

CALIFORNIA BARIATRIC CONSENTS

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CALIFORNIA BARIATRICS
Division of Surgical Associates of Fresno, Inc.

CONSENT FORMS

Please read all information contained in this packet thoroughly. Due to privacy regulations, please do not discuss your medical problems with other patients in the office.

Signature

Date

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GASTRIC BYPASS FACT SHEET

Gastric bypass is a major operation and is done for very strict indications in morbidly obese patients. Your surgeon reserves the right to interpret these indications and accept or reject patients for surgery based upon his clinical judgment.

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), sleeve gastrectomy, biliopancreatic diversion, teeth wiring, etc. Continuing to try to lose weight by dieting and not having surgery is also possible. There are certain behavior training and exercise programs, which also may be used, usually together with a diet program.

Many patients have done well, but there is **no guarantee** of any benefit from this surgery. For each possible benefit, such as improvements in diabetes, high blood pressure or back pain, etc., there have been failures. Some obese patients have problems with breathing while they sleep. 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 50 to 80% of the patient's extra weight. This happens in many patients but some do not lose weight or they may gain back their weight. A lot of this depends on your efforts. While obesity surgery usually works, it only helps with the weight loss and is not anything "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. These life style modifications are equally important to the success of surgery!

Every surgeon who performs obesity surgery has complications at some time or another. Every patient has a real risk for one or more complications. There is no absolute way to completely avoid serious complications. The more frequent or serious complications that can occur are:

Infection of the wound, body cavity (abdomen or chest), lungs, (pneumonia for example) can occur. A lesser problem is collapse of small parts of lung tissue called atelectasis; it is due to difficulty taking deep breaths after surgery and is a frequent cause of increased body temperature and is treated by breathing treatments or exercise.

Inflammation or infection of these organs occur: Pancreas (Pancreatitis); stomach (gastric, stomach ulcer); esophagus (esophagitis with chest pain, burning, etc.); liver (hepatitis); gallbladder (cholecystitis, gall stones); kidney (pyelonephritis, kidney failure, nephritis); urinary bladder (cystitis), duodenum (duodenitis, duodenal ulcer).

The spleen may be injured during surgery and need to be removed. This can seriously increase the risk of infection in the patient's body.

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Organ failure, such as of the heart, kidney, liver, lung, can occur after obesity surgery.

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 result in temporary or permanent swelling or ulceration, especially of the legs.

Fluids from the stomach or intestines can leak into the body cavity or other organs or through the skin. This will require a repeat operation and placement of drainage tubes and possibly creation of a stoma (gastrostomy).

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.

Food or liquids may not be able to pass through the pouch, lower stomach or intestines due to a stricture, which may need stretching (dilating) by instruments or endoscopes (which have their own risk). Foods may stick in the stomach pouch and may need to be taken out with a special tube or endoscope. Tubes for nourishing fluids may have to be placed into the stomach, intestines or veins, if the patient is unable to eat or drink enough by mouth. Reoperation may be necessary.

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

Bleeding from the stomach, hernia, breakdown of the surgery stitches need to re-operate for these or other reasons, complications of anesthesia, psychiatric problems, such as depression, requiring care and admission to psychiatric ward, and even death, are all possible as a result of surgery.

Persistent vomiting, nausea, swelling of the abdomen, heartburn, etc. can occur and may make the patient think seriously of having the operation undone in certain instances. However, the operation should be considered permanent because reversing it can be dangerous. The stomach pouch or its outlet may get bigger or the staple lines may open up so that the patient can eat more at a mealtime or even gain back to the original or greater weight.

Re-operation may be necessary, and no patient should have obesity surgery performed if not prepared to accept the need for re-operation when necessary. When this occurs, the risk of surgery is usually somewhat more than the original surgery, but it varies with the type of original and re-operative surgery involved. Risk of injury to the spleen, bleeding and need for blood transfusions also increase.

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Admission to an intensive care unit may be necessary to observe the patient closely or to treat any of the problems that can arise from surgery.

I understand that I can help minimize the risk of the above complications by complying with the preoperative weight loss regimen and adhering strictly to a clear liquid diet for 48 hours prior to my operation. I understand that the requirement to lose five percent of my total body weight is to facilitate the safety of my operation.

