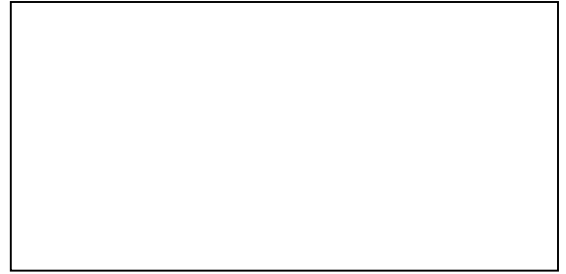


**UNIVERSITY HOSPITALS  
AND CLINICS  
JACKSON, MS**



**CONSENT FOR LAPAROSCOPIC ADJUSTABLE GASTRIC BAND  
(LAP-BAND®)**

**THE LAP-BAND SYSTEM MAY NOT BE RIGHT FOR YOU IF:**

1. You have an inflammatory disease or condition of the gastrointestinal tract, such as ulcers, severe esophagitis, or Crohn's disease.
2. You have severe heart or lung disease that makes you a poor candidate for surgery.
3. You have some other disease that makes you a poor candidate for surgery.
4. You have a problem that could cause bleeding in the esophagus or stomach. This might include esophageal or gastric varices (a dilated vein).
5. You have portal hypertension or cirrhosis (liver disease).
6. Your esophagus, stomach, or intestine is not normal (congenital or acquired). For instance, you might have a narrowed opening.
7. You have or have experienced an intra-operative gastric injury, such as a gastric perforation at or near the location of the intended band placement.
8. You have chronic pancreatitis.
9. You are pregnant. (If you become pregnant after the LAP-BAND System has been placed, the band may need to be deflated. The same is true if you need more nutrition for any other reason, such as becoming seriously ill. In rare cases, removal may be needed.)
10. You are addicted to alcohol or drugs.
11. You are under 18 years of age.
12. You have an infection anywhere in your body or one that could contaminate the surgical area.
13. You are on chronic, long-term steroid treatment.
14. You cannot or do not want to follow the dietary rules that come with this procedure.
15. You might be allergic to materials in the device.
16. You cannot tolerate pain from an implanted device.
17. You often drink milkshakes or other high-calorie liquids.
18. You or someone in your family has an autoimmune connective tissue disease. This might be a disease such as systemic lupus erythematosus or scleroderma.

**(Please see page 2)**

**SOME POSSIBLE COMPLICATIONS DURING SURGERY:**

*Please initial each*

1. Injury to abdominal organs and/or perforations (hole into stomach, esophagus or intestine).
2. Injury to arteries, veins or spleen that may result in excessive bleeding.
3. Irregular heart beat which may result in the heart not beating or pumping properly, or heart attack.
4. Other complications.
5. Need to convert to open procedure.
6. Death.

**SOME POSSIBLE COMPLICATIONS AFTER SURGERY:**

*Please initial each*

1. Blood clots in the leg or elsewhere that could lead to pulmonary embolism (a blood clot that migrates into the heart and/or lungs that can sometimes lead to death).
2. Gastric perforation (a tear in the stomach wall) possibly leading to peritonitis (serious infection and may lead to death).
3. Mild, moderate, to severe nausea and vomiting.
4. Gastroesophageal reflux (regurgitation), dyspepsia (upset stomach), eructation (belching).
5. Band slippage.
6. Pouch dilatation.
7. Stoma obstruction (stomach-band outlet blockage).
8. Band erosion into the stomach.
9. Band system leak.
10. Inflammation (gastritis) or ulcer in the stomach.
11. Esophageal dilatation, dysmotility (poor function) or inflammation (esophagitis).
12. Constipation, diarrhea (frequent semi-solid bowel movements), flatulence (gas).
13. Dysphagia (difficulty swallowing).
14. Small bowel obstruction (blockage of the intestines).
15. Gallstones with or without acute inflammation and/or infection of the gallbladder (may require surgery to remove the gallbladder).
16. An abscess (a collection of pus) within the abdomen.
17. Pneumonia (infection of the lung).
18. Inflammation of the veins.
19. Wound dehiscence (opening up of the surgical wound) or hernia in the incision.
20. Collection of blood, fluid or pus in the wound.
21. Infection of the access port.
22. Problems with the access port such as leakage, twisting or displacement.
23. Bezoar obstruction (food particles causing blockage of the stomach).
24. Psychological changes and depression.
25. Negative effects of new, smaller body image on spouse, family and friend relationships.
26. Irregular heart beats/see above.
27. Redundant (excess) skin.
28. Pancreatitis (inflammation of the pancreas).
29. Other complications.
30. **Many of the above complications could require re-operation and band removal.**
31. Death.

