

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

PATIENT NAME: _____ **D.O.B.:** ____/____/____

INSTRUCTIONS: As you consider surgical treatment for morbid obesity, it is very important that you fully understand (1) the nature of your condition, (2) the types of surgical procedures that are used to treat morbid obesity, (3) complications of morbid obesity and surgical procedures used to treat obesity, and (4) the Bariatric Program requirements for which you must fully comply during the pre-surgery evaluation, post-surgical period and for the remainder of your life.

This document will provide information and many answers to your questions. It is your right and responsibility to ask questions about the information that is given to you and to have those questions answered. You should not consent to bariatric (weight-loss) surgery until you fully understand the proposed surgical procedure and the life-style changes that you will have to make after the procedure and for the remainder of your life.

Please bring this document to all of your appointments. If you are determined to be a candidate for weight-loss surgery, you will be asked to attest that you have been given this information and understand the risks associated with the recommended weight-loss surgical procedure before you consent to, or authorize, the weight-loss procedure.

Your initials at the end of each of the sections attest to your receipt and understanding of the information in each section.

PRE-OPERATIVE INFORMATION AND EDUCATION

- I understand that this Weight-Loss Surgery Advisory is designed to provide written information that will supplement my discussions with the surgeons and other Bariatric Program staff members.
- I acknowledge that I have watched the pre-operative education presentation provided by this program and that I understand its contents.
- I have reviewed this packet of information with my family member(s), and they also verbalized understanding of its contents.
- I have completed the patient education presentation for this program.
- I have or will check with my insurance company to make sure Weight-loss surgery is a covered benefit and not an excluded benefit.
- I have completed or will complete all of the pre-operative evaluation tests recommended by this program and my surgeon.
- The insurance approval process for my surgery and for my pre-operative evaluation tests has been explained in detail to me, and I understand all components of this process.

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

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- I confirm that my family, my surgeon, and I have extensively reviewed the decision to proceed forward with the bariatric surgery that is best for me.
 - I attest to my efforts to be well informed about my decision to proceed forward with the weight-loss surgery.

If you agree with the above section initial here _____

MORBID OBESITY

You have been diagnosed with morbid obesity. This has been defined by the National Institute of Health as being 100 pounds or more above your ideal body weight. It is also defined as having a body mass index of 35 or higher with serious health problems or a body mass index of 40 or higher without any serious health problems.

This level of obesity has been shown to be dangerous and unhealthy, and increases your risk of death from a variety of medical illnesses.

There are many health complications, which you may already have, associated with morbid obesity to include but not limited to: respiratory disease, high cholesterol, stroke, high blood pressure, heart disease, congestive heart failure, swelling in the legs and feet, diabetes, sleep apnea, degenerative joint disease, gout, deep vein thrombosis, shortness of breath, stress incontinence, irregular menstrual cycles, problems with infertility, depression, arthritis, gallbladder disease and asthma.

There are also social and economic factors associated with morbid obesity to include but not limited to, not being able to work and not being able to participate in daily living tasks for yourself and your family.

Please complete the following:

Your pre-operative weight is _____ pounds

Your height is _____ foot _____ inches

Your body mass index is _____

If you agree with the above section initial here _____

REQUIREMENTS TO BECOME A CANDIDATE FOR SURGERY

To be considered a candidate for weight-loss surgery, you must meet the following requirements:

- ☐ Be 100 pounds or more above your ideal body weight and/or

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

-
- ☐ Have a body mass index of 35 or higher with health problems associated with morbid obesity or a body mass index of 40 or higher with no health problems associated with morbid obesity.
 - ☐ Be between the ages of 18 to 55. If your age falls below or above this range, you and your surgeon will decide if you are a good candidate for surgery.
 - ☐ You have documented failed attempts at weight loss in the past.
 - ☐ You have no psychological conditions that prevent you from adhering to the program instructions.
 - ☐ You are able to understand the surgery and risks.
 - ☐ You are able and willing to comply with the dietary and exercise requirements for this program.
 - ☐ **You have stopped all nicotine products to include: Cigarettes, Cigars, pipes, dip, snuff, chew, etc..**

If you agree with the above section initial here _____

TYPES OF WEIGHT-LOSS SURGERIES DONE BY PROGRAM SURGEONS

When appropriate, weight-loss surgery can result in dramatic improvements in weight and health. Within the first two years, you can expect to lose 50 percent to 60 percent of your excess weight. Those people who follow dietary and exercise recommendations tend to keep most of that weight off long term.

