

MICHAEL SEDRAK, MD
General, Minimally Invasive and Bariatric Surgery

Laparoscopic Adjustable Gastric Banding Surgery
Patient Information Form

Bariatric surgery is a serious step reserved only for those patients with excessive (morbid) obesity. We follow the National Institutes of Health Guidelines and have minimal weight requirements based on one's height and weight. Only after a thorough consultation and only if we are satisfied that you are aware of the implications and alternatives of this type of surgery will we offer you the procedure.

A. Who is performing this surgery?

Dr. Sedrak and the surgical team for the Surgical Center are performing the Laparoscopic Gastric Banding surgery.

B. What is the purpose of this surgery?

The Adjustable Gastric Band is supported by more than 20 years of worldwide clinical experience and ongoing innovation. Outside of the United States, the Adjustable Gastric Band is known as the Swedish Adjustable Gastric Band (SAGB), and it has been used in patients since 1986. Patient safety and comfort are the main principals that guided the design of the Adjustable Gastric Band. More than 20 years of data confirmed the successful performance of the original soft, low pressure, balloon design. Today, the market of the Adjustable Gastric Band still put patient safety and comfort first. The purpose of the operation is to help assist you so that you will not be able to eat as much food as you can eat now.

To qualify for surgery, you must initially:

- Be at least 45 kg (100 pounds) or 100% above your ideal weight or have a Body Mass Index (BMI) of 40 or above (BMI equals your weight in Kilograms divided by your height in meters squared), or
- Have a BMI of at least 35 in addition to a condition such as diabetes, high blood pressure, sleep apnea, etc. (your doctor will inform you if you have a qualifying condition). You must complete a basic screening by your surgeon for specific diseases or conditions that will further determine your eligibility to participate.

C. What will I be asked to do?

In the pre-screening telephone interview, you will be asked to provide baseline information which will be used to establish your eligibility for this surgery. If you meet all criteria for surgery you will be seen in the office by the physician who will discuss in detail with you the information about the Adjustable Gastric Band procedure and the particulars regarding the surgery and your surgical care. The Adjustable Gastric Band along with the diet and behavioral modification guidelines provided to you will provide a more global medical approach in your goal of losing weight.

Preparation for surgery

_____ Prior to surgery, eat sensibly – as if you already have had the surgery. Fad diets are not recommended. Try to decrease total caloric intake by 25%. Start an exercise program such as walking, biking or swimming. Begin the activities that you will do after surgery and continue for the rest of your life. Lose weight. Weight is preferentially lost from the abdominal organs first and can make the difference between having a laparoscopic and an open

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procedure. See your primary care physician for a preoperative check-up. In addition, your surgeon may request other specific consultations or examinations.

Pre-operative visit

_____ Prior to your surgery date, an appointment will be made with your surgeon. This is the time to ask him questions or express your concerns. You will be given specific instructions as to lab work, hospital/surgery center, arrival times, medications and postoperative appointments. Make sure you inform your physician if you are on any blood thinning agents such as Coumadin®, Plavix®, aspirin® or ibuprofen at the time of surgery scheduling.

Day before surgery

_____ The day before surgery, you may have a regular breakfast followed by a clear liquid diet for the rest of the day. This includes water, clear juice, tea, coffee, popsicles, Jell-O and broth. Heart and blood pressure medications should be taken as usual and may include the morning of surgery with a small sip of water. Other medications will require specific instructions. After midnight, the evening before surgery, you may not eat or drink anything (not even water) unless otherwise instructed by your physician. You should contact the Coordinator should you have any questions regarding your pre-operative instructions.

Surgery

_____ The surgical area of the center may be a busy place. You will be placed in a Pre-Op Room, where you will be examined by the anesthesia provider, nurse, and surgeon. An intravenous access will be inserted in your arm. The hair on your abdomen will be clipped, if necessary, in the operating room. Special pneumatic compression devices will be applied to your legs and an injection of heparin (a blood thinner) will be given to help prevent blood clots from forming while you are under general anesthesia. You will also be given antibiotics and a sedative.