Over the months and years, any type of nutrition problem or infection may occur, including lack of vitamins, protein, calories, minerals, etc. Signs of these can include weakness, paralysis, confusion, rashes, anemia, hair loss, bone and joint problems, wounds that heal poorly, and mineral alterations. Follow up by the obesity surgeon, or a physician well experienced in this area, is necessary for life. It is the patient's responsibility to make sure that such appointments are regularly made and kept, whether he/she "feels well" or not. The patient may need to have vitamin injections every month or so for life.

The patient's weight loss goal, no weight loss, or even further gain of weight may occur at any time after surgery. With weight loss, the skin on the arms, legs, neck, and abdomen, face and elsewhere may become wrinkled, sag, droop or hang as large folds and develop rashes or infections or odors. It may become quite annoying or embarrassing. As a result the patient may feel a need for further cosmetic surgery to trim the excess skin. This may not be covered by your insurance.

As soon as any problem arises, proper medical help must be obtained soon – the patient has the duty to call quickly and without delay.

All of the currently performed types of surgery for obesity are still relatively new. Therefore, the long-term results of such surgery, including weight loss or possible complications are still currently being evaluated.

I have read the above, which has been described to me by my surgeon. I understand this material, the risks, possible complications, other choices, and possible benefits of obesity surgery; as well as the particular operation which I have chosen in conjunction with my physician's counseling.

By signing this statement, I am showing that I have read and accepted the above and that I understand it. I have been encouraged to ask all the questions I want; they have been answered well, and I understand the answers.

Patient Signature

Witness Signature

Date

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PATIENT DECLARATION FORM

I KNOW AND ACKNOWLEDGE THAT:

1. **Morbid obesity is a serious, potentially fatal, genetically related, life long disease of abnormal fat storage**

Morbid obesity is a serious medical problem. Despite their strongest efforts, certain nervous system and chemical messages drive the morbidly obese to eat and store more calories than their bodies burn. The ways in which they do this are not completely known, but there is strong evidence that obesity is mostly an inherited trait. Among other things, this disease is associated with damage to the heart, lungs, and liver, increased risk of cancer and of death. Much of this damage may improve with long-term weight loss.

2. **Surgery for morbid obesity is the most effective known means to treat this condition.**

While non-surgical treatment may help some, it rarely is effective for life. Weight, even large amounts, is regularly lost by many morbidly obese persons, but is just as readily regained by almost all of them. The problem is their failure to maintain weight loss. Obesity surgery is overwhelmingly the most successful method for long-term weight loss.

3. **I will be complete by being able to feel full after eating**

Unlike most overweight individuals, most morbidly obese persons are unable to feel full or satisfied after a meal. Obesity surgery addresses this issue by realizing the fullness sensation with significantly reduced quantities of food

4. **I will assert control over my body's drive to make me fat**

When my body lacks fluid, it makes me thirsty, drives me to drink liquids and signals me when I have had enough. There are some people whose bodies make them drink more fluid than they need. Likewise, before my bariatric surgery, my body drove me to eat more than I needed. This surgery should allow me to gain control over these incorrect messages and drives. I will be proud of being in control.

5. **I like and respect myself**

I like me. I have much potential and look forward to the future. I know I am a good person. I will like what I see in the mirror and feeling of my changed body. If I have difficulty adjusting mentally to my new body, I will contact my doctor so he may help me or refer me to appropriate counseling.

6. **I need apologize to no one for my obesity or my surgery**

I have no reason to feel guilty or self-conscious about the surgery. I will have sacrificed my time, money and discomfort to have it. It will be a courageous decision for the good of my health, and I am proud of it. Although I will look better, it is ridiculous for anyone to call it cosmetic surgery or try to make me feel guilty about it. Cosmetic surgery changes the patient's appearance at the time of surgery; after the surgery, I will have scars on my abdomen and otherwise look the same. The main objective of the surgery will be to treat my potentially life-threatening disease of morbid obesity with its known serious,

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associated, progressive disabilities and risks. If someone thinks otherwise, that is that person's problem, not mine.

7. I will keep my significant others informed of my process

You should not go through this on your own. It is very important that those close to you understand what you are hoping to achieve and that they assist you and not hinder you in your weight loss pursuits.

8. I will do my utmost to adhere to my post-operative program for life.

I will go through the surgery to get a good result. I do not intend to fail. Just as putting on the weight came from within me, so does losing it and keeping it off. It will be up to me to take my vitamins and minerals, obey the diet instructions, seek help early if a problem occurs, not abuse my surgery, and accept psychiatric help if my physician recommends it.

