



# **Patient Education Manual**

## **Lap Band**

### **Obesity, an American Epidemic**

Currently the most accepted classification of weight status is based on Body Mass Index (BMI), defined as weight (in kg) divided by height (in m). This classification helps identify the patients who are at increased risk for obesity-related medical complications. Men and women who have a BMI between 25 and 29.9 are considered overweight, and have higher risk of medical complications than lean persons. Men and women who have a BMI between 30 and 39.9 are considered obese, and are at higher risk than overweight. Those with a BMI of 40 or more are considered morbidly obese, and have the highest risk of medical complications. Of course, the preferred method of weight loss is through proper diet and exercise; however, when that fails, there are surgical options available.

Obesity is now recognized as an American epidemic, and its prevalence continues to rise in many industrialized countries. It is estimated that there are 500 million overweight, and 250 million obese adults in the world. Currently, approximately 61% of adults (aged 20-47 yrs) in the United States are overweight or obese, according to the National Center for Health Statistics. Numerous studies demonstrate the increased morbidity and mortality of this disease. These patients are at such greatly increased risk of death and disability that there is uniform agreement that these patients should consider surgery as the treatment for their obesity. (See the NIH Consensus Conference Report for more details).

### **Surgery for Obesity**

Although many studies document the value of surgery for obesity, there remain many physicians and surgeons who are averse to the idea of surgical treatment for these patients. The operations previously available for the treatment of obesity have been shown to have very serious associated problems and complications. A critically ill, severely obese patient taxes the limits of any hospital. Thus, while it has been generally agreed that operations can and should be offered to the severely obese, there is also clearly room for improvement in the surgical treatment of obesity.

# The Laparoscopic Revolution

The laparoscopic revolution is affecting many areas of surgery. In each of the areas in which it has been adopted, laparoscopic surgery has resulted in decreased patient hospital stay, decreased pain, decreased complication rates and shorter time to return to work. In every case, from cholecystectomy, splenectomy to hernia repair, a start-up period has been required to adapt the past open techniques and tools to the laparoscopic approach.

## What is the LAP-BAND System?

The LAP-BAND System (INAMED Health, Santa Barbara, CA) is the safest, least invasive, and only adjustable surgical treatment for morbid obesity in the United States. It induces weight loss by reducing the capacity of the stomach, thereby restricting the amount of food that can be consumed at one time.

- **Safest and Least Invasive Obesity Surgery**

Like a wrist-watch, the band is fastened around the upper stomach to create a new, tiny stomach pouch. As a result, patients experience an earlier sensation of fullness and are satisfied with smaller amounts of food. Since there is no cutting, stapling, or stomach re-routing involved in the LAP-BAND System procedure, it is considered the least traumatic of all weight loss surgeries. The surgeon makes several tiny incisions, and uses long, slender instruments to implant the device. By avoiding the large incision of open surgery, patients generally experience less pain and scarring. Mortality risk with the LAP-BAND System is also significantly lower than with other obesity surgery procedures\*, as is the risk of nutritional deficiencies associated with the gastric bypass. In addition, the hospital stay after LAP-BAND surgery is shortened to less than 24 hours, including overnight hospitalization. Patients can typically resume normal activities within 1 week, which is quicker than with other surgical alternatives.

- **Adjustable Treatment**

The LAP-BAND System is an adjustable silicone band with an inflatable inner surface. It is connected to an access port below the skin surface by thin, kink-resistant silicone tubing. The port allows the surgeon to adjust the size of the LAP-BAND System to meet individual patient weight loss needs by adding or removing saline to inflate or deflate the band. This impacts the amount and consumption rate of food. Adjustments to the band, which are performed during simple outpatient visits, are determined by the patient's weight loss, the amount of food that can be comfortably eaten, the exercise regimen, and other issues surrounding the patient's health, as well as the amount of fluid already in the patient's

band.

- **Reversible Procedure**

Because no permanent changes are made to the body's physiology, the procedure can essentially be reversed. If necessary, all of the system components can be removed from the body with no damage to the digestive organs. The stomach will generally return to its original form and capacity once the band is removed.