Description of the Operation:

_____ An operation to implant the gastric band is considered major surgery. Your surgeon may implant the Adjustable Gastric Band System in one of two ways. The surgeon will begin the surgery through a laparoscopic technique. This type of procedure is done by making several small punctures approximately 2.5 cm, each (1 inch) in various locations on your abdomen. Each of these small incisions will have tubes of various lengths and diameter placed through the incisions.

The tubes are called trocars and will provide a "passageway" into your abdomen. Your surgeon will place a scope with a very tiny camera attached through one of these trocars and will be able to view the inside of your abdomen on a video monitor. Other trocars will be used to enable your surgeon to place the Adjustable Gastric Band around your stomach. If there are any technical difficulties with the laparoscopic technique, your surgeon may have to convert to an open procedure, in which a vertical incision approximately 20 cm (8 inches) long will be made in your upper abdomen to expose your stomach.

Your surgeon will then place the gastric band around your stomach and implant the access port just below your rib cage. No matter which technique your surgeon uses, you will be fully anesthetized throughout the procedure.

The Adjustable Gastric Band is wrapped around the upper stomach to form an artificial stoma. This placement creates a small pouch, or antechamber, in the proximal stomach and a larger pouch in the distal stomach. After the Band is in place, the patient cannot consume large quantities of food, and weight reduction ensues. In general, clinical management goals are 0.5 to 1.0 kg (1 to 2 lbs.) weight loss per week along with the patient's ability to

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consume a recommended diet without vomiting. Close medical follow-up care is required as long as the Band remains in place.

BAND ADJUSTMENT

_____ Following your surgery, you may need periodic adjustments to your band. When your surgeon makes adjustments to your Adjustable Gastric Band, a long needle will be inserted through your skin (which has been numbed) into the access port. Usually adjustments are performed in the office, however, since this port is not visible to the eye, your surgeon may place an x-ray machine directly over your abdomen and take a picture of the access port to locate it (the amount of radiation used is usually no more than received during a normal chest x-ray) and assist in the injection of the saline into the balloon of the Adjustable Gastric Band. To check the patency of the band, you may be asked to undergo a modified upper GI series. You will be asked to swallow a small amount (approximately one tablespoon) of Barium (contrast medium) and a series of x-rays will be obtained. Upper GI series are routinely used to assess the flow of content from your esophagus down to your stomach.

After your banding procedure, you will not be able to eat as much food as you can now. You will return to your surgeon for follow-up visits. Band adjustments will be performed as required. You may also have to return at unscheduled times for a band adjustment if you are not responding to the surgery the way you should. You will be counseled in diet and behavior modifications at several of these visits.

GENERAL ANESTHESIA

_____ This information is meant to assist you in your consultation with your anesthesia provider. All the anesthesia providers at the Surgical Center are licensed independent practitioners. You will meet your anesthesia provider in the pre-surgical room before surgery.

The risks related to general anesthesia are the following. Although infrequent, difficulty in placement of the breathing tube would be the most common problem, and, potentially the most serious, if it resulted in significant oxygen deprivation that could result in brain or heart injury. To avoid this, the placement of the tube (intubation) might need to be performed under local anesthesia with you awake. When the tube is securely in place, it would then permit the anesthesiologist to safely put you to sleep before the operation begins.

As a result of the intubation, you may experience a sore throat for 3-5 days. During intubation, there is always a risk of vomiting and aspiration of stomach contents which can lead to pneumonia and is potentially life threatening. This is why it is extremely important that you do not drink or eat anything from midnight the night before surgery, unless specifically advised to take medication with a sip of water.

