

REQUEST FOR GASTRIC BYPASS

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 and a lower bypassed remainder. The intestine will be divided and connected to the small upper pouch. The portion of the intestine draining the bile and pancreatic juice will be connected several feet below the stomach. I understand there may be significant risks. These include death in about 0.5 -2% of patients, and possible failure to lose weight. In addition, early complications may include:

- 1-2% risk of leak
- 5-10% risk of ulcers and strictures at the “hook-up”
- Dumping syndrome – caused by stomach contents moving too rapidly through the small intestine.
- May require follow-up operations to correct complications (hernia, obstruction, port flipping, band slippage, leak)
- Need to have your gallbladder removed
- Chronic nausea, vomiting and abdominal pain requiring readmissions into the hospital
- Post-surgical complications such as
 - infection
 - leak
 - atelectasis
 - pneumonia
 - bleeding
 - blood clots
- May develop nutritional deficiencies such as anemia, osteoporosis, and metabolic bone disease. These deficiencies can be avoided if lifelong vitamin and mineral intake are maintained
- Hair loss and excess skin due to rapid weight loss

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 long 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 **the Innova Surgical Weight Loss Program** informed of my status over the years.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____