- **Living with the LAP-BAND**

The effectiveness of the LAP-BAND System depends on the success of the surgical procedure and the ability of the patient to change his or her diet and eating behavior. Clinicians offering the LAP-BAND System treatment have committed to being able to provide long-term care for their patients, including dietary, behavior-modification, and counseling support. After surgery, LAP-BAND System patients must maintain scheduled follow-up visits. Follow-up may require four or more visits during the first year and include a review of the patient's progress and discussion of any concerns or problems that are pertinent at that time.

Patients are encouraged to eat a balanced diet and to avoid the problematic eating patterns of their pre-surgery lifestyle. The restrictive effect of the band produces feelings of early satiety and longer-lasting fullness. This reinforces the patient's ability to be content with smaller meals when solid food is eaten and well chewed. At the appropriate time, patients are encouraged to increase physical activity and exercise, which is very important to weight loss, good health, and improved quality of life.

- **LAP-BAND System is FDA-Approved**

To date, hundreds of thousands patients worldwide have undergone the LAP-BAND System procedure. Since the Food and Drug Administration's approval of the LAP-BAND System in June 2001, interest in and use of the LAP-BAND System have been rapidly growing in the U.S. In line with its FDA-approved guidelines for indications, the LAP-BAND System is intended for people who are morbidly obese—those who are at least 100 pounds overweight or who are at least twice their ideal body weight. The term "morbidly" connotes the fact that individuals who carry this much excess weight face an increased risk of developing a number of serious health conditions, including diabetes, high blood pressure, cardiovascular disease, cancer, and osteoarthritis.

\*Executive Summary: Laparoscopic adjustable gastric banding for the treatment of obesity (Update and Re-appraisal). The Australian Safety and Efficacy Register of New Interventional Procedures - Surgical (ASERNIPS) 2002: 1. (LAP-BAND mortality rate is about 0.05% vs. gastric bypass mortality rate of about 0.5%)

For more information about the LAP-BAND or to find out if you or someone you know can benefit from this procedure, please visit [www.lap-band.com](http://www.lap-band.com) or call 877-LAP-BAND.

## **Relief of Associated Medical Illness**

Medical illness is common in patients prior to surgery: 23% are diabetic, 36% have sleep apnea, 49% have hypertension, 57% suffer from incontinence and 79% have arthritis. As reported in most journals of weight loss surgery, resolution of the obesity associated medical illnesses was over 70 - 90% in all cases.

## **Criteria for patient selection**

1. Minimum age of 18 yrs. , Maximum age of 65 yrs.
2. No history of psychosis
3. BMI of 40 or greater, if BMI is less than 40 the patient must have severe co-morbid conditions.
4. Failure of non-surgical attempts at weight reduction.
5. Absence of alcohol and drug abuse.
6. Commitment to post operative follow-up
7. 8 week smoking cessation

## **Your Diet**

### DAY ONE:

Clear liquids only (liquids you could see through), broth, Jell-O, apple juice, tea or popsicles. There

are also clear protein drinks – Ultra Cal Liquid (Mead Johnson), Isopure (GNC store – raspberry, punch, or orange, has 0 carbs and whey protein), and Enlive (Ross – 10g of protein per 8 oz).

It is common to have post-op edema around the band as a result of surgery. Do not be alarmed if you are unable to tolerate or swallow liquids easily. If this occurs, Dr. Allam will keep you NPO (nothing by mouth) and well hydrated intravenously till the swelling subsides.

Excessive burping and saliva build-up may also be indicative of possible swelling at the area of the Band causing obstruction, please notify Dr. Allam.

### FIRST TWO WEEKS:

Transition to liquid diet including skim milk and tomato juice (a good source of protein and can be tolerated by LAP-BAND patients). Continue with full liquids such as creamed soups and yogurt including a “protein shake” (Ensure Light, Boost, Instant Carnation Breakfast) at least twice a day.

It is a good idea to try different protein drinks before surgery to see which you patient prefer. Chances are if you like it before, you would like and drink it following the surgery. You can also experiment and make your own “protein drinks.”

You can at this time consume sugared drinks like fruit juices; however, we must emphasize how caloric they tend to be.

### TWO TO FOUR WEEKS

Pureed or blended foods (for example, baby food, applesauce, yogurt, creamed soups, cooked cream of wheat, farina, cream of rice, pudding). You can puree the following foods with skim/soy milk or broth:

- Vegetables
- Meats
- Casseroles

We emphasize that patients who eat solid food too soon run the risk of dislocating the band, thereby developing an enlarged upper gastric pouch.

