Patient initials_____

Ascension St. Agnes Bariatric Surgery

Drs. Andrew Averbach, Isam Hamdallah and Catriona Swift

Informed Consent for Biliopancreatic Diversion with Duodenal Switch

Name_____Date of Birth_____Surgery Date_____

Please read this form carefully and ask about anything you may not understand.

I consent to have a **Biliopancreatic Diversion with Duodenal Switch** for the purpose of weight loss. I met my attending surgeon in the office during my initial consultation. My surgeon will perform the procedure, direct my care during the operation, and may be assisted by other physicians, fellows and/or residents under his or her supervision.

As has been explained to me, obesity is associated with early death and significant medical problems such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, gout, venous stasis disease, liver disease and heart failure, among other problems.

My surgeon has explained to me that the Biliopancreatic Diversion with Duodenal Switch procedure can improve or cause remission of many medical problems such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, venous stasis disease, liver disease and heart failure. I understand there are no specific guarantees that any one of these conditions will improve or resolve in any given person as a result of the surgical procedure.

My surgeon has discussed with me the alternatives to the Biliopancreatic Diversion with Duodenal Switch procedure, which include non-surgical options. The opportunity to discuss other surgical options, such as the laparoscopic Roux-en-Y Gastric Bypass and the laparaoscpic sleeve gastrctomy, has been made available to me. I have advised my surgeon that I have attempted non-surgical weight loss programs without success.

I understand the anatomy of the Biliopancreatic Diversion with Duodenal Switch procedure and have been shown illustrations of the procedure.

I have been given the opportunity to discuss alternative methods for weight loss. This includes diet and exercise as well as other surgical methods. I believe that the Biliopancreatic Diversion with Duodenal Switch procedure offers the best balance between risks and benefits for me.

I understand the incidence of complications may be dependent on my particular medical history as well as my surgeon's level of training and experience. I have discussed these issues specifically with my surgeon.

I understand the risks of the Biliopancreatic Diversion with Duodenal Switch include, but are not limited to the following:

Intra-operative and/or Immediate Post-operative Risks:

Death: The mortality rate of the Biliopancreatic Diversion with Duodenal Switch nationwide is 0.3-2%.

Significant Bleeding: Bleeding may occur unexpectedly in the operating room. Bleeding may also occur post-operatively in the days after the operation. This bleeding may be through the intestinal tract at the anastomosis and result in the passage of blood in the stool. Bleeding may also be unseen inside the abdomen and be diagnosed through other means. A transfusion may be necessary in some circumstances. Re-operation to stop bleeding may be necessary.

Anastomotic Leak: A leak is when the connection between the stomach and the intestine does not heal. Serious complications can result from a leak, including, but not limited to a prolonged hospital stay, a long period of nothing to eat, prolonged antibiotic requirements, organ failure and death. The reported average incidence of anastomotic leak nationwide ranges from 0.5-3%.

Renal Failure: Transient kidney (renal) failure occurs rarely. Irreversible kidney failure has been reported in rare cases.

Prolonged Ventilation: A prolonged stay on a ventilator (breathing machine) in the intensive care unit may occur if a patient has severe sleep apnea or after certain significant complications. A temporary tracheostomy may be necessary.

Heart Attack: Although a heart attack is possible after a Biliopancreatic Diversion with Duodenal Switch, it is very rare. Risk factors for heart disease include increased age, diabetes, hypertension, hypercholesterolemia and a family history of heart disease.

Prolonged Hospital Stay: Unforeseen complications may result in a prolonged hospital stay. Intensive care admission may be required.

Bowel Obstruction: An obstruction can occur that would require re-operation. An obstruction can occur from a number of causes. For example, bleeding, scarring, technical problems or hernia.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism: Blood clots that form in the legs, and elsewhere, and break off into the lungs may cause death. Given this risk, treatments may be initiated to decrease the risk for the formation of blood clots, including the use of heparin (a medication that thins the blood), special foot and leg stockings, walking soon after surgery and medication at home after discharge from the hospital. Completely eliminating the risks of DVT (clots) altogether is not medically possible. The risk associated with the medications used to prevent blood clots can cause excessive bleeding. Any symptoms of leg swelling, chest pain or sudden shortness of breath should be immediately reported to the surgeon. Rarely, patients develop allergies to heparin, sometimes causing very severe reactions.

