

**Bariatric Surgery Informed Consent Addendum
Laparoscopic Adjustable Gastric Band Placement**

Robert A. Catania, MD, FACS

In addition to the standard Informed Consent Form, I ask my patients to initial beside each of the specific surgical risks that were presented today during the informed consent discussion. This is to insure that you have had all of your questions answered and that you understand all of the risks of surgery before your operation.

Laparoscopic Adjustable Gastric Banding is an extremely effective tool in the management of morbid obesity and its associated comorbid conditions. Despite the precautions that are taken to safely perform this procedure, the following risks exist:

- Bleeding
- Infection
- Pneumonia
- Deep Venous Thrombosis
- Pulmonary Embolism
- Heart Attack
- Death
- Blood Transfusion and associated risks
- Prolonged Hospitalization
- Conversion to Open Procedure
- Laparoscopic Risks
- Bowel/Adjacent Organ Injury
- Need for Additional Surgery
- Hernia
- Band Slippage
- Band Erosion
- Port Complications (Infection, Leak, Migration)
- Need for Adjustments
- Minimal Weight Loss/Weight Gain
- Excessive Weight Loss
- Chronic Vomiting
- Malnutrition
- Vitamin or Mineral Deficiency
- Hair Loss
- Pregnancy Complications
- Unlisted Complications

I understand that this operation requires life long follow-up care. I further understand that for optimal results I will require band adjustments at a regular interval for the remainder of my life.

I understand that I am personally responsible for compliance with the recommendations and instructions of the bariatric weight loss team, and that failure to

follow these recommendations and instructions can result in poor outcomes and potentially non-reversible long term complications.

____ I certify that I am not using tobacco products, and commit to living a tobacco free life.

____ I have been advised that I should not become pregnant within two years of my operation, and that I have discussed birth control options with my primary care physician or gynecologist.

____ I am confident that I understand the surgical procedure that I am about to undergo, and that I have had all of my questions answered to my satisfaction.

Robert A. Catania, MD Date

Patient Date