### Transitional Period to Solid Food on or about the FIFTH WEEK:

Regular diet until first scheduled adjustment (if the patient is losing weight, 1 – 2 lbs/week, there is no need to adjust).

“Sugar-free” products are OK to use now and are encouraged.

You will be eating ½ cup of food at a time or 1 ounce – 1 ½ ounces by the 5<sup>th</sup> week.

Beware: the majority of patients will find it difficult, if not impossible, to eat whole chunks of meat, although ground beef is generally tolerated if well chewed.

We emphasize that food must be chewed well and that it is important to make good food choices (to avoid patients’ losing their hair, etc., due to lack of protein).

Alcohol has a lot of calories, but an occasional glass of wine or other alcoholic beverage is not harmful to weight loss. One expert surgeon has experienced that those who drink a glass of wine in the evening have better weight-loss results than those who don’t drink at all (Dixon J. et al. Light to Moderate Alcohol Consumption: Obesity and the Metabolic Syndrome. *Am J Bariatric Medicine* 2002; 17(4): 11-14.)

Rules of thumb:

- Stay away from carbonated or citrus drinks to decrease nausea – “sugared” drinks are OK for a source of carbohydrates at this time.
- No foods that are “doughy” or “sticky” - like soft white bread, coconut, potato chips, popcorn, or dried fruits - they could obstruct the band.
- Very fibrous foods such as broccoli, asparagus, celery, artichokes, pineapple, and rhubarb could also obstruct the band if not overcooked and cut into small pieces.
- Food that is difficult to digest includes nuts, almonds, and peanuts.
- Caffeinated drinks are not usually an issue.
- Drink lots of water (48 oz – 64 oz/day). Avoid gulping water, sip small amounts slowly and gradually through a straw. You may find that cold water tastes better than lukewarm.
- Do not drink while you eat, or within an hour before and after eating.
- We emphasize that if the patient overeats during his or her immediate post-operative phase, they will vomit and increase the risk of having the stomach tissue slip up through the band.

TEN IMPORTANT RULES FOR PATIENTS TO BE AWARE OF:

1. Eat only 3 small meals a day.
2. Eat slowly and chew thoroughly. (15 – 20 times a bite)
3. Stop eating as soon as you feel full.
4. Do not drink while eating.
5. Do not eat between meals.

6. Eat only good quality food. Solid food is more important than liquid food. In fact, the LAP-BAND will have no effect if you only consume liquid food as it will pass right through.
7. Avoid fibrous food (asparagus, pineapple, rhubarb, broccoli, artichokes, celery), as it may not digest well. Dried fruits are likely to swell and get stuck in the new opening of the stomach. Doughy or sticky foods like white bread, popcorn, and coconut can also obstruct the LAP-BAND.
8. Drink at least 6 – 8 glasses of water per day.
9. Drink only low-calorie or zero-calorie liquids.
10. Exercise daily.

#### REGARDING VITAMINS AND DIABETIC MEDICATIONS:

Because you will be eating smaller amounts of food, and the possibility of making poor food choices, it may be necessary for you to take a multivitamin and extra calcium daily to ensure you are getting an adequate amount of vitamins and minerals in your diet. Any chewable or liquid multivitamin (adult dose) supplement that you choose is OK. Women who are menstruating should take a multivitamin with iron in it. All patients need to take 1500 mg of calcium daily as well. Older women may need additional calcium as they approach menopause.

Patients should continue to take their prescribed medications, though they will need to make sure that all medications are in liquid form unless approved by their surgeon and physician. Another option is to cut or grind pills.

If the patient is diabetic and taking insulin or hypoglycemic medication, work with their primary care physician to monitor dosage during weight loss – dosage amounts may vary. The patient should continue to monitor blood sugar levels at home as usual.

## **Discharge Instructions**

### **I. Remember you can always come back.**

✂ If any problem arises at any time, we stand ready to do everything possible to try and fix it. If you are having any problems at all, please, call and let us know so that we may help.

## **II. Call at any time to speak with Dr. Allam.**

If you develop a problem or have questions, you can call the doctor at any time.

## **III. Discharge Medicines**

**Warning:** Please do not take any medicines other than those prescribed unless you discuss them with Dr. Allam first. You will be given prescriptions for the medications listed below unless they are available over the counter.