9. I must make and keep follow-up appointments for life.

For the rest of their lives, bariatric patients are at greater risk of nutritional and other problems than the average person. Therefore, I will personally need to obtain careful medical checkups periodically. Most surgeons evaluate the results of their surgery. If I do not return for follow-up visits, I will deprive my surgeon and others of the information they need to improve treatment of this disease.

10. I will need to regularly attend and work with the obesity surgery support group

Obesity surgery support groups need me and, even more importantly, I will need them. If there is no support group available to me, I should seek out help to find one. After all, this is to my great advantage. Who else can understand my problems with obesity better than people who have been afflicted themselves? Through them, it is possible for me to receive some of the help and support I need, and at least, friendly advice and understanding. They can help me to not despair with the results of treatment even when they appear to be less than perfect. If all of us members and groups work with this declaration, we can prevail on the public and medical communities to accept morbid obesity as a truly serious medical, not moral, problem.

13. I understand that I need to lose a certain amount of weight prior to scheduling my operation. This is for my benefit. I understand that once scheduled, I will have a final weigh in the week before my operation. If the weight loss has not been maintained, my operation will be postponed.

14. I agree to strictly adhere to a liquid diet for 48 hours prior to my operation. I understand failure to do so can increase my risks of surgery.

15. I will stop taking aspirin, motrin, alleve, or advil type products three weeks prior to surgery to minimize my risk of bleeding.

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16. **I am have purchased and have in my possession** enough protein supplements, multivitamins, calcium supplements, and vitamin B12 for at least a month.

17. **I have purchased a copy of** the book **Before & After** by Susan Maria Leach.

18. **I have shared all provided bariatric materials** with my spouse, significant other, or closest relative. I have thoroughly discussed my options, surgical treatment, risks, and expected course with him or her. I have also informed him or her that he/she has the option of attending, free of charge, the informative bariatric seminar given by Dr. Carlos Juarez.

Patient Signature

Witness Signature

Date

Time

CONSENT FOR SURGERY AND MEDICAL TREATMENT OF GASTRIC BYPASS

You are asked to read the following material to ensure that you are well informed of the nature of the surgical procedure that you are about to undergo. Signing this form will indicate that you have been so informed and that you give your consent. Do not sign this consent form if you have not read the materials or if it contains words that you do not understand. Please ask the doctor to explain any words or information that you do not understand.

I _____ hereby request and authorize Dr. Carlos M. Juarez and surgeons to perform a Gastric Bypass procedure on me for the treatment of my clinically severe obesity. I certify that Dr. Juarez and staff have explained the details of this procedure and related treatments to me in full and have informed me of the medical and surgical alternatives, operative risks, possible complications, side effects, expected outcome and long-term changes that may occur. I have been given the opportunity to ask any questions regarding the procedure and have had all my questions answered to my personal understanding and satisfaction. I also understand this is not an emergency procedure, but a procedure that I am electing to undergo. I have also been given sufficient time to discuss the proposed procedure with my spouse/family. I understand I must wait 1 to 2 months after the initial visit before I can undergo this procedure.

I understand that my current weight poses significant risks for shortening my life span and/or causing or worsening the severity of various disease states such as high blood

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pressure, diabetes, arthritis in my lower extremities, gall bladder problems, shortness of breath, fatigue, stress urinary incontinence (leaking urine when coughing or straining), as well as cancer of the breast and endometrium (uterus), and numerous other medical conditions.

I have been counseled about other surgical techniques (i.e., sleeve gastrectomy, biliopancreatic diversion and adjustable Gastric Banding) available for the treatment of my obesity. In addition, I am aware that there are treatments available with or without the use of medication. These include exercise, diet, physical therapy and psychological counseling. I have participated in a number of these types of programs in the past, all without lasting success.

I understand that there is no plan to reverse this operation in the future. Reversal attempts are very risky and you should therefore consider your gastric bypass to be a **permanent operation**.

