

## Weight Loss Surgery Consent

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I, \_\_\_\_\_ hereby confirm that I have read and understood the booklet: Weight Loss Surgery Information Book.

My surgeon informed me about the technical aspect of the **proposed weight loss surgery** with the help of diagrams. I understand that this operation provides me only with a tool to lose weight and is not an easy fix. I will have to adhere to the diet recommendations and increase my level of physical activity. I understand that there is at least a 20% chance for failure to lose weight or for weight gain.

I understand that the operation will create a small stomach pouch. My meals will be small; I will have to eat slowly. Vomiting and nausea are frequent and may occur even months after the operation. Should I over-eat, I may over-stretch the stomach pouch and ruin the effect of the operation.

I understand that I will be in the hospital until my surgeon deems it is indicated to go home. I understand that x-rays in the hospital may not be possible due to my weight and this will make my treatment more difficult. I will follow the recommendations for follow-up visits in the office, with the dietitian, and with the support group. I understand, that I need to take the recommended Vitamins and nutrients, otherwise I may develop life-threatening conditions. I agree that my care after the operation may be performed by other surgeons who are not my primary surgeon, but cover during times that my surgeon needs to be away.

I understand that the operation has many potential risks, complications and side effects, which my surgeon explained to me. I understand that these include, but are not limited to: bleeding, infection, injury to any organs/artery/nerve/vein/nerves, leakage at the bowel-to-stomach connections or bowel-to-bowel connection, necessity for further surgery, drain or tube insertion, intensive care unit stay, artificial nutrition; blood clots, bowel blockage/kinking, too much scar tissue build-up at the bowel-to-stomach connection with necessity for endoscopies to stretch this, heart/lung/kidney/gallbladder or other complications, death, wound infection, hernia, hair loss, lactose intolerance, insufficient uptake of nutrients into the body, kidney stones, osteoporosis, diarrhea, low blood sugar, stomach ulcer, dumping syndrome, chronic pain, psychological problems, and further operations.

I had sufficient time to read this document. My surgeon answered all of my questions sufficiently. He explained all other treatment options including no treatment. After consideration of all pros and cons I consent to the weight loss operation.

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SIGNATURE

DATE