Less serious, but possible problems are chipped, broken or loose teeth that may occur as a consequence of intubation. It is important to tell your anesthesia provider if you have any loose teeth or dental problems and to remove bridges and false teeth. Very infrequent, but possible, is the occurrence of a stroke or heart attack, especially in older patients with a history of heart disease. Nerve injuries to the arms and legs resulting in some loss of use can occur. These are related to positioning on the operating table and are almost always temporary. Great efforts are made to avoid this.

D. What are the possible risks of surgery?

_____ Laparoscopic gastric banding can be performed on most all patients. Although the gastric banding surgery is relatively safe, it is a major operation and there are risks associated with any major surgery. Although very

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infrequent, serious complications can be associated with this operation. The surgical team will review these with you and you should discuss them with your regular doctor. There are risks anytime a person receives general anesthesia and these risks are increased for a person who is significantly overweight. It is emphasized, that laparoscopic operation does not reduce the risks of bariatric (surgery for obesity) surgery. There is a possibility that if you are undergoing a laparoscopic procedure, that complications may require your surgeon to convert to an open surgical procedure. The laparoscopic surgical approach, however, reduces pain, discomfort, inconvenience, recovery time and scarring. Patients with previous open operations in the upper abdomen, especially on the stomach may not be the best candidates for this surgical procedure. Your surgeon will advise you to possible other alternatives if surgery is not indicated.

Short-Term Risks

_____ Bleeding, Injury to vital organs. Laparoscopic surgery uses punctures to enter the abdomen and can lead to injury to your stomach, liver or spleen during surgery. Hematoma (pooling of blood under the skin similar to a bruise), internal bleeding, which can be minor to massive may lead to the need for emergency surgery, transfusion or death. Drawing blood from your arm vein for the required blood tests and the intravenous required for surgery may be uncomfortable and can cause bruising or swelling, and, rarely, an infection.

_____ Atelectasis is a condition in which a part of the lung collapses caused by breathing that is too shallow. The best treatment is to prevent it by deep breathing and lung exercises. Lung expansion exercises will be taught to you before surgery, and you will be encouraged to do them again and again, after the operation. We also have special treatments, and even pulmonary specialist consultants, to help you and your lungs recover, if necessary. Atelectasis can cause a fever after surgery, and can potentially lead to developing pneumonia.

_____ Pneumonia is an infection in the lungs, and after surgery it can be especially serious. Pneumonia is prevented by generally using good respiratory treatment, to prevent atelectasis.

_____ Pulmonary Embolism occurs when a blood clot (usually in the leg veins) breaks off and floats through the veins to the lungs. This affects the lungs and the heart. Although blood clots can occur at any time, it is more likely to occur in overweight patients, and most likely at the time of and soon after surgery. The blood becomes stagnant and clots in the leg veins, and if a clot breaks off and floats through the veins to the lungs, it is called a pulmonary embolism. The blood clot blocks the arteries in the lungs, and can cause a part of the lung to lose its circulation. If the circulation to a large part of the lung is affected, the heart is placed under a lot of strain, and it may fail suddenly, which can be fatal. Preventative measures to reduce pulmonary embolism is performed by administering a blood thinner (heparin), applying sequential compression stockings to compress the legs and keep the blood flowing in the veins, by operating efficiently and **most importantly by getting patients up to walk as soon as possible.**

_____ Swelling around the surgical site There is a possibility that you may have swelling that blocks the opening between the upper and lower stomach pouches, making it difficult to swallow after your operation. This is more likely to occur soon after surgery which makes it very important that the patient remains on a clear liquid diet as advised at discharge. The new stomach pouch will only hold approximately 20 ml of volume at a time.

_____ Infected band. It is possible to develop an infection around the band that could produce swelling, tenderness, pain and fever. If the infection does not respond to antibiotics, your surgeon may have to remove the band or one of the components.