**Remember: It is very important that you plan on taking proper amount of multivitamins for the rest of your life after Bariatric Surgery.**

**Pain medications:** you will be given prescription for pain medications prior to leaving the hospital. The type and dosage will vary depending on you condition and the amount of pain you have. If your pain gets worse call Dr. Allam.

## **VI. Activity**

You may have heard after other types of surgery that you should beware of vigorous exercise or heavy lifting after surgery. This is not the case with laparoscopic surgery. Vigorous exercise can be started immediately after surgery if you wish. You do not have to start exercising immediately after surgery, but you can if you want to. Exercise does not put your stomach pouch at risk. Walking soon after operation is very helpful in your recovery. You can start water aerobics or swimming within seven days after operation. Weight lifting and sit-ups are fine and are encouraged. Take it easy if your have not done this type of exercise before.

Your white "TED" hose are elastic stockings designed to compress the veins in your legs and help protect you from Deep Vein Thrombosis (clots in your legs) and from Pulmonary Embolus (clots going to your lungs.) You should continue to wear you stockings after you go home until you are back to normal levels of activity.

## **VII Bandages and Wounds**

Try to get the tape and bandages off of your wounds as soon as possible. The tape can pull the skin and scar and damage your skin. If your bandages get wet or stained, then you should change or remove them. BRUISING OR BLEEDING is common after surgery. Bandages often become stained with blood on the day of surgery. And later if the wound bleeds during the first 24 hours after surgery, press on the area with a clean gauze pad, tissue, or cloth for 10 minutes. Bruising often worsens several days after surgery. Bruising or bleeding is usually not a source for concern unless accompanied by steady foul smelling drainage, worsening pain, tenderness, redness or progressive swelling. You may shower

or wash the incision gently with mild, unscented soap. Between baths, keep the wound dry with a bandage for the first 2 to 3 days after surgery. If a bandage gets wet, change it as soon as convenient. After the first 3 days you can leave the wounds open to air or cover them with a band-aid type bandage if you like.

## **VIII. Showering After Surgery**

It is OK to shower and get your incision wet 3-4 days after the operation but do not soak in a bathtub for a week or 10 days. If the incision becomes red or starts to drain, you should immediately contact your Dr. Allam.

## **IX. Future Appointments**

You should call for appointment with Dr. Allam within one to two weeks of surgery. However, if you feel that you need to see the doctor earlier, you can call the office and arrangement will be made.

## **X. What you should expect after you leave the hospital**

**You should be alert and oriented.** You should understand what day it is, where you are and what is going on around you. In summary you should feel that you are almost back to normal.

**You should be able to stand, walk and move about steadily** and without dizziness or lightheadedness. You should be up and walking very often during the day. You should not have undue amounts of pain. You should be able, and encouraged, to go up and down steps and to be reasonably active during the day and to be able sleep well at night. It is recommended that you alternate periods of rest and activity. You may do normal daily activities, light housework, and walking as tolerated. You will tire more easily for a while after surgery, but gradually the periods of activity will get longer before you need to rest.

**You should NOT have high fevers,** night sweats or shaking chills at home. Your temperature should be less than 101.5.

**You should be able to breathe comfortably** without pain or shortness of breath. You should not be coughing up sputum or blood. You are encouraged to breathe deeply, to cough and clear your lungs to open the lungs and help them recover from the operation.

**You should be able to drink fluids without nausea or vomiting.** Remember you have a new and very small stomach. Drink slowly and drink only a small amount at one time. Sip your juices. Don't rush it. Sometimes it may help to dilute your juices with water: half and half.

**You may have diarrhea** for several days after the surgery. This can be severe for a few days, and if you are not near a bathroom, can lead to accidents in some cases. In every patient, so far, this problem has resolved in the first week or 10 days following the operation as the body begins to adjust to the new diet.

**You may have constipation:** The diet change after surgery, medications and other factors can lead to constipation after the operation. Usually this resolves in the first week after the operation. If you are having problems call Dr. Allam, he may ask that you stop some of your medications or to take a small dose of Milk of Magnesia.

**You should be able to pass your urine without difficulty.** You should not have burning pain, bleeding, urgency, or hesitancy when you pass your urine.

**You may have some clear or bloody drainage from the wounds.** If you do, you can change your bandages whenever necessary. The drainage should not be purulent or foul smelling. There may be some bruising around the port site wounds but they should not turn red or swell or become more painful.

