder related problems.
9. I understand that educational classes and support are vital for success following Gastric Bypass Surgery. I have been encouraged to attend educational classes and regular support group meetings before and after surgery.
10. I understand that I will have to choose a balanced diet high in protein, eat at normal times, and include exercise into my daily routine to effectively lose weight after my surgery.
11. I understand that during the course of the procedure, unforeseen conditions may be encountered that require additional procedures. These unforeseen conditions may also necessitate stopping the original procedure.
12. I understand the requirements necessary to be considered a candidate for this type of surgery (BMI, repeated failures to lose weight and age limits) and I meet these requirements.

_____(initials)



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Signature of Patient's Legal Representative Witnessed by:

Signature of Witness

Printed Name

Date/Time