

NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Division of Bariatric Surgery

## WEIGHT LOSS SURGERY ADVISORY

**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 we offer 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.

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 section attests to your receipt and understanding of the information in that 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 or will check with my insurance company to make sure Weight loss surgery is a covered benefit and not an excluded benefit.
- 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.
- I confirm that my family, my surgeon and I have extensively reviewed the decision to proceed forward being evaluated for weight loss surgery.
- I attest to my efforts to be well informed about my decision to proceed forward with the evaluation for 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:

My current weight is \_\_\_\_\_ pounds

My height is \_\_\_\_\_ foot \_\_\_\_\_ inches

My body mass index is \_\_\_\_\_

If you understand 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
- 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 65. If your age falls below or above this range, you and your surgeon will decide if you are a good candidate for surgery.
- Have documented failed attempts at weight loss in the past.
- Have no psychological conditions that prevent you from adhering to the program instructions.
- Be able to understand the surgery and risks.
- Be able and willing to comply with the dietary and exercise requirements for this program.
- **Stop all nicotine products to include: Cigarettes, Cigars, pipes, dip, snuff, chew, etc...prior to being submitted to insurance for surgery.**

If you agree with the above section initial here

## TYPES OF WEIGHT LOSS SURGERIES OFFERED BY OUR 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 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 loss 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. 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. Our Bariatric Surgeons perform only the open and laparoscopic gastric bypass procedure and open and laparoscopic sleeve gastrectomy. The surgeon and/or Bariatric Program will provide for you a pre-operative education website, which includes information about both procedures. Your surgeon will give you a verbal description of each offered 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.

### *Gastric Bypass Surgery*

The gastric bypass is a surgery 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, and also reduces the amount of calories the body can absorb.

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 which approach is the most suitable 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.

If your surgery must be converted to an open procedure, 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.

### *Sleeve Gastrectomy*

The sleeve gastrectomy is a surgery that involves making 5 small cuts in your abdomen. Your surgeon will remove most (about 80 - 85%) of your stomach. The remaining portions of your stomach are joined together using staples. This creates a long vertical tube or banana-shaped stomach. It limits the amount of food you can eat by making you feel full after eating small amounts of food. The surgery does not involve cutting or changing the sphincter muscles that allow food to enter or leave the stomach. Your surgery may take only 60 - 90 minutes if your surgeon has done many of these procedures. The sleeve gastrectomy is not a "quick fix" for obesity. It will greatly change your lifestyle. You must diet and exercise after this surgery. You may have complications from the surgery and poor weight loss if you don't diet and exercise. This procedure cannot be reversed once it has been done. The final weight loss may not be as large as with gastric bypass. However, this may be enough

for many patients. Because the sleeve gastrectomy is a newer procedure, there is less data about the long-term benefits and risks. Talk with your doctor about which procedure is best for you.

Losing enough weight after surgery can improve many medical conditions you might also have. Conditions that may improve are asthma, type 2 diabetes, arthritis, high blood pressure, obstructive sleep apnea, high cholesterol, and gastroesophageal disease (GERD).

If you agree with the above section initial here                     

### POTENTIAL COMPLICATIONS WITH WEIGHT-LOSS SURGERY

Both the gastric bypass and sleeve gastrectomy, open or laparoscopic 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 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 is required.**
- ❖ **Staple Line Leaks:** The new 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 increase the risk of anastomotic complication.
- ❖ **Blood clots:** More likely to occur in the legs 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 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, 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 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 gastric bypass or until you have reached and maintained a stable weight.

If you agree with the above section initial here

### ANESTHESIOLOGY CONSULT

All patients will be evaluated by the anesthesia department before surgery on the same day as your DCV (decision making visit). 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

### DECISION VISIT (DCV)

Once all pre-operative evaluations are completed you will have a DCV appointment with your surgeon on the same day as your Anesthesiology Consult.

Most weight-loss surgical procedures must be pre-approved by healthcare insurance plans. Once the procedure is approved you will receive a call from our referral coordinator for scheduling of a surgery date.

