



## INFORMED CONSENT BARIATRIC SURGERY

Surgical operations to treat morbid obesity include gastric bypass, gastric banding, and diversion procedures. Access to the abdominal cavity can be through standard surgical incisions or via laparoscopy. However, bariatric surgery is only one step in the process of weight reduction, and many other medical disciplines contribute to achieving a good outcome. In the preoperative, surgical, and postoperative phases of treatment, other caregivers play an important role, including:

DIENST ALGEMENE, VAAT-  
EN KINDEERHEELKUNDE

Dr. J. DE LETTER  
Dr. B. DILLEMANS  
Dr. T. FERYN  
Dr. M. LANCKNEUS  
Dr. L. PROOT (diensthoofd)  
Dr. M. VANDELANOTTE

- Nurse consultants
- Dieticians and nutritionists
- Social workers
- Plastic Surgeon

Patient's  
Initials

\_\_\_\_\_ The details of the procedure have been explained to me in terms I understand.

\_\_\_\_\_ Alternative methods and their benefits and disadvantages have been explained to me.

\_\_\_\_\_ I was informed that the international standard for bariatric surgery (USA-NHI, 1991) is a minimum of BMI 35 (with co-morbidity) or BMI 40 (without co-morbidity). If my BMI is lower than this international standard, I nevertheless decide to go for the surgery and take full responsibility for the indication for obesity surgery myself.

\_\_\_\_\_ I understand and accept the most likely risks and complications include but are not limited to:

- abscess formation
- allergic reaction to medications, anaesthetic agents, or solutions used
- anaesthetic complications, sore throat, dizziness, blurred vision, shivering, headache
- blood clots
- blood clots that occur in leg veins may travel to the lungs as pulmonary emboli
- blood vessel injury
- bowel obstruction
- cardiac complications such as cardiac arrhythmias (irregular heart beat) or cardiac arrest (heart attack)
- dehiscence (separation of the wound)
- dehydration
- severe bloating of the stomach; ulcers
- failed procedure (surgery is unsuccessful)
- leaks at the gastric stapling line
- gastric fistula
- haemorrhage from any site but especially within the operative area
- infections, generally at the wound site, but may occur elsewhere
- inflammation
- nerve injury
- injuries to blood vessels (veins, arteries) or abdominal organs during the procedure
- lap-band: band slippage, erosion of the band, deflation, infection of the port site, port leaking or twisting, obstruction of the stomach, stoma blockage, dilation of the oesophagus, pulmonary embolus, does not limit intake of high calorie liquids or sweets; in standard procedure the lap-band is not filled during the surgery, only occasionally in special cases; a first fill is advised at earliest 6 weeks after surgery
- reflux, nausea, vomiting, difficulty swallowing organ injury, especially spleen or diaphragm stomal stenosis
- various respiratory difficulties wound infection
- hernia
- gallstones due to rapid loss of weight in a short period
- intestinal blockage nutritional deficiency inadequate weight loss is a risk of all types of weight loss surgery and treatments osteoporosis
- depression
- death

\_\_\_\_\_ I understand that I will undergo additional counselling related to dietetics, rehabilitation, and other services as deemed necessary by my physicians.

\_\_\_\_\_ I agree with the type of lapband that the doctor/surgeon has chosen to place. This band has to have a CE accreditation.

\_\_\_\_\_ I understand that as a result of my chronic pre-existing medical conditions, I am at great risk for any or all of these complications to occur.

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