

REQUEST FOR GASTRIC BANDING

I, (Print Name) _____ request that I be treated by the Innova Surgical Weight Loss Program for morbid obesity. I understand the operation will reduce the amount my stomach will hold by making a small pouch with very limited capacity. This will be accomplished by dividing the stomach into a very small upper pouch leaving the remaining stomach intact. This is by placing a gastric band at the upper portion of the stomach. The intestine will also remain intact. I understand there may be significant risks. These include death in less than 1% of patients, and possible failure to lose weight. In addition, early complications may include:

- Perforation into the stomach
- Access port leaking or twisting
- May not provide necessary feeling of satisfaction that one has had enough to eat.
- May require follow-up operations to correct complications (hernia, obstruction, port flipping, band slippage, leak)
- Inadequate intake of calcium, vitamins, and B12
- Band slippage or migration
- Chronic nausea, vomiting and abdominal pain requiring readmissions into the hospital
- Post-surgical complications such as
 - infection
 - leak
 - atelectasis
 - pneumonia
 - bleeding
 - blood clots
- Outlet obstruction
- Pouch dilatation

Successful patients will lose about 55-75% of their excess weight on the average. If I have high blood pressure or diabetes, the operation, if successful, will likely make these less severe. After the operation, I will have to stay on a special diet and take daily vitamin and mineral supplements for the rest of my life. I can try most foods, but may have difficulty eating many foods for a time. I will never be able to eat large portions again. I should never drink sweetened liquids again. I agree to return for follow-up as necessary and recommended by my surgeon even though this obviously will entail some additional time and expense. I agree to keep **Innova Surgical Weight Loss Program** informed of my status over the years.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____