**(Please see page 3)**

**OTHER NUTRITIONAL COMPLICATIONS AFTER SURGERY:**

*Please initial each*

1. Anorexia (lack or loss of appetite).
2. Hypoglycemia (Low sugar levels in the blood).
3. Protein malnutrition.
4. Vitamin deficiencies.
5. Trace elements deficiencies.
6. Partial hair loss (which is usually temporary).
7. Brittle nails
8. Skin rashes.
9. Peripheral neuropathy (nerve tissue malfunction).
10. Central neuropathy (nerve tissue malfunction).
11. Paresthesia (abnormal sensation of burning, prickly, or tingling).
12. Permanent alteration of dietary and bowel habits.
13. Dehydration.
14. Asthenia (fatigue)
15. Dysmenorrhea (difficult periods)
16. Hypochromic anemia (low oxygen carrying part of blood)
17. Edema (swelling).
18. Weight regain.
19. Other.

**REQUIREMENTS FOR SUCCESS:**

*Please initial each*

1. I agree to participate in the University of Mississippi's Obesity program,
2. I agree to adhere to the rigorous and close short and long-term follow-up that is essential and required for successful weight loss,
3. I agree to have the necessary adjustments as recommended by my surgeon to change the stoma size (by accessing the subcutaneous port with a needle),
4. I will participate in the University of Mississippi's support group (or another support group if cleared by my surgeon),
5. I agree to follow in the prescribed dietary regimen,
6. Once cleared by my physician, I agree to participate in a regular exercise program.

**FOR FEMALE PATIENTS:**

*Please initial*

I understand that after Lap-Band surgery my body may be unable to support a healthy pregnancy for a period of two (2) years. Further I realize that becoming pregnant during this period after surgery could cause serious harm to my health. I pledge that I will take the proper precautions to prevent becoming pregnant. I also pledge to seek the advice of a physician should I have any questions as to the proper precautions in prevention of pregnancy. After the initial two-year period, I will seek the advice of a physician prior to stopping preventive measures and possibly becoming pregnant; if I were to become pregnant, I will follow-up with a surgeon in order to remove the fluid and the restriction from the LapBand.

**(Please see page 4)**

MR #: \_\_\_\_\_

I, \_\_\_\_\_ request that Dr. \_\_\_\_\_ and his associates, technical assistants and health care providers perform laparoscopic adjustable gastric band (Lap-Band) insertion on me for the treatment of morbid obesity and its associated illnesses.

I understand the operation will reduce the amount the stomach will hold by making a small pouch no larger than one (1) ounce. This is accomplished by placing a silicone ring around the upper part of my stomach, filled with saline on the inner surface. This creates a new small stomach pouch above the band, which can hold only a small amount of food so the food storage area in the stomach is reduced and leaves the larger part of the stomach below the band. The band also controls the stoma (stomach outlet) between the two parts of the stomach. The size of the stoma regulates the flow of the food from the upper to the lower part of the stomach and requires frequent adjustments tailored to my situation during follow-up. **I may not lose any weight unless these adjustments are performed.**

I understand there may be significant risks. These include death in less than 0.5 percent of patients, and possible failure to lose weight. Successful patients will lose, on the average, about 50-60% of their preoperative excess weight over a period of 2-3 years.

I have read and understand the information booklet entitled "Bariatric Surgery" and have viewed the videotape entitled "The Facts About Weight Loss Surgery". I have had the opportunity to discuss with my surgeon any questions I have and those questions have been adequately addressed.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_