**You can take a shower.** Treat the wounds with care, but they can get wet. You can cover them with a Band-Aid, if you wish.

## **XI CAUTIONS - "What to Look Out For":**

**Nausea:** Nausea is common for the first several days after surgery. In unusual cases, the nausea can be so severe that prevent patients from taking in an adequate amount of liquids. If this happens, you need to come back to the hospital to receive intravenous fluids. In rare cases, this can last as long as several weeks. For nausea that occurs in the first days after surgery medications such as the Scopalamine patch, Phenergan, and Benadryl are often helpful.

**Infection:** Watch for signs and symptoms of infection. These are: a rapid pulse rate of over 100 beats per minute that does not slow down, a fever greater than 101.5 degrees, chills, increased redness or pus draining from the incision sites. Look for increasing abdominal pain, nausea, vomiting, or shortness of breath. If you experience any of these, please CALL Dr. Allam immediately.

**Depression:** Experience has shown us that in the period of stress, starvation, and weight loss that occurs following Bariatric surgery, mild to severe depression is common. You and your family should look for the signs of depression: Persistent sad, anxious, or "empty" mood, loss of interest or pleasure in activities, including sex, restlessness, irritability, or excessive crying, feelings of guilt, worthlessness, helplessness, hopelessness, sleeping too much or too little, early-morning awakening, decreased energy, fatigue, feeling "slowed down", thoughts of death or suicide, difficulty concentrating, remembering, or making decisions, persistent physical symptoms that do not respond to usual treatment. Effective drug and psychological treatments for depression are available. With treatment, patients can improve and return to normal quickly. Unfortunately, most depressed persons do not recognize their depression. You and your family need to be aware of the risk of depression in the recovery period and if present we need to discuss possible treatment.

**Do Not Drive** for one week or until you are completely back to normal.

**NO SMOKING!** I know you've heard this before, but it really is an important part of your recovery. Smoking causes narrowing of your blood vessels that in turn decreases circulation. If you smoke you will need to stop as soon as possible. Ask your doctor for information on smoking cessation drugs and programs. (Smokers require more anesthesia to keep them from coughing during surgery) You must stop smoking for 8 weeks prior to surgery.

## XIII. Follow Up

Every month you will need to make an appointment to see Dr. Allam. The doctor may request that you be seen earlier than that. As your progress pattern is established, you will be seen less often. You will have to make appointment with your primary care physician, psychiatrist, and nutritionist within one month of surgery and regularly thereafter.

## Patient Letter

One of the most important efforts of the preoperative preparation of patients for the Lap Band is an education about the risks and benefits of the operation

It's extremely important that you understand the surgery before you undergo it... as well as your alternatives. If you have to rethink the surgery, its potential complication and its alternatives once or twice... that's not so bad, as the surgery you are undertaken is life changing and potentially life threatening (as is any surgery). Sure, you've thought about it a million times in your mind, but writing it out... that takes a bit more thought. My advice as to writing... pretend you are talking to your best friend... assume s/he is asking you the questions... make your letter your answer to your friend.

The letter requirement is based upon educational research showing that retention of information is improved by asking the learner to think about and write down the information. Patients who are not able to understand enough to write a letter detailing the risks and benefits of the operation will be poor candidates for Laparoscopic Gastric Bypass.

### Required Letter Contents:

Understanding of the Risks of Obesity

Understanding of Morbid \ Clinically Severe Obesity

Understanding Why the Operation is Performed

Understanding How the Operation is Performed

Understanding the Expected Benefits of Surgery

Understanding the Expected Risks of Surgery, please include ALL risks, including death.

[Understanding of the Alternatives to Surgery](#) ie: diet and exercise



[Understanding the Post Operative Diet Changes](#)



[Understanding the Possible Depression After Operation](#)



[Understanding the Need for Long Term Follow Up](#)

## Psychiatric Evaluation

All of our patients are now required to undergo a psychiatric evaluation to assess their psychological status prior to Bariatric Surgery.

This cannot be performed by your usual medical doctor. It can be performed by either a psychologist or a psychiatrist, depending on the requirements of your insurance company.