Surgery for weight reduction is not a miracle procedure. It doesn't guarantee that you'll lose all of your excess weight or that you'll keep it off long term. Weight-loss success after weight loss surgery depends on your commitment to making lifelong changes in your eating and exercise habits.

There are many different types and variations of surgical procedures being performed for weight loss in the United States. The Bariatric Program performs the open and laparoscopic gastric bypass procedures and laparoscopic adjustable gastric banding. The sleeve gastrectomy is also performed by our program if the surgeon deems this is the safest and most effective procedure for you. It is not routinely performed; therefore, the surgeon discusses in detail this operation if you are deemed a candidate for this operation. The surgeon and/or Bariatric Program will provide for you a pre-operative education website, which includes information about the most common procedures. Your surgeon will give you a verbal description of the operation. You are strongly encouraged to make every effort to investigate and understand the details of the operations as well as the changes that must be made in your life following the procedure that is agreed upon.

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

Gastric Bypass Surgery (Roux-en-Y)

The Roux-en-Y gastric bypass is a procedure that involves placing three rows of staples near the top part of the stomach and can be done either minimally invasive with a laparoscope or via an open abdominal approach.

This forms a small pouch that will hold 1 to 2 ounces (30 to 60 cc) of food or liquid. The pouch is totally separated from the rest of the stomach. A portion of the small intestines is attached to the pouch with a small opening called an anastomosis. By doing this, food is unable to pass through the larger part of the stomach. It is also unable to pass through the first part of the small intestine. This operation helps with weight loss because it decreases the amount of food that is eaten.

Both the open and laparoscopic gastric bypass procedures, once performed, are not reversible.

The laparoscopic gastric bypass is performed through 6 small incisions that will be placed on your abdomen. Long instruments will be inserted into each incision. With the aid of a camera and a television screen, the surgery will be performed. In some patients, it is necessary to “convert” from a laparoscopic bypass procedure to an open procedure. This surgery may not be ideal for you because of your size, weight and past abdominal operations. You and your surgeon will decide if this is the most suitable approach for your weight-loss surgery. You are generally in the hospital 1 ½ to 2 days and out of work for 3 to 4 weeks. If you experience any complications, your hospitalization and recovery time may take longer.

The open gastric bypass is performed through one vertical incision at the middle abdomen. Generally, you can expect to be in the hospital for 2 to 3 days. Hospitalization and recovery time may be longer if you experience complications. You are generally out of work from 4 weeks to 6 weeks.

Laparoscopic Adjustable Gastric Banding

The laparoscopic adjustable gastric band is performed through 4 to 5 small incisions that will be placed on your abdomen. Long instruments will be inserted into each incision. With the aid of a camera and a television screen the surgery will be performed. A pliable band made of surgical grade silicone elastomer is placed around the top of the stomach. This creates a new small stomach pouch which can only hold a small amount of food, usually 1 to 2 ounces. The band is connected by a tube to an access port placed under the skin during surgery. It is through this port that the physician can adjust the amount of saline in the band to aid in your weight loss.

The laparoscopic adjustable gastric banding is removable under emergency circumstances only.

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

With all types of surgery, you will not be able to lift anything weighing over 10 pounds for one month following your surgery. You will not be able to drive until 2 weeks following surgery or until you are not taking any pain medication.

If you agree with the above section initial here _____

POTENTIAL COMPLICATIONS WITH WEIGHT-LOSS SURGERY

The gastric bypass, open or laparoscopic, the laparoscopic adjustable gastric band, and the sleeve gastrectomy are major operations. Every precaution is taken before, during, and after surgery to prevent complications, but they may occur.