Procedure Abortion: Under very rare circumstances, the surgeon may determine that the procedure should be aborted all together. This is most often due to massive scarring from previous surgeries, or the intra-operative diagnosis of medical problems such as severe liver disease or tumors.

Other complications that may be common: Allergic reactions, headaches, itching, medication side-effects, heartburn/reflux, bruising, gout, anesthetic complications, injury to the bowel or vessels, gas bloating; minor wound drainage, wound opening, scar formation, stroke, urinary tract infection, urinary retention, pressure sores, injury to spleen or surrounding structures and pneumonia.

Laparoscopic and Open Surgical Techniques. I have discussed with my surgeon the operative technique planned for my surgery.

Risks associated with the Laparoscopic Procedure: I understand that there is no guarantee that my procedure will be performed laparoscopically. I have had the opportunity to discuss with my surgeon his or her experience with the laparoscopic procedure. I understand that there are complications that may occur with the laparoscopic technique, such as hernia formation and inadvertent and, sometimes difficult to recognize, injury to internal structures. I understand that my surgeon may make an intra-operative decision to convert to an open procedure for my safety.

Risks associated with an Open Procedure: Complications associated with the open technique include but are not limited to: wound infection which may cause significant scarring and healing problems, prolonged wound care and

discomfort; incisional hernias are not uncommon after an open Biliopancreatic Diversion with Duodenal Switch. Hernias will often require a subsequent operation to repair. There is a higher chance of certain complications including lung infections, pressure ulcers and blood clots after an open operation. There may also likely be more discomfort and a longer hospital stay than with the laparoscopic technique.

Risks in the early postoperative period:

Stricture: It has been reported that connection between the stomach and the intestine (referred to as the duodenoileostomy and jejunoileostomy), can scar to a pinhole. This is a relatively uncommon complication. This scarring is diagnosed by the intolerance to solid foods after surgery. A stricture of the duodenoileostomy can be treated by endoscopic balloon dilation. Under sedation, a scope (1/2-inch diameter tube with a camera) is placed through the mouth and into the stomach pouch. The stricture is then dilated with a balloon. On occasion, a dilation may be required several times. Very rarely, re-operation would be necessary. Stricture at the jejunoileostomy is very rare and may result in a blockage that could require surgical intervention.

Ulcer: An ulcer can cause pain, bleeding or result in a perforation. Ulcers are more common in patients who take medications such as aspirin, Advil®, Motrin®, Aleve®, Ibuprofen, or other drugs classified as **NSAIDS**. Even aspirin, Celebrex® and Vioxx® can cause ulcers when used for prolonged periods of time. Also, patients who smoke tobacco are at higher risk for the development of an ulcer.

Fatigue: After any general anesthesia, fatigue is very common. Fatigue may last days, or in some circumstances, much longer.

Food Intolerance: Following Biliopancreatic Diversion with Duodenal Switch, patients may experience an intolerance to certain food types, usually fatty greasy foods, dairy products, and/or sweets, which may cause unpleasant symptoms such as nausea, diarrhea, foul smelling stool, oily stool, incontinence of stool, abdominal pain and bloating. Food intolerances vary with person to person. Some patients never experience any of these symptoms or may become less sensitive over time. Rarely, a patient may have severe food intolerances that last for many months.

Late Complications:

Osteoporosis: Calcium deficiency may occur years after a Biliopancreatic Diversion with Duodenal Switch. This is a difficult diagnosis to make until weakness of the bone has already developed.

Iron Deficiency Anemia: Since iron is not as easily absorbed after the Biliopancreatic Diversion with Duodenal Switch, supplements are generally recommended in everyone to prevent anemia. Serious complications can occur with severe anemia. Iron stores can be measured by blood tests and should be routinely performed. Sometimes oral iron supplements are not adequate to treat anemia and intravenous iron is recommended.