Long Term Complications

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_____ Sensitivity to foreign object. Although unlikely, there are other complications that may occur as a result of having any foreign object implanted in the body. These complications could be allergic-like reactions and could require removal of your band. Although there have been no reports of any autoimmune diseases (arthritis-like conditions), these conditions have been reported following long-term implantation of other silicone devices. There is no conclusive evidence to show whether or not there is a relationship between these types of conditions and silicone implants. These types of conditions would usually be accompanied by symptoms of increased muscle weakness, joint pains, swelling or redness of the skin. If you notice any of these types of symptoms, you should notify your surgeon.

_____ Access port breakage; band erosion and leakage. There is a possibility that the sutures, which keep the access port in place, may break which could result in slippage of the Band and require another operation. The band may erode into the stomach tissue or move away from the location where it was originally placed around the stomach. The tubing connecting the band and access port could kink or the access port could rotate from where it was originally placed. Other possible risks include leakage of the band, access port, or tubing, or breaks in the tubing connecting the access port to the band. These leaks could cause the band to deflate and would require another operation.

_____ Nausea and vomiting are the most common complications occurring in the first few months after surgery. They may occur after eating too fast, drinking liquids while eating, not chewing enough, or eating more than the pouch can comfortably hold. It is necessary to learn to eat very slowly and chew foods thoroughly. Notify your physician if frequent vomiting becomes a problem.

_____ Reflux. There may be ulcer formation, extra stomach acid or heartburn that may be caused by stomach contents going into the esophagus or by swelling of the pouch.

_____ Diarrhea/Constipation Although diarrhea is very uncommon long-term, it may occur for the first two weeks after surgery. Likewise, constipation may be a problem early after surgery. It is usually not necessary to take a laxative unless you have not had a bowel movement within five days after surgery. If constipation occurs, milk of magnesia, prune juice or natural laxatives may be taken. You may also take a psyllium fiber supplement.

_____ Dehydration (loss of body fluids) is also an important concern, especially if vomiting or diarrhea is frequent. Prevent dehydration by drinking water or low-calorie beverages between meals (when there is no food in the stomach), but remember that the stomach can only hold 3-4 ounces at a time.

_____ Overeating Almost all people who require gastric banding surgery have had problems with overeating. The causes for this are complex, involving genetics, emotions, upbringing, and even the functions of the brain. None of this changes after bypass surgery, except that the upper stomach is now restricted. Eating more than the new pouch can hold may cause vomiting, expansion of the pouch, weight gain, or even rupture of the stomach. Education, counseling, group support and certain medications can help to prevent overeating and are just as important as diet to the success of the operation.

_____ Adhesions. These are scar tissues caused by healing after surgery. They are much less common after laparoscopy.

_____ Others Stomach pain and ulcers are complications which may require medical attention. Notify your physician if frequent stomach pain becomes a problem.

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_____ Malnutrition, Vitamin and Mineral Deficiencies. *If you lose weight very quickly, rapid weight loss may result in symptoms of malnutrition. Oral multi-vitamins are useful in preventing vitamin and mineral deficiency after surgery. Following the recommended dietary and behavior modification guideline is extremely important.*

_____ Peripheral neuropathy. Upon trocar insertion during surgery, the small cutaneous or subcutaneous nerves may be injured thereby causing you to experience burning and numbness at the laparoscopic port site after surgery.

_____ Abdominal Wall Hernia. (weakening of the abdominal wall due to surgical incision) although unlikely, is a risk in any surgical procedure. It is very uncommon after laparoscopic surgery.

_____ Weight loss may cause changes to your body image and depression approximately 3-4 weeks after surgery is not uncommon. It's been reported that divorce rate may increase in patients who have undergone bariatric surgery.