### Guideline For Psychiatric Evaluation

#### [Purpose of Evaluation](#)

The psychiatric evaluation includes, as its central component, a face-to-face interview with the patient. The interview-based data is integrated with data that may be obtained through other components of the evaluation, such as a review of medical records, a physical examination, diagnostic tests, and history from collateral sources. A general evaluation usually takes more than 1 hour to complete. Several meetings with the patient should not be necessary.

The psychiatric consultation is requested for the purpose of assisting in the diagnosis, treatment, or management of a patient's possible mental disorder or behavioral problem. This evaluation should be comprehensive.

The aim of the consultative psychiatric evaluation is to provide clear and specific answers to the questions, including:

Psychiatric diagnosis' relevant to the gastric bypass; in particular is the patient psychotic?

Treatment advice

Patient's competency in deciding to proceed with Bariatric Surgery.

Patient's ability to handle the stress of the period that follows surgery

Willingness of the psychologist/psychiatrist to follow and treat the patient in the post operative period.

# Preoperative Instructions

**Stop Taking Any Aspirin, Motrin, Ibuprofen, Naproxen, Advil, or Other Arthritis or Pain Medicines.**

Make certain you **do not take any aspirin or medicines containing aspirin for two weeks before surgery because this can increase your risk of bleeding.** Aspirin and the other salicylates belong to a group of drugs called non-steroidal anti-inflammatory drugs (or NSAIDs for short). You should avoid anti-inflammatory agents such as Ibuprofen (Advil) and aspirin products as well as excessive quantities of Vitamin E (the small amount contained in most multi-vitamin preparations is not harmful) for two weeks before surgery, as these inhibit the clotting mechanism and increase your chances of unnecessary operative bleeding. Aspirin-like products, which interfere with blood clotting, can promote bleeding during and after your surgery. P.S. That includes "BC's" and Goody Powders.

**Do not eat or drink after midnight except for your daily medications with a sip of water.**

**Read the surgical consent and ask your surgeons to answer any item you do not completely understand prior to signing it. Please sign the original copy which is located in your folder.**

## Risks/Benefits of Proposed Procedure-Lap Band®

Just as there may be some expected benefits from the Lap Band® procedure, you should also understand that all medical and surgical procedures, including the Lap Band® involve risks. You should understand that obesity increases my risks of these problems and complications. You should consider these risks prior to considering surgical treatment. You are to read, mark in the appropriate boxes, and return this page to the doctor office after keeping a copy for yourself. **The list below includes the most common risks; however, other risks that may occur are not listed below. The most common risks include:**

	Complications	Description	
1	Allergic Reactions	All kinds of allergic reactions are possible, from minor reactions such as a rash to sudden overwhelming reactions that can cause death.	If you agree and understand check Yes Here: †  And initial here:
2	Anesthetic Complications	Anesthesia used to put you to sleep for the operation can be associated with a variety of different complications up to and	If you agree and understand check Yes

		including death.	Here: † And initial here:
3	Bleeding	Surgery involves incisions and cutting that can result in bleeding complications, from minor to massive, that can lead to the need for emergency surgery, transfusion or death.	If you agree and understand check Yes Here: † And initial here:
4	Blood Clots	Also called Deep Vein Thrombosis (DVT) and Pulmonary Embolus can sometimes cause death. The rate of this complication varies with different studies. I understand that I need to get out of bed the evening after surgery and move and flex my feet and legs to try to help prevent clots from forming in my legs	If you agree and understand check Yes Here: † And initial here:
5	Infection	Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to death.	If you agree and understand check Yes Here: † And initial here:
6	Leak	Occasionally during surgery, unnoticed injuries to the digestive tract may occur. These may be recognized and repaired, or even go unnoticed. This may lead to a leak of stomach acid, bacteria, and digestive enzymes causing a severe abscess and infection. The rate of this complication varies with different studies. This can require repeated surgery, and intensive care and even death.	If you agree and understand check Yes Here: † And initial here:
7	Erosion	<b>Erosion of the Lap Band into the stomach can occur. This can require emergency operation, intensive care and can sometimes lead to death.</b>	If you agree and understand check Yes Here: † And initial here:
8	Indigestion, Reflux or Ulcers	The operation can sometimes lead to severe nausea, vomiting, indigestion, abdominal pain, gastritis or ulcers. This can be severe and can last for days, weeks and possibly even longer. This is especially likely if you have had previous problems with nausea, abdominal pain or ulcers. Nausea is much more common in women than men. Women that have been treated with any type of hormone therapy (Premarin, Estrogen or Birth Control Pills) are much more likely to have nausea and vomiting after surgery.	If you agree and understand check Yes Here: † And initial here:
9	Port/Band Infection	This can occur immediately after surgery or later on after adjustment. This can become serious and even fatal. Most of the time, re-operation is required to remove the port or the band.	If you agree and understand check Yes Here: † And initial here:
10	Bowel Obstruction	Any operation in the abdomen can leave behind scar that can put the patient at risk for later bowel blockage or obstruction. The bowel can twist, obstruct and even perforate leading to serious complications and even death.	If you agree and understand check Yes Here: † And initial here:

11	Laparoscopic Surgery Risks	Laparoscopic Surgery uses punctures to enter the abdomen and this can lead to abdominal injury, bleeding and even death.	If you agree and understand check Yes Here: †  And initial here:
12	Side Effects of Drugs	All drugs have inherent risks and complications and in some cases can cause a wide variety of side effects, reactions and in some cases including death.	If you agree and understand check Yes Here: †  And initial here:
13	Loss of Bodily Function	The performance of surgery and anesthesia can stress the body's systems leading to a variety of complications including stroke, heart attack, limb loss and other problems related to operation and anesthesia.	If you agree and understand check Yes Here: †  And initial here:
14	Risks of Transfusion	Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components. These illnesses are serious and can be fatal.	If you agree and understand check Yes Here: †  And initial here:
15	Hernia	Cuts and incisions in the abdominal wall can lead to hernias after surgery. Hernias can lead to pain, bowel blockage, obstruction and even perforation and death in some cases. Treatment of hernias usually requires another operation.	If you agree and understand check Yes Here: †  And initial here:
16	Hair Loss	Many patients develop hair loss for a period after bariatric surgery. When this occurs it usually starts around 3-4 months after surgery and resolves at 7-9 months after operation. This usually responds to increased oral intake of protein and vitamins but it may be permanent.	If you agree and understand check Yes Here: †  And initial here:
17	Vitamin and Mineral Deficiencies	After bariatric surgery, there may be a decrease in the absorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems. You also need to have yearly blood tests to measure the blood levels of these vitamins and minerals.  This is very important: Patients must take vitamin and mineral supplements forever. In some cases the deficiencies are so severe that they can lead to nerve and brain damage and the operation must be reversed.	If you agree and understand check Yes Here: †  And initial here:
18	Inadequate Weight Loss	<b>WARNING: Remember that you might not lose weight after the operation.</b>  *There are patients that will fail any type of surgery. Inadequate weight loss is a risk of all types of weight loss surgery and indeed of all types of weight loss treatment.  *I recognize that the Lap Band surgery is not by any means a perfect treatment and that one of the risks that I face is a real possibility of inadequate weight loss following my Lap Band surgery.	If you agree and understand check Yes Here: †  And initial here:

19	Excessive Weight Loss	Some patients sustain excessive weight loss after operation and may require reversal of the operation to prevent severe malnutrition, nausea or vitamin and mineral deficiencies or death.	If you agree and understand check Yes Here: †  And initial here:
20	Complications of Pregnancy	Vitamin and mineral deficiencies can put the newborn babies of bariatric surgery mothers at risk. No pregnancy should occur for the first one to two years after operation. Rapid weight loss has been shown to cause multiple types of vitamin and mineral deficiencies including: iron, B12, Folate, calcium and many others. Many of these deficiencies have been shown to cause birth defects or are suspected that they could cause birth defects. We also know that many patients who lose weight feel that they are well after surgery and forget to take their vitamins. Patients must be certain not to miss any of their vitamins if they decide to go ahead with pregnancy later.	If you agree and understand check Yes Here: †  And initial here:
21	Unplanned Pregnancy	<b>Warning to women using Oral Contraceptives (Birth Control Pills):</b> More than 80 million women worldwide take "the pill" to prevent pregnancy. Typical failure rates among pill users are as high as 12% to 20% in some surveys. Other factors have been shown to increase the risk of pill failure: smoking, diarrhea and/or vomiting drug interactions, systemic illness, psychological stress, and menstrual disturbances. So it is important to recognize that Birth Control Pills may not be an effective method of birth control after Bariatric Surgery until those factors have resolved. Couples need to plan another form of non hormonal birth control for 6-12 months after surgery. Depo-Provera has also been associated with marked cases of nausea in post Bariatric patients. An unplanned pregnancy can be one of life's most difficult experiences.	If you agree and understand check Yes Here: †  And initial here:
22	Other	Major abdominal surgery, including the Lap Band, is associated with a large variety of other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.	If you agree and understand check Yes Here: †  And initial here:
23	Depression	Depression and anxiety are common medical illnesses and have been found to be particularly common after operation.	If you agree and understand check Yes Here: †  And initial here:
24	Cancer	Cancer can occur in anyone. Many cancers are more common in obese as compared to thin patients. Overweight men have a significantly higher rate of prostate cancer. Obese women have higher risks of developing breast cancer and cancer of the uterus and ovaries. It is expected, but not certain, that with weight loss you will have an overall decrease in your risk of cancer; however, due to the short term history of Lap Band surgery, no data is available in regard to its relationship to the development	If you agree and understand check Yes Here: †  And initial here:

		of cancer. Diet seems to be much more important as a cause of stomach cancer. Eating processed meats has a much greater effect on increasing stomach cancer risk. Conversely fresh fruits and vegetables seem to protect against stomach cancer. In the end no one knows what will happen in your case.	
25	Slippage	Slippage can occur and may result in enlargement of the pouch, nausea, vomiting, or pain. It can also result in ischemic insult to the pouch, which may lead to gangrene.	If you agree and understand check Yes Here: †  And initial here: _____
26	Enlargement of the esophagus	Enlargement of the esophagus can occur after placement of a Lap Band®. This is a serious complications that can, if left untreated, result in death.	If you agree and understand check Yes Here: †  And initial here: _____
27	Internal Hernia	Surgical procedures on the digestive tract, particularly bariatric procedures, can result n the formation of internal hernias. These hernias may become symptomatic at any point in time after the surgery. Hernias can cause bowel blockage, perforation, gangrene, and even death.	If you agree and understand check Yes Here: †  And initial here: _____
28	Follow-up	I understand that I will have to see Dr. Allam as needed for adjustments. I understand that it is my responsibility to contact his office for appointment. I will not hold the doctor liable if I failed to show up for my appointments or failed to obtain an appointment.	If you agree and understand check Yes Here: †  And initial here: _____
29	Death	This is a major and serious operation. It may lead to death from complications.	If you agree and understand check Yes Here: †  And initial here: _____

I also realize that there are particular risks associated with the Lap Band procedure proposed for me and that **these risks include, but are not limited to:** Bleeding, Leak, abscess, and serious intra-abdominal infection and Blood Clots all of which can lead to repeated operation admission to the intensive care unit, and sometimes death.

I realize that Dr. Allam plans to perform the operation laparoscopically, and that this approach has special risks including injury to the abdominal contents such as blood vessels, the bowel and other organs.

**If you agree that everything in the above paragraph is correct, check Yes Here: † And initial here: \_\_\_\_\_**

**Authorization for Release Medical Information:** I hereby confirm that I freely approve of the release of my medical information for the purposes of education and advocacy of the rights of obese patients

and that I have not in any way been coerced into this authorization. I recognize that I can refuse to approve of this use of my personal medical information with no negative impact upon my care or treatment by Dr. Allam or his staff. I have had the opportunity to consider whether or not to approve this use of my personal information and I state that I have not be the subject of coercion or undue influence to agree to this release of information. I hereby authorize Dr. Medhat Allam to use any portions or parts of my medical records and information pertaining to the medical history, mental or physical condition, services rendered, or treatment given for the purposes of education of future patients. I understand that his sole use of this information will be in an attempt to help others. The information supplied is to be used to educate individual patients, Doctors as well as other members of the public including Health Insurance Companies and the News Media. This authorization shall become effective immediately.

**If you agree that everything in the above paragraph is correct, check Yes Here: † And initial here:\_\_\_\_\_**

**Patient Signature:**

\_\_\_\_\_ Date:

**Parent or other person authorized to sign for patient:**

\_\_\_\_\_ Date:

**Notary Public:**

\_\_\_\_\_ Date:

\_\_\_\_\_ Date:

**Spouse's signature (optional)**

\_\_\_\_\_ Date:

**Parent/Guardian signature for patients under 21 years of age (optional)**