B vitamin deficiencies: Deficiencies in Thiamine, Niacin, B12 and others have been reported. These B vitamin deficiencies are very rare. Some B vitamin deficiencies can cause irreversible neurological damage. All patients are required to take a multivitamin supplement for life after this operation. Sometimes, additional B vitamin supplements are also required. It is important to be evaluated regularly for vitamin deficiencies after surgery. Severe vomiting is a risk factor for the development of B vitamin deficiencies.

Bowel Habits: Changes in bowel habits are common. Changes may include constipation, diarrhea and excessive flatus, foul smelling gas and/or stool. Frequent stooling may occur with ingestion of high fat containing foods. Food intolerances are unpredictable. Typically, bowel movements are more frequent in the first three months following surgery. They are soft and can be as many as 2 to 5 per day. Most patients adapt to 1 to 2 per day after three months. Some patients may take longer. Bowel movements will be more frequent and foul smelling if the fat content of the patient's diet is too high.

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Internal Hernia: Some patients may develop a twist in their intestines after Biliopancreatic Diversion with Duodenal Switch which may cause intermittent and/or severe abdominal pain, and can in rare cases be fatal. These symptoms may occur any time after surgery.

Pregnancy: I understand that pregnancy should be deferred for 12 months after Biliopancreatic Diversion with Duodenal Switch surgery because of concern for fetal and maternal health. I also understand that fertility may be substantially increased very early after surgery due to my weight loss. I understand that I am responsible for using appropriate birth control methods in this time period. Studies seems to show a decreased rate of complications of pregnancy in those patients who have had weight loss surgery. There may be rare instances where complications of pregnancy may be increased secondary to my having Biliopancreatic Diversion with Duodenal Switch .

Gallbladder problems: Significant weight loss promotes the formation of gallstones. There is an increased risk in the future of requiring removal of the gallbladder due to gallstones. Additional medication may be required to decrease the risk of developing a gallstone. Even medication does not guarantee that gallstones will not develop in the future. I understand if I take medication that my life time risk of gallstones will be the same as someone without surgery. The gallbladder may not be removed during my surgery unless gallstones have been discovered preoperatively or if the organ appears abnormal during surgery.

Weight Regain: Modest weight regain years after surgery is typical. Significant weight regain after a Biliopancreatic Diversion with Duodenal Switch is uncommon but may occur. The cause of weight regain is complex.

Excessive weight loss: Excessive weight loss is uncommon and usually results from non compliance with dietary instructions or complications with the surgery that require close management by the surgeon. Some patients after a Biliopancreatic Diversion with Duodenal Switch may experience protein malnutrition. In some cases, reoperation may be required to improve a person's nutritional status.

Psychiatric Complications: Although most people experience improvements in their mood, some will have worsening states of depression which could lead to suicide. There may be a higher incidence of marital problems after weight loss surgery. Patients taking psychiatric medications should have the dosage and effectiveness of these medications monitored carefully by their prescribing physician.

Temporary Hair loss: Hair loss occurs in many people after a weight loss operation. Hair generally grows back. There are no proven supplements to alter hair loss.

Other Complications: Autonomic Dysfunction (causing dizziness when standing) and hypoglycemia are not uncommon symptoms after surgery. There may be other extremely rare and significant complications that may occur and are not well described to date.

Unlisted complications: I understand that it is impossible to list every complication possible during and after this procedure.

Possible Additional Procedures:

During the operation, several conditions may arise that may cause additional procedures to be performed. These include:

A liver biopsy – Many patients will have a liver biopsy performed. Bariatric patients often have some degree of liver disease. A biopsy helps determine the severity of liver disease (if present at all) and helps with post-operative management. The risks with performing a liver biopsy include a low chance of bleeding.

Removal of the gallbladder: In some patients, removal of the gallbladder may be medically necessary. Removal of the gallbladder increases the length of time of the total operation. There is a small risk of bile duct injury that can

result in serious complications. Removal of the gallbladder may increase the hospital stay and increase post-operative pain. An additional port (and incision) may be necessary to perform the procedure safely.

Jejunostomy tube: Although rare, placement of a Jejunostomy tube (J-tube) may