_____ Death. Although all measures are taken to assure optimal surgical care, death is a potential risk of any surgery.

_____ **REPRODUCTIVE RISKS**

If you become pregnant during the first year that your gastric band is implanted, the effects that rapid weight loss may have on an unborn child are not known. Therefore, it is necessary to use a medically acceptable method of birth control during that time. These methods may include abstaining from sexual intercourse; using oral contraceptives (birth control pills), condoms, diaphragms, contraceptive foams and jellies, injection or implantable contraceptive treatments. If you are capable of becoming pregnant and are not presently using a reliable form of birth control, your surgeon can direct you as to how to obtain appropriate information on which of these methods may be best suited for you. If you become pregnant or have reason to suspect you may be pregnant, you should notify your surgeon immediately. If you do become pregnant at any time during the first year after your gastric band surgery, your band may need to be deflated to increase your stomach opening and permit increased food consumption. If, in the opinion of your surgeon, band removal is necessary for your health and that of your unborn child, your band will be removed.

Special Considerations:

_____ Band Adjustments. If you are not losing weight, your surgeon may put more fluid in the band to decrease the size of the opening. If you lose too much weight, your surgeon may remove fluid from the band to increase the size of the opening. In some cases, your surgeon may have to re-operate to reposition or remove and replace the band.

When your surgeon does adjustments on your band, there may be some discomfort from the needle going through your skin, but you will be given a local anesthetic to deaden the injection site. The injections may cause bruising, swelling or an infection. Band adjustments may need to be done under an x-ray machine. A gastrointestinal x-ray may be required to assess the position of the band and gastric pouch prior to adjustments.

Although the ADJUSTABLE GASTRIC BAND System is considered a long-term device, its life expectancy is unknown. If a replacement band or any components of the ADJUSTABLE GASTRIC BAND System are needed, another surgical procedure will be required.

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E. What are the surgical benefits?

As a result of undergoing the gastric banding procedure, you may lose a significant amount of weight. Weight loss could improve your overall health, quality of life, and increase your life expectancy. Bariatric surgery with the gastric banding is usually a short surgical procedure. The stomach is not cut or penetrated with staples with the surgery as it is with stomach stapling procedures. This banding procedure does not bypass sections of your intestinal tract, and therefore, decreases the likelihood of nutritional or other complications. If necessary, the surgery is reversible by removing the band. Unlike other types of procedures, the ADJUSTABLE GASTRIC BAND System is adjustable and may allow better control of your food intake without surgery, by inflating or deflating the band.

There may be other benefits if you have the gastric band procedure by the laparoscopic technique as compared to an open surgical procedure. Your scars from the surgery may be smaller and less visible. You will have less pain and you may be able to return to normal activities and to work sooner. Your hospital stay may be shorter which could decrease your overall hospital bill. Since laparoscopic procedures are less invasive, the potential for complications may be less.

F. What other options are there?

You are aware that there are several alternatives to gastric banding surgery. One alternative is that you may do nothing at all and remain obese. Other choices you have to lose weight include diet, diet and behavior modification, jaw wiring, stomach stapling (gastroplasty procedures), or gastric bypass. Your surgeon has discussed the risks and benefits of these alternative treatments available with you.

G. What happens soon after surgery?

You will be required to walk and to exercise your lungs to prevent pneumonia and other complications of anesthesia. Medication for relief of any pain is available as required. Liquids will be offered after surgery as soon as you are awake and alert and free from nausea. Only take in what is comfortable. Later, pain pills and other medications will be offered. You will be disconnected from the IV as you progress. You will be discharged from the hospital when you are able to tolerate liquids, your incisional pain is controlled with oral medications and you have no nausea.

H. What is expected after discharge from the center?

Diet

_____ During the first 1 to 3 months after surgery, all solid food should be ground or pureed or chewed to similar consistency. Chew all food thoroughly to avoid blockages. Avoid vomiting (particularly during the first few months) by chewing sufficiently your solid foods, eating slowly, or not over-eating. If vomiting is persistent, return to an all-liquid diet for one or two days before resuming the suggested diet. Call your surgeon if vomiting persists. Do not try to induce vomiting to relieve symptoms of bloating or fullness. Stop eating at the first feeling of fullness. One or two bites more may cause vomiting. Eat slowly (20-40 minutes per meal) to avoid dilating the pouch. Do not eat more than 5-6 small meals a day. You should take a multi-vitamin-mineral supplement. To avoid vomiting, divide the tablet in half and take them between meals, not on a full stomach, or take a chewable or liquid vitamin-mineral supplement. Continue for at least 1 year.

