



Charles J. Aramburo, MD · Joey M. Bluhm, MD
Kelley S. Dempsey, MD · Buckminster J. Farrow, MD
John D. Fisher, MD · Robert M. Hillery, MD
Liz Lee, MD · Thomas Wylie Moore, MD
Guillermo Ponce de Leon, MD · Michael Todd Wood, MD

Certification of Consent to Laparoscopic Lap Band Placement

Charles Aramburo, M.D. **Guillermo Ponce de Leon, M.D.** **M. Todd Wood, M.D.**

You have made the decision to undergo Laparoscopic Lap Band Placement to assist in the management of your weight. During the last several weeks, in preparation for this surgery, you reviewed complete and detailed materials and information about the operation including the potential benefits, risks, possible complications, costs as well as the other options and procedures available for control of your weight. The purpose of this consent is to confirm and document your decision based upon your knowledge and understanding of Laparoscopic Lap Band placement.

Please read the following information carefully. If it does not completely agree with your understanding, you may request to speak further with your surgeon. You may also change your mind about the operation. The Lap Band System includes an adjustable silicone elastomer band that is surgically placed around the stomach. The band is designed to restrict the size of the stomach thereby limiting food intake. When you eat less food your body draws on its own fat reserves to get the energy it needs. The result is you lose weight.

There are many operations available for morbidly obese patients including stomach stapling (gastroplasty), putting a band around the stomach (gastric banding), cutting certain nerves to the stomach (vagus nerves), teeth wiring, balloon in the stomach, laparoscopic gastric bypass, etc. and continuing to try to lose weight by dieting and not having surgery is also possible.

Many patients have done well, but there is no guarantee of any benefit from this surgery. For each potential benefit, such as improvements in diabetes, high blood pressure or less back pain, there have been failures. Some obese patients have problems with breathing while they sleep. The breathing problems may not always get better after losing weight.

It is hoped that the weight loss one year after surgery will be at least 1/3 or 1/2 of the patient's excess body weight, but some don't lose weight or they may gain their weight back afterwards. While obesity surgery usually works, it only helps with weight loss and is not "magic" or guaranteed. The patient must cooperate and make changes in lifestyle with regular small meals for life, cut out snacks, drink almost all non-calorie liquids, eat slowly and make other changes in eating and drinking habits.

The Operation:

The Lap Band System is usually placed laparoscopically. Laparoscopic surgery requires general anesthesia. The surgeon makes several small incisions in the abdominal wall and inserts several hollow tubes. Surgical instruments are then passed through the tubes. The surgeon can see inside the abdomen by using a small camera that also goes through the tubes. The picture the camera takes is shown on a monitor that is like a TV screen. This technique is called "laparoscopy" and is considered "minimally invasive."

A small tunnel is made behind the top of the stomach, and then the band is pulled around the stomach to form a ring. The band has a locking part that securely holds the band in a circle around the stomach. Sometimes, for a variety of reasons, the surgeon may need to make a larger incision to place the Lap Band System.

Any surgical procedure requires the acceptance of some risk, in order to gain the benefits sought from the operation. The complications of this surgery include the risks of anesthesia, which are greater in the morbidly obese patients. In addition, heart disease, diabetes, high blood pressure and prior abdominal surgery, especially prior surgery on the stomach, increases the risk of surgery.

Changes in taste and food preferences often occur. Many patients have difficulties eating certain foods such as red meats which they may have liked before surgery. Sometimes after surgery, certain cravings for some foods may occur in some patients.

Problems likely to occur at and around the time of surgery include bleeding and infection. Injury to the spleen may occur requiring its removal. Injury to the liver, perforation of the stomach or esophagus may occur. Pneumonia or lung collapse can occur. Blood clots in the lower limbs, pelvis or elsewhere in the body can form and travel to the lungs, causing difficulties with breathing or even death. These clots can also result in temporary or permanent swelling or ulceration, especially of the legs. Psychiatric problems such as depression requiring psychiatric care and admission to a psychiatric ward, and even death are all possible as a result of surgery. Across the United States, approximately 1 in 200 patients dies after obesity surgery.

Vomiting or diarrhea can frequently occur after this type of surgery and may make it a problem to eat certain types or quantities of food. This can be, in once sense, a benefit of this surgery, because it prevents eating or drinking of certain food(s) for fear of diarrhea or vomiting.

The following problems can occur that are directly related to the Lap Band System:

- The band can spontaneously deflate because of leakage from the band, the reservoir or the tubing that connects them
- The band can slip.
- Port may flip.
- There can be stomach slippage.
- The stomach pouch can enlarge.
- The stoma (stomach outlet) can be blocked.
- The band can erode into the stomach causing infection.
- The band or the port may need to be removed, repositioned, or revised due to any of the above complications.

Re-operation may be necessary, and no patient should have obesity surgery performed who is not prepared to accept the need for re-operation if it should become necessary.

With weight loss, the skin on the arms, legs, neck, abdomen, face and elsewhere may become wrinkled, sag, droop or hang as large folds. It may become quite annoying, embarrassing or develop rashes or infections and odors. As a result, the patient may feel a need for further surgery. If this happens, your surgeon will be available to discuss this and any other matter.

Statement of Consent:

I hereby authorize the surgeon noted above, and any associates or assistants of his choice to perform upon me Lap Band Bariatric Surgery.

I recognize that during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those explained. I, therefore, further authorize and request my surgeon and any associates or assistants of his choice perform such procedures as are, in their professional judgment, necessary and desirable for my well being. I further consent to the administration of such anesthesia as may be necessary or appropriate for such procedures.

I understand that the proposed care may involve risks and possibilities of complications, and that certain complications have been known to follow Lap Band Bariatric Surgery to which I am consenting even when the utmost care, judgment and skill are used. I acknowledge that no guarantees have been made to me as to the results of the procedure, nor are there any guarantees against unfavorable results.

I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of such care and acknowledge that the physicians involved have explained my condition, the proposed health care, and alternative forms of treatment in a satisfactorily manner.

The basic procedures of Lap Band Bariatric Surgery, the advantage, disadvantages, risks, possible complications, and alternative treatments have been explained and discussed with me by my surgeon. Although it is impossible for my surgeon to inform me of every possible complication that may occur, my surgeon has answered all my questions to my satisfaction.

In signing this consent form, I am stating I have read this form (or it has been read to me), and I fully understand it and the possible risks, complications and benefits that can result from Lap Band Bariatric Surgery. I also acknowledge that the doctor has addressed all of my concerns regarding the Lap Band Bariatric Surgery. I also acknowledge my agreement and promise to keep my surgeon informed of my address and phone number.

Patient Signature _____

Printed Name _____

Date _____

Memorial Hermann Sugar Land Location:	17510 W. Grand Parkway S., Suite 490 · Sugar Land, Texas 77479 · 281.342.8932
Methodist Sugar Land Location:	16651 Southwest Freeway, Suite 360 · Sugar Land, Texas 77479 · 281.491.6200
Memorial Hermann Southwest Location:	7737 Southwest Freeway, Suite 100 · Houston, Texas · 713.772.1200
Memorial Hermann Katy Location:	23920 Katy Freeway, Suite 560A · Katy, Texas · 281.693.3500
Central Business Office:	10101 Southwest Freeway, Suite 105 · Houston, Texas · 713.255.6300