It is a requirement that you bring your support person who will be with you postoperatively to this visit. If you fail to bring that designated person to your appointment, your appointment and surgery date will be rescheduled.

If you agree with the above section initial here

### SMOKING AND STREET DRUG USE

Any type of smoking, use of ANY nicotine products, 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 any hard liquor.**

If you agree with the above section initial here

### HOSPITAL RECOVERY PHASE

Immediately after surgery has been completed, you will spend at least 1 hour in the post anesthesia care unit (PACU) 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; and sequential compression devices on your legs or foot pumps on your feet to aid in preventing deep vein thrombosis (DVT) aka blood clots.

You will be expected to sit on the side of bed, get up to the chair, and walk outside of your room the same day of your surgery and then advance your activity level to walking at least 3 times a day the day after your 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. This is usually on the first day following surgery if you don't have any complications and after your barium swallow x-ray has been done if ordered by your surgeon.

Your diet in the hospital will consist of two (2) ounces of a Protein Shake five times a day for each of your meals. You will be able to drink about 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 a Protein Shake six 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 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. 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. At that time, you will be instructed on

how to increase your diet over the next few 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 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.

Strength training should be introduced about 1 month after surgery unless restricted by your surgeon or another medical professional.

**If you agree with the above section initial here**

**VITAMINS AND MEDICATIONS FOLLOWING SURGERY**

You will start taking Multivitamin, Vitamin B12, Iron and Calcium daily 2 weeks after your surgery and with the instruction of your surgeon. You will have to take this regimen daily for life. Your medical provider will monitor your vitamin levels at 1, 6, and 12 months post-operatively and then yearly for life with lab tests. Lab tests may be drawn more frequently if needed. All medications must be crushable, chewable or in liquid form for one year following your surgery.

**If you agree with the above section initial here**

**PROGRAM COMPLIANCE**

It is imperative for patients to attend all scheduled appointments related to their weight loss surgery program. This includes all clinic visits with the surgical provider, nutrition visits, and any required outside consultations (pulmonary, cardiology, psychiatry, endoscopy, etc). If a patient "no shows" or fails to attend an appointment without prior cancellation or notification three (3) times, the weight loss surgery staff reserve the right to cancel the patient's program. The patient will then have the option to restart the weight loss surgery program again in six (6) months.

Patients are allowed a maximum of two (2) program attempts (one initial start and one restart). If the patient is unable to demonstrate compliance with program requirements during their second program attempt (restart), they will then be asked to seek consultation with another weight loss surgery program.

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 weight loss surgery will need to come to the surgeon's office every 2 weeks for the first month after surgery. You will then need to come to the office at 6 months post-op, and 1 year post op during first year after surgery. After you have reached your one-year milestone, you will be expected to see your medical provider at least annually, unless determined otherwise, for the remainder of your life unless released to your primary care doctor by your medical provider. Blood will be drawn to do lab tests to monitor your vitamin levels.

These follow-up appointments are mandatory. If you are unable to keep your appointment, you are to call the Bariatric Program to reschedule. If you may move out of the area and are not able to come to the Bariatric Program office for your ongoing follow-up you must notify the Bariatric Program. You will need to continue to see your primary care physician or family doctor for healthcare issues not associated with your weight loss surgery.

If you agree with the above section initial here

### WEIGHT LOSS FOLLOWING SURGERY

With Gastric Bypass, you may lose 50 to 80% of their excess body weight during the first year years after your surgery and that weight loss usually levels off around the 2-year period following 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 either operation, 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 gastric bypass 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 gastric bypass 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 once per month from 5:30 pm-6:30 pm. Attending all meetings 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 PROGRAM REQUIREMENTS, PROCEDURES, AND TREATMENT**

This consent form is being signed with full understanding of the information listed in this weight loss surgery advisory. 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 family and having received adequate education about weight loss surgery, I feel that I am ready to proceed forward with the bariatric program and procedure for which my surgeon feels that I am an adequate candidate.

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SURGEON/PROVIDER**

\_\_\_\_\_  
**DATE**

**\*Please note: This document will become a permanent part of your medical record. You will receive a copy upon receipt by bariatric program staff.**