Fluids

_____ Only drink water or other low-calorie liquids. Citrus juices such as orange or grapefruit have a high acid content and should be avoided. High calorie liquids can defeat the purpose of the surgery. Drink at least 4-6 glasses of liquids a day to avoid dehydration and constipation. Drink between meals, not during meals. Liquids

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should be taken 30 minutes before and after meals. Remember, there is not enough room in your "new " stomach for foods and liquids at the same time. Eventually the pouch will expand to allow 4-5 ounces at a meal.

Activities

_____ Upon returning home, you should walk as much as is comfortable. Light housework, driving and other daily activities are usually tolerated five days after surgery. Avoid heavy exercise and limit lifting to 20 lbs. or less. Although some patients are able to return to sedentary jobs within a week following surgery, two to three weeks away from work is more the norm. Intercourse is allowed two to three weeks after surgery. You may shower and remove your bandages the second day after surgery. Your incisions need not be covered. Avoid baths, swimming and hot tubs until authorized by your surgeon.

Incisions

_____ Your incisions are closed with absorbable sutures. The incisions can be covered with a non-adherent dressing if you desire. It is not unusual for a small amount of blood or fluid to escape from the wounds. Sometimes bruising will occur a few days after surgery. This can be quite dramatic, but is not dangerous. Any unusual pain or redness may indicate infection and should be reported to your surgeon. You may take baths or swim as soon as you incisions are healed.

Medications

_____ You may be given three different medications upon discharge: (1) a pain medication such as Lortab Elixir®. (2) an anti-ulcer medication such as Prevacid® or Prilosec®. (3) Compazine®, for occasional nausea. You will continue most of the routine medications that you were taking prior to surgery. Diabetic and anti-hypertensive medications will need to be adjusted in conjunction with your endocrinologist or primary care physician. You can resume most of the medications you were taking prior to surgery, but this will be clarified prior to hospital discharge. You are to avoid aspirin-type medications such as Motrin®, Ibuprofen®, Aleve® and Advil® as these can cause ulcers. Tylenol® is suitable for minor pain.

Follow-Up Visits

_____ You should be monitored closely during the period of your rapid weight loss. You will be seen in our office 1-3 days after surgery, 1 week after surgery, 1 month after surgery, and at intervals of every 3 months for the first year after surgery or when you have a band adjustment. Necessary laboratory and diagnostic tests will be recommended to you if appropriate at that time. You may also have to return at unscheduled times should the need arise. You may need periodic assessment to check the flow of food through the Band. To check the patency, you may be asked to undergo an upper GI series. You will be asked to swallow a small amount (approximately one tablespoon) of Barium (contrast medium) and a series of x-rays will be obtained. Upper GI series are routinely used to assess the flow of content from your esophagus down to your intestine. Follow-up visits with our office will continue after the initial year for up to what is deemed necessary by your surgeon to assure your well-being.

It is important that you follow these instructions carefully and report any problems or call our office should you have any questions or concerns.

You, your spouse and/or significant family member acknowledge receiving a copy of this signed and dated Laparoscopic Gastric Banding Surgery Patient Information form, have carefully read and understand the information presented in this form, and agree to comply with all program requirements. You and your spouse and/or significant family member acknowledge that you have been fully informed of your right to receive a copy of this signed and dated patient information form.

