

WEIGHT LOSS SURGERY LETTER OF UNDERSTANDING

We want to be sure that you are as informed as possible about the Gastric Bypass, Gastric Banding, Gastric Sleeve or Revision surgery: ***its consequences, its obligations, and its risks.***

I understand that weight loss surgery is a life-changing procedure. I understand that the operation should only be entered into after careful and thoughtful consideration of the expected outcomes and risks in my particular case. Below is an overview of information that was discussed in the meeting.

- I will need to continue to diet and exercise in order to be successful in weight loss. Each surgery is only a tool to help assist me in my weight loss; I am ultimately responsible for my results. The operation promotes weight loss, **but it is NOT** a substitute for dedication and will power. It will also require long term medical follow-up to ensure successful results. I will need to devote a time and effort to maintain appropriate intake of fluid and nutrition.
- The Gastric Bypass or Gastric Sleeve cannot be reversed at a later time. Once the stomach is manipulated in this way it will never function normally again. I realize that this procedure is a one way street and should only be done after careful consideration.
- Gastric Banding, although it can be removed, is intended to be in place for life and is not intended as a temporary solution for weight loss. Major surgery is required to place and remove the band. If removed weight regain almost always occurs. I understand that this surgery will require regular follow-up and adjustments to achieve weight loss.
- I understand that medical weight loss through the use of dieting and exercise is also another option for meeting my weight loss goals and can often be as effective as surgical weight loss.
- I understand that long term successful weight loss involves regular follow-up with my surgeon and involvement in the support group for the next several years.
- I am aware that weight loss surgery is a major surgical procedure and, as such, involves real risks. These risks include a variety of medical complications, possible need for re-operation, and possible death as a result of the operation. Please refer to the informed consent which lists the specific risks and complications. Some of these complications include but are not limited to bleeding, the need for blood transfusion, blood clots, pulmonary embolus, leakage of gastric contents, breathing difficulties and the need to be on a ventilator after the surgery. Additionally I understand that there may be potential long term nutritional problems that may include protein malnutrition and vitamin and mineral deficiencies. Long-term chronic deficiencies may result in other medical difficulties. Other possible complications for a Gastric Band may include band slippage, erosion or possible injury to the stomach when placing the band.

In signing the below you are stating that you attended our 3 hour educational group meeting directed by either Dr. Michael Blaney or Dr. Arthur Chasen and have been educated about the risks, complications and possible outcomes.

PATIENT NAME: _____

PATIENT SIGNATURE _____ DATE _____

FAMILY MEMBER SIGNATURE: _____ RELATIONSHIP: _____