I understand the post-operative follow-ups are vital to my success.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

GASTRIC BYPASS COMPLICATIONS FORM A

I understand that this surgical procedure is not without risk of a technical nature that specifically includes, but is not limited to, the possibility of:

1. A leak of fluid from the esophagus and/or stomach and/or small intestine
2. A narrowing of the stomach-intestine connection causing an obstruction which may require dilatation or even repeat surgery.
3. Bleeding into the upper gastro-intestinal tract.
4. Failure of the staple line or ring erosion, allowing me to regain my lost weight at any time in the future (especially if I am not careful in following directions concerning what and how much I should eat after the operation)
5. Infection in the area of incision.
6. Infection inside the abdominal cavity which might require operation
7. Blood clots in my legs which could break loose and travel to my lungs, especially if I do not follow the doctor's instructions regarding mobility (exercise by walking and moving legs) after surgery.
8. A hernia through the incision or internal hernia.
9. Injury to other internal organs
10. Vomiting (if the pouch is over-filled with coarse food)
11. Abdominal Adhesions
12. Pulmonary (lung) problems such as atelectasis or pneumonia.
13. Small bowel obstruction that could lead to re-operation.

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14. Initial post-operative depression, euphoria or insomnia (lack of sleep).
15. Marginal ulcer with Gastritis and Esophagitis with possible perforation.

I am aware that it is possible, under the very best of circumstances that one or more of the aforementioned complications or some unforeseen complication could result in my death despite the very best efforts of the medical professionals involved in my care.

I understand that ultimately, this operation may not result in my reaching any personal goal I have set for myself and at that point my surgical options may be very limited. I realize that Dr. Juarez and his staff may feel the need to call in other physicians (internist, surgeons, anesthesiologists, etc.) or allied healthcare professionals to assist in my care if, in their opinion, the situation so dictates.

I have been advised that there are possible side effects that could occur as a result of this operation and my rapid weight loss. These include, but are not limited to:

1. Temporary hair loss.
2. Inability to tolerate certain foods (totally unpredictable prior to surgery)
3. Temporary post-operative fatigue
4. Vitamin deficiency (I am aware that I will be taking vitamins and protein supplements for the remainder of my life). Failure to adhere to this regimen could result in possible ulcer disease, anemia or deficiencies in iron, calcium, vitamin B-12 or other vitamins.
5. Females only: I will have an increased ability to become pregnant. I understand that I am strongly advised that **I should not become pregnant in the first year following surgery.** I understand that miscarriage, fetal malformations, or fetal death are a serious of risk of pregnancy during the first post-operative year. I further understand that, should I become pregnant, that I must notify Dr. Juarez immediately, and it is my responsibility to obtain assistance from a high risk obstetrician.

I have also been advised on dietary restrictions. I understand it is my responsibility to carefully follow the nutritional protocol.

First Two Weeks: Liquids **ONLY**

Three to Four Weeks: Pureed Diet

After One Months: Soft Diet

For my part, I agree to follow Dr. Juarez' instructions to:

1. Ingest no aspirin/motrin based products in the three weeks prior to surgery.
2. Not lift anything over five pounds during the first two weeks following laparoscopic and four weeks following open surgery to avoid an incisional hernia.
3. Walk frequently every day once I return home to avoid blood clots.

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- 4. Report any physical changes to Dr. Juarez' office immediately.
- 5. Begin a vigorous regimen of exercise after two weeks have passed (as my physical limitations will allow).
- 6. Take all recommended medications and supplements as detailed in the pre and post operative instructions I have been given.
- 7. Keep all post-operative appointments with Dr. Juarez so that my progress may continue to be accurately monitored.
- 8. Fulfill all post-operative laboratory orders as requested by Dr. Juarez.

I further understand that Dr. Juarez and his staff will remain available to assist with whatever problems may arise and that, if Dr. Juarez is temporarily unavailable, a competent physician will be covering for the doctor in his absence.

I understand that every effort will be made by the entire team of health care professionals involved in my case to assure that I will have the best result possible given my pre-operative physical condition. I further recognize that some problems are unavoidable even with the best of intentions and the optimum care.

I consent to the operation to be performed by Dr. Juarez and understand that I will be administered anesthesia and a variety of drugs and other medications, as well as exposed to necessary x-rays. It may also be necessary that samples of my tissue be taken for study and delivered to the Pathology Department to be examined and eventually disposed of by the Pathologist in accordance with accepted medical practices and procedures.

I have fully read this consent and authorization form and do hereby acknowledge the truth of its contents by my signature this _____ day of _____ 20____.