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ACKNOWLEDGED AND AGREED:

SIGNATURE BY THE PATIENT AND SPOUSE OR SIGNIFICANT FAMILY MEMBER:

Signature of Patient

Date/Time

Signature of spouse or significant family member

Date/Time

Signature of parent/guardian/conservator (if minor patient)

Date/Time

Signature of the Surgeon Who Presented Patient Information

Date/Time

If subject is a minor (under 18 years of age), or is otherwise unable to sign, complete the following:

Subject is unable to sign the Laparoscopic Gastric Banding Surgery Patient Information form because _____

SIGNATURE FOR THE PATIENT:

Name of Patient

Signature for the Patient

Relationship to the Patient

Date/Time

Signature of Witness

Date/Time

**Laparoscopic Adjustable Gastric Banding Advisory Sheet
Patient Review and Advisory**

PATIENT NAME: <<last>>, <<first>>

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The following items are discussed with the patient prior to the placement of the gastric band.

General Information:

- Description of alternative operative procedures
- Long-term limitations on individual lifestyle
- Need for band adjustments and follow up

Anticipated Outcome:

- Anticipated weight loss 30-50% of excess weight during first year
- Frequency of adjustments and need for fluoroscopy on rare occasions

Complications:

- In rare circumstances, hospitalization may be necessary after the procedure
- Infection
- Bleeding requiring return to OR
- Hematoma
- Gastric band Erosion
- Gas Embolus, Deep Venous Thrombosis, Pulmonary Embolus
- Gastric band Slippage
- Repeat Surgery
- Leakage from the system
- Possible Gastric band Removal
- Pulmonary complications
- Obstruction
- Perforation
- Partial or no Weight Loss.
- I understand the risks involved with cigarette smoking and marijuana smoking, as it has been explained to me by the doctor. I elect to proceed with this surgical procedure and will not hold liable the doctor or surgical staff responsible for complications that may occur post-operatively related to smoking. I am aware of the increased risk for complications including (but not limited to) infection, increased scarring, skin loss, tissue death, and prolonged healing time.
- In extremely rare circumstances, I understand that the risks involved with surgery and anesthesia also include death

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Economics:

Cost of procedure

Responsibilities for possible later revisions or complications

Even though the risks and complications cited occur infrequently, these are the ones that are particularly peculiar to the operation, other complications and risks can occur but are even more uncommon

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implemented, as to the results that may obtained.

Additional comments:

“I certify that I have read and understood all of the above and that all the blank spaces were checked or filled out prior to my signature.”

Patient Signature _____ Date/Time <<date>> _____

Parent/Guardian/Conservator Signature _____ Date/Time <<date>> _____
(If minor patient)

“I certify that I or a member of my staff has discussed all the above with the patient and have offered to answer any questions regarding the procedure. We believe that the patient fully understands the explanations and answers.”

Surgeons Signature _____ Date/Time <<date>> _____

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MICHAEL SEDRAK, MD

**Laparoscopic Adjustable Gastric Banding Surgery
POST OPERATIVE INFORMATION**

What is expected after discharge from the center?

Fluids

Only drink water or other low-calorie liquids. Citrus juices such as orange or grapefruit have a high acid content and should be avoided. High calorie liquids can defeat the purpose of the surgery. Drink at least 4-6 glasses of liquids a day to avoid dehydration and constipation. Drink between meals, not during meals. Liquids should be taken 30 minutes before and after meals. Remember, there is not enough room in your "new" stomach for foods and liquids at the same time. Eventually the pouch will expand to allow 4-5 ounces at a meal. A comprehensive diet instructions manual was given to the patient.

Activities

Upon returning home, you should walk as much as is comfortable. Light housework, driving and other daily activities are usually tolerated 3-5 days after surgery. Avoid heavy exercise and limit lifting to 20 lbs or less. Patients are able to return to sedentary jobs within a week following surgery. Intercourse is allowed two to three weeks after surgery. You may shower and remove your bandages the second day after surgery. The only bandages that will remain are the white strips that are directly in your skin covering your incisions. These are called steri-strips. They will either fall off on their own or be removed by your surgeon. You don't need to replace or change the gauze or the band-aids. Avoid baths, swimming and hot tubs until authorized by your surgeon.

