

INFORMED CONSENT FOR SURGERY

Name: _____ DOB: _____ Date: _____

Please read carefully and write your initials at the beginning of each paragraph:

Initials

___1. At the initial consultation and at the subsequent discussions, the nature of the problem of obesity, the role of the gastric restriction as a solution to this problem, and the different types of methods to do so, have been described to me in detail and I have been given the opportunity to ask questions and clarify any matters.

___2. I hereby request and authorize Dr. _____, his assistants, and operating room personnel to perform the following operation or procedure(s)

Labs _____

Anesthesia _____

In general, the purpose of the operation or procedure(s) is: _____

___3. In the event of unforeseen circumstances encountered during my procedure(s), I also hereby authorize the surgeon to perform any other procedure(s) or take whatever measures that he may deem necessary or desirable in addition to or in substitution for the procedure(s) initially contemplated. (I understand that, although the procedure is normally performed laparoscopically, it may be necessary for the procedure to be converted to an open operation.)

___4. I consent to the administration of such anesthetics by medical staff as may be considered necessary or advisable by the physician or provider responsible for this service. I understand that anesthesia or sedation involves additional risks and hazards, but I request the use of anesthetics or sedation for the relief and protection from pain during the planned and additional procedures. I realize the anesthesia or sedation may have to be changed, possibly without explanation to me. I understand that certain complications may result from the use of anesthetics or sedatives including respiratory problems, drug reaction, paralysis, brain damage, or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to the vocal chords, teeth or eyes.

___5. THIS PARAGRAPH IS FOR FEMALE PATIENTS ONLY. Anesthetic agents can be harmful to the fetus of a pregnant woman. General anesthesia should be avoided during pregnancy whenever possible. I hereby state that I am not pregnant and accept the responsibility of making this determination.

___6. I certify that I have read or had read to me and understood the medical literature pertinent to the proposed surgery given to me which include:

- Preoperative Instructions
- Information about Surgical Risks and complications which include prolong hospital stay, bleeding, infection, slow healings wounds, atelectasis, pneumonia, pulmonary embolism, deep venous thrombosis, hernia, perforation (leak), fistula, and even death.
- Unforeseen complications or reactions can be an impediment to complete the surgical procedure safely at which time it might be postponed for later date.
- (FOR LAP BAND) There may be need for additional surgical procedures in the years to come, to correct displacement of the band in relation to the stomach or breakage of some component of the device.
- Other: _____

___7. I have been made aware that any surgical operation involves general risks, including but not limited to those discussed in the information packet given to me. Although the most likely complications have been explained to me, I accept that there be unexpected complications of which I am not aware.

___8. I understand that on occasion, implants are rejected by the body. The Lap Band is made of solid silicone, and although there are no known adverse effects from having the material within the body, no guarantees were given that no untoward effects of this material could be proved to exist.

___9. I understand that treatment of any unusual or serious complications requiring admission to a hospital is not covered by the cost or charges quoted in connection with this surgery. In addition, I have been made aware that such complications could require the service of additional physicians and none of these fees or charges are included.

__10. I understand that the practice of medicine and surgery is not an exact science and that, therefore, a physician cannot guarantee results. In this connection, I accept that there is a possibility that imperfections might ensue from the operation or procedure(s) and that the results might not live up to my expectations or the desired goals that have been established. I acknowledge that no guarantee or assurance has been made by anyone regarding the operation or procedure(s) which I have herein requested and authorized. (I am aware that, although I have been given some general expectations regarding the outcome of the procedure, it is not possible to exactly predict the amount of weight that would be lost, nor the degree of difficulty which I may encounter in adjusting my eating pattern to the requirements of the procedure).

__11. I hereby give permission to take any photographs during the course of the procedure(s) which the doctor deems necessary to enhance the medical record. I agree that these photographs will remain his property. I further authorize him to use such photographs for teaching purposes or to illustrate scientific papers, books, or lectures if, in his judgment, medical research, education, or science will benefit by their use. It is specifically understood that in any such publication or use I shall not be identified by name.

__12. I understand that if the surgeon judges at any time that my surgery should be canceled for any reason, he may do so.

__13. I agree to follow the instructions given to me by my doctor either written or verbal, to the best of my ability before, during, and after the above-named procedure(s) and that I will, as soon as possible, notify him of any questionable or potentially unhealthy conditions that may arise.

__14. I certify that I have read and filled out the patient registration and medical history form fully and correctly to the best of my knowledge. I hereby state that the written information I furnished my physician during my initial consultation and/or preoperative evaluation is complete and correct and that I have disclosed all my known medical conditions, allergies, or adverse reactions to medical preparations. I understand that withholding medical information could lead to complications or problems that may have been prevented if that information were known prior to surgery.

__15. I understand that other physicians might recommend a different procedure and that I am free to seek the advice of any physician or physicians I might choose. Prior to signing this document, I have taken the time to consider whether or not I wish to ask any further questions of my surgeon or whether I desire to obtain a second opinion from another physician. I understand that by signing this document I voluntarily and of my own free choice elect to undergo the operation or procedure listed above.

__16. I certify that all blanks requiring insertion or completion have been filled in prior to my signing this form and that I have read and fully understand this informed consent for surgery. I further acknowledge that I have been given an opportunity to ask any questions I desired and that these questions have been answered to my complete satisfaction. I completely understand the nature and consequences of the procedure and hereby wish to proceed with the surgery.

__17. THIS PARAGRAPH PERTAINS TO SMOKERS. Smokers are recognized to have higher risks of postoperative wound healing problems as well as operative and postoperative bleeding. Patients should discontinue smoking for two weeks after surgery. Although it helps to stop smoking for several weeks before surgery, this does not eliminate the increased risks of long-term smoking.

Our sole intent is to provide a safe and effective procedure. For that purpose an extensive evaluation by our expert medical staff and a thorough preoperative work-up has been performed. The Surgical Group performing the procedure is highly qualified and experienced in their field and will provide the lowest risk possible surgical intervention.

**DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT.
ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING.**

This is an important document which I have read and understood and thus give my consent to the procedure. I have been given adequate opportunities to ask all questions regarding the proposed treatment and I am satisfied that I have been as fully informed as I wish.

Signed _____ Date: _____
(Patient)

Signed _____ Relationship _____
(Person authorized to give consent if patient is a minor)

Witnessed: _____
(Not a member of the family)

Physician _____