Patient
Name(print)_____ Signature:_____

Witness:_____ Signature:_____

Spouse/Parent _____ Signature:_____

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GASTRIC BYPASS COMPLICATIONS FORM B

I _____ spoke with Dr. Juarez and/or his staff on _____ . They discussed with me, to my satisfaction, all aspects of the particular bariatric surgery (gastric bypass) I am contemplating as well as the following complications.

Please initial all lines:

- _____ Complications related to Anesthesia
- _____ Pulmonary complications (lung problems including atelectasis and pneumonia)
- _____ Excessive bleeding, splenectomy or injury to other internal organs
- _____ Infection and/or separation in the wound (dehiscence) or abdomen
- _____ Blood clots caused by either deep venous thrombosis (DVT) or pulmonary embolism
- _____ Vomiting, whether an obstruction is present or not; possibly requiring endoscopy
- _____ Leakage
- _____ Dumping syndrome
- _____ Post-Operative depression or euphoria
- _____ Post-Operative weakness
- _____ Insomnia (inability to sleep)
- _____ Keloid (prolonged pain in area of incisional scar)
- _____ Marginal ulcer (ulcer at stomach connection)
- _____ Gastric outlet obstruction (with or without a foreign body present)
- _____ Staple line disruption
- _____ Dilation or disruption of gastric pouch
- _____ Gastritis or esophagitis

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- _____ Small bowel obstruction
- _____ Gallstones
- _____ Hair loss
- _____ Vitamin or mineral deficiencies
(most common include: B-12, Folate, Vitamins A, D, E, K, Protein, Calcium and Iron)
- _____ Incisional hernia
- _____ Failure to lose weight
- _____ Possible complications from becoming pregnant
- _____ Death

I also understand that I must abide by the following critical preoperative instructions.

- _____ I will reach my weight loss goal prior to surgery
- _____ I will strictly adhere to a liquid diet 48 hours prior to surgery
- _____ If I am a smoker, I guarantee that I have not smoked in the last three months. If not, I understand that I am risking my life by increasing my risk of surgical complications.

Signature of patient: _____ Date: _____

Signature of witness _____ Date: _____

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CONSENT TO HIV TESTING

I have been informed by Dr. Juarez of the risks, possible alternative methods of treatment, and possible consequences involved in the treatment of obesity. I understand that one of the side effects of HIV is severe weight loss and thus would eliminate the need for the gastric bypass. I concur with the need to be tested for HIV. Understanding this, I hereby authorize Dr. Juarez or whomever he may designate to administer such tests to me.

Signature of patient: _____

Date: _____

TRANSFUSION INFORMATION FORM
(PAUL GANN BLOOD SAFETY ACT, HEALTH AND SAFETY CODE 1645)
(INTERIM FORM)

Patient Name: _____

I have been provided with the information concerning the advantage, disadvantages, risks and benefits of autologous (directed) and homologous (non-directed) blood transfusion.

I have also been allowed adequate time prior to surgery to pre-donate my own blood for transfusion purposes, except where there might be a life-threatening emergency or there exist medical contraindications.

Though transfusions are rarely needed, I understand there is a real risk of contracting HIV or hepatitis with any transfusion.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

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Financial Declaration Form

1. I understand that Dr. Carlos Juarez and his office will do their best to obtain authorization for my gastric bypass surgery. However, I understand that despite Dr. Juarez's best efforts, insurance companies may ultimately deny payment for my operation; even after it is performed and with appropriate pre-authorization. Therefore, I accept responsibility for personally assuring that my insurance has guaranteed payment for my operation. I understand that I am ultimately financially responsible for payment of my operation, even if denied after the operation is performed.

1. I Accept (initials) _____

2. I also understand and accept that some insurance companies will not pay for a qualified registered nurse first assist (RNFA) or nurse practitioner (NP). An assistant is considered vital to the success of my operation and will not be performed without one. Thus, I agree to be responsible to pay the \$500 assistant fee, if not covered by my insurance.

2. I Accept (initials) _____

3. I understand that a preoperative dietary consultation and psychological consultation will be required prior to my operation. Dr. Juarez has provided me with access to these services but I understand that his specialized associates do not accept all insurances; specifically, no medical or medical HMOs. I am thus responsible for paying for these services, or arrange for an appropriate substitute on my own or via my primary care provider.

3. I Accept (initials) _____

4. I hereby agree that California Bariatrics, a Division of Surgical Associates, has the right to use my name, photograph, and likeness in any form for the purpose of advertising and company promotions.

4. I Accept (initials) _____

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____