Incisions

Your incisions are closed with absorbable sutures. It is not unusual for a small amount of blood or fluid to escape from the wounds. Sometimes bruising will occur a few days after surgery. This can be quite dramatic, but is not dangerous. Any unusual pain or redness may indicate infection and should be reported to your surgeon. As a result of the intubation during anesthesia, you may experience a sore throat for 3-5 days.

Medications

You may be given three different medications upon discharge: (1) a pain medication such as Lortab Elixir®. (2) antibiotics (3) Zofran®, for occasional nausea. You will continue most of the routine medications that you were taking prior to surgery. For questions concerning your specific medications, contact your primary care physician. You are to avoid aspirin-type medications such as Motrin®, Ibuprofen®, Aleve® and Advil® as these can cause ulcers. Tylenol® is suitable for minor pain.

Post-op / Follow-Up Visits

You will have two initial post-op appointments. The first appointment will be 2-3 days after your surgery at one of our clinics nearest you (with your surgeon or one of his/her partners). Your second post-op appointment will be WITH your surgeon at any location. After these two appointments, call the office to schedule your first adjustment which will be done 4 weeks after your surgery. Office: 310.273.8927

First appointment: (Date/Time/Location): _____

Second appointment: (Date/Time/Location): _____

What are the possible risks of surgery?

Swelling around the surgical site There is a possibility that you may have swelling that blocks the opening between the upper and lower stomach pouches, making it difficult to swallow after your operation. This is more likely to occur soon after surgery which makes it very important that the patient remains on a clear liquid diet as advised at discharge. The new stomach pouch will only hold approximately 20 ml of volume at a time.

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PHYSICIAN: <<doctor>>

DOS: <<ApptDate>>

LOCATION: <<location>>

For any medical emergency, please call 911

➤ Infection:

❖ If you should experience any of these symptoms please call your surgeon immediately:

- Unusual bleeding
- Purulent or foul smelling discharge
- Excessive pain
- Excessive swelling of or around the incisions
- Increased redness
- Light headedness
- Temperature of 100° F or higher

Physicians Direct Contact:

1. Dr. Michael Sedrak
(310) 743-5599

Surgery Centers:

1. (661) 664-7000 Bakersfield Surgery Institute
2. (909) 248-9140 Orange Grove Surgery Center
3. (510) 713-0700 East Bay ASC
4. (661) 267-1900 Palmdale ASC
5. (661) 753-9000 Valencia ASC
6. (818) 340-0302 Valley Surgical Center
7. (209) 408-8017 San Joaquin VSC

- Nausea and vomiting are the most common complications occurring after the gastric band surgery. They may occur after drinking too fast, or drinking more than the pouch can comfortably hold. It is necessary to learn to eat very slowly and chew foods thoroughly. Notify your physician if frequent vomiting becomes a problem.
- Diarrhea/Constipation Although diarrhea is very uncommon long-term, it may occur for the first two weeks after surgery. Likewise, constipation may be a problem early after surgery. It is usually not necessary to take a laxative unless you have not had a bowel movement within five days after surgery. If constipation occurs, milk of magnesia, prune juice or natural laxatives may be taken. You may also take a psyllium fiber supplement.
- **In rare and extreme circumstances, I understand that the risks involved with surgery and anesthesia may also include the possibility of death.**

I, the undersigned, acknowledge and understand the above postoperative instructions.

Patient or Person Authorized to Sign for Patient _____

Date/Time _____ <<date>> _____ Witness _____

PATIENT NAME: <<last>>, <<first>>

ID # <<patid>>

DOB: <<dob>>

PHYSICIAN: <<doctor>>

DOS: <<ApptDate>>

LOCATION: <<location>>