Complications that may occur during or after surgery include but are not limited to the following:

- ❑ **Death:** While uncommon, death can occur following any surgery including a gastric bypass procedure, Lap Band procedure, or sleeve gastrectomy.
- ❑ **Breathing Difficulty:** Patients can develop breathing problems after surgery that may require using a ventilator for a period of time. Your pulmonary status will be evaluated before surgery and, if appropriate, you may be referred to other physicians for additional evaluation. Smoking has been shown to increase the risk of clotting in people undergoing gastric bypass surgery. Quitting smoking and all nicotine is required.
- ❑ **Staple Line Leaks (Gastric Bypass /Sleeve Gastrectomy):** Following operations to bypass the stomach and/or reduce the size of the stomach, connections can leak stomach acid, bacteria and digestive enzymes. This is a serious complication and can cause peritonitis (infection), sepsis and death. Antibiotics may be required. Surgery may be required to correct the leak(s).
- ❑ **Anastomotic Narrowing (Gastric Bypass Only):** Narrowing, stricture or ulceration of the connection between the stomach and the small bowel can occur. If this occurs, you may require either an outpatient procedure — in which a tube is passed through your mouth to widen (dilate) the narrowed opening — or a corrective surgery. Medications that can irritate the stomach such as aspirin and/or ibuprofen, smoking, or excessive use of alcohol can increase the risk of anastomotic complication.
- ❑ **Blood clots** in the legs are more likely to occur in very overweight people and can be dangerous. In some cases, they travel to the lungs and lodge in the lungs' arteries causing a pulmonary embolism — a serious condition that damages lung tissue and can lead to death. Walking and using leg wraps that apply intermittent pressure to the leg can help reduce this risk of blood clots in the legs. Smoking has been shown to increase the risk

Weight Loss Surgery Advisory

of clotting in people undergoing gastric bypass surgery. You will be required to quit smoking as far in advance of your decision to have surgery as possible.

- ❑ **Organ Injury:** Organ injury to the spleen and other surrounding organs in the abdominal cavity can occur during weight loss surgery; organ injury can lead to bleeding and infection and possibly death.
- ❑ **Bleeding:** Surgery involves incisions that could result in bleeding complications, from minor to major, possibly leading to the need for emergency surgery, the need for transfusion or death.
- ❑ **Hernia:** Incisions in the abdominal wall can lead to hernias after surgery. Hernias can lead to pain, bowel blockage, obstruction, perforation and even death in some cases. Treatment of hernias usually requires another operation. We do not recommend surgical repair of a hernia until 1 to 2 years following the gastric bypass or until you have reached and maintained a stable weight.
- ❑ **Bowel Obstruction:** Any operation in the abdomen can leave behind scarring that can put a patient at risk for bowel blockage or obstruction. The bowel can twist, obstruct and even perforate, leading to serious complications.
- ❑ **Dumping Syndrome, Diarrhea or Excessive Flatulence:** This happens when stomach contents move too quickly through the small intestines, causing nausea, vomiting, diarrhea, dizziness and sweating. It is frequently experienced after eating sweet foods or high-fat foods. This condition may last during the adjustment period following surgery or it can be permanent.
- ❑ **Vitamin and Mineral Deficiencies:** After weight-loss surgery there is a malabsorption of many vitamins and minerals. Patients must take vitamin and mineral supplements for life, to help protect themselves from these problems. Routine lab work will be done to monitor the blood level for vitamins and minerals. Common deficiencies following surgery can include but are not limited to Iron, Calcium, Vitamin B12 and Folate.
- ❑ **Inadequate Weight Loss:** Patients can fail in weight loss even with surgery. This may result from a breakdown of the staple line with gastric bypass procedures, the adjustable lap band needs to be adjusted, or when a patient does not comply with the dietary and exercise program. Inadequate weight loss is a risk of all types of weight loss surgery.
- ❑ **Excessive Weight Loss (Gastric Bypass Only):** Some patients sustain excessive weight loss after gastric bypass and may require intervention surgery to prevent severe malnutrition, nausea or vitamin and mineral deficiencies.
- ❑ **Gallstones:** Reducing the amount of food intake can reduce the amount of bile secreted by the gallbladder. This can lead to accumulation of bile in the gallbladder, which can

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

cause formation of gallstones. Gallstones can become painful and require surgery to remove the gallbladder. This can also lead to inflammation of the liver and/or pancreas.

- ❑ **Hair Loss:** Many patients experience thinning of their hair during the 3 to 9 month post-operative period following surgery. Hair usually returns during the 9-month to 1 year period following surgery. This is due to decreased protein levels.
- ❑ **Loose Skin:** It is common for persons who experience extensive weight loss to have loose skin in areas which were previously much larger, including the abdomen, thighs and under the arms. You may desire to have additional procedures to remove the excessive skin. This type of surgery is performed by a plastic surgeon; most insurance company policies do not cover any procedure to remove excessive skin. We do not recommend having the excessive skin removed until 1 to 2 years following bariatric surgery, or until you have reached and maintained a stable weight.

If you agree with the above section initial here _____

HISTORY AND PHYSICAL APPOINTMENT

Most weight-loss surgical procedures must be pre-approved by healthcare insurance plans. Once the procedure is approved, you will be given an appointment for a history and physical.

It is a requirement that you bring your spouse, if you are married, or the person who will be with you postoperatively if you are not married. If you fail to bring that designated person to your appointment, your appointment could be cancelled as well as your surgery date.

I agree that this requirement was explained to me on the Education Website and that it was explained at my first appointment.

If you agree with the above section initial here _____

SMOKING AND STREET DRUG USE

Any type of smoking or inappropriate drug use to include illegal drugs can affect the success of weight-loss procedures. If you smoke or take drugs, random drug tests may be done during your pre-operative work-up and testing. If your drug screen is positive, you may be dismissed from the Bariatric Program and all further testing will be discontinued.

It is important that you stop all types of smoking/chewing tobacco/nicotine products and stop all use of inappropriate and/or illegal drugs to include alcohol.

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

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ANESTHESIOLOGY CONSULT

All patients will be evaluated by the anesthesia department before surgery. You will be evaluated for the possible placement of a tracheostomy or any other special needs noted by the anesthesiology department.

If you agree with the above section initial here _____

HOSPITAL RECOVERY PHASE

Immediately after surgery has been completed, you will spend several hours in the recovery room until you are fully awake and then you will be transferred to your hospital room. You may have several tubes and monitors attached to your body to include but not limited to an intravenous catheter (IV) to give you liquids; catheter in your bladder to drain urine; a cardiac and oxygen monitor to monitor your heart and lung status; sequential compression devices on your legs and foot pumps on your feet to aid in preventing blood clots (deep vein thrombosis); you may have a nasogastric tube in your nose to prevent nausea and vomiting.

You will be expected to sit on the side of bed the night of your surgery and then advance your activity level to walking and sitting up in a chair the day following surgery. You will be expected to walk as much as possible during your hospital stay. Walking promotes heart and lung function and aids in preventing blood clots.

If you agree with the above section initial here _____

POST-PROCEDURE DIET

Hospitalization: Following surgery you will not be able to drink any liquids until cleared to do so by your surgeon, usually on the first day following surgery barring any complications and after your barium swallow x-ray has been done.

Your diet in the hospital will consist of two (2) ounces of Bariatric Advantage four times a day for each of your meals. You will be able to drink 1 to 2 ounces of water every hour in between your liquid meals.

First Two Weeks Post-Operatively: Upon your discharge from the hospital, your diet will consist of two (2) ounces of Bariatric Advantage four times a day for each of your meals. You should attempt to drink at least 64 ounces of a non-sweetened, non-carbonated beverage or water

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

very slowly throughout the day. Water is the only beverage that does not need to be measured, but you must remember to drink it very slowly and with very small sips. Do not use a straw. You should not drink 30 minutes before or after you have a meal. You will use this diet for the first 2 weeks following your surgery.

Two Week Post-Operative Visit: Approximately two weeks after you are discharged from the hospital following your weight loss procedure, you will be seen by your surgeon and other Bariatric Program staff. At that time, you will be instructed on your diet and how to increase your diet over the next weeks and months. It is important that you follow your diet instructions and if you have problems with the diet that you notify the Bariatric Program staff.

MUST Do's:

- Once you start a solid diet, it will very important to take small bites of food and chew the food well. Your meal should be eaten in 30-45 minutes.
- You cannot drink liquids with any of your meals.
- You can drink liquids ½ hour before or ½ hour after you eat your meal.
- You must drink at least 64 ounces every day. This should be done with very small sips and slowly throughout the day to prevent dehydration. Constipation after surgery is very common in patients who do not consume 64 ounces of liquid a day.

DUMPING SYNDROME

Dumping syndrome can occur when you eat foods or drink liquids with high concentrations of sugar added. Foods with high fat content can also cause dumping syndrome. You should avoid these foods and liquids and not add sweeteners (except: Nutrasweet, Splenda, Equal, etc) to your food or liquids. The symptoms of dumping syndrome may include a rapid heartbeat, sweating, dizziness, lightheadedness, sleepiness, headache, nausea, diarrhea and stomach cramping.

If you agree with the above section initial here _____

EXERCISE

A good exercise program is vital to aid in adequate weight loss following your surgery. You will have to start exercising slowly and build up your exercise regimen to 30 to 45 minutes daily. This should become a life-long commitment.

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

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VITAMINS AND MEDICATIONS FOLLOWING SURGERY

You will start taking Multivitamins, Vitamin B12, Iron, Calcium, and Vitamin D daily 2 weeks after your surgery and with the instruction of your surgeon. You will have to take this regimen daily for life. Your surgeon will monitor your vitamin levels at 3, 6, and 9 months post-operatively and then yearly for life with lab tests. All medications must be crushable, chewable or able to be cut in to small pieces or in liquid form for one to two years following your surgery.

If you agree with the above section initial here _____

FOLLOW-UP APPOINTMENTS

Proper follow-up after surgery is very important.

Patients who have had a gastric bypass or sleeve gastrectomy will need to come to the surgeon's office every 2 weeks for the first month after surgery. You will need to come to the office every three months for the first year after surgery. After you have reached your one-year milestone, you will be expected to see your surgeon every 6-12 months for the remainder of your life. Blood will be drawn to do lab tests to monitor your vitamin levels.

Laparoscopic Adjustable Gastric Banding patients will be frequently followed that includes clinic visits with the surgeon and Bariatric Program staff every 2 weeks for the first month post-operative and every month thereafter for the first year to monitor vitamin levels, as described above, and to determine the need for any gastric band adjustment. Generally patients will need one adjustment per year for the rest of their life.

These follow-up appointments are mandatory. If you are unable to keep your appointment, you are to call the Bariatric Program to reschedule. You may move out of the area and not be able to come to the Bariatric Program office for your ongoing follow-up. You must notify the Bariatric Program so that we can assist you in finding another bariatric surgeon who can assume your care and follow-up. You will need to continue to see your primary care physician or family doctor for healthcare issues not associated with your gastric bypass procedure.

If you agree with the above section initial here _____

WEIGHT LOSS FOLLOWING SURGERY

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

☐ With Gastric Bypass, you may lose 50 to 80% of your excess body weight during the first year after your surgery, and that weight loss usually levels off around the 2-year period following surgery. With a sleeve gastrectomy, studies have shown a broad range of weight loss to include 33 to 80% excess weight loss, with an average of 50-60% excess weight loss.

☐ With Laparoscopic Adjustable Gastric Banding, you may lose 60% of your excess body weight 2 years after surgery.

The amount of weight loss varies from person to person and you may not reach your ideal body weight. As discussed earlier, inadequate weight loss and/or excessive weight loss can be complications following surgery. However, with all operations, without continued follow-up, exercise and behavior modification, weight regain is very possible.

If you agree with the above section initial here _____

PREGNANCY FOLLOWING SURGERY

Becoming pregnant following weight loss surgery is safe after a stable, post-operative weight has been reached. This is usually 12 to 18 months following surgery. Vitamin and mineral deficiencies can put the newborn babies of mothers at risk for developing birth defects. You should not consider this surgery at this time if you are planning to become pregnant. If you are of child-bearing age and could become pregnant, you must agree to use an effective birth control method to prevent pregnancy until it is safe for you and the baby.

If you agree with the above section initial here _____

SUPPORT GROUP

The Bariatric Program offers a Support Group meeting for all pre and post-operative patients as well as their family members. The group is held on the third Tuesday of every month at 6:00pm. This is not a mandatory requirement or condition of your treatment with the Bariatric Program, but you are **strongly encouraged** to attend these meetings as often as possible in order to gain as much useful and correct information about managing life after weight-loss surgery.

If you agree with the above section initial here _____

CONSENT TO PROCEDURE AND TREATMENT

ECU PHYSICIANS

Division of Bariatric Surgery

Weight Loss Surgery Advisory

This consent form is being signed with full understanding of the information listed above. I have had adequate time to consider the information listed above and have had all of my questions answered to my complete satisfaction. After reading this form, talking with my surgeon, the staff of the Bariatric Program and my family and having received adequate pre-operative education about weight-loss surgery options, I feel that I am ready to proceed forward with the bariatric procedure for which my surgeon feels that I am an adequate candidate.

PATIENT SIGNATURE

DATE

WITNESS

DATE

SURGEON/PROVIDER

DATE

***This consent will become a permanent part of the patient's medical record. A copy of the consent has also been given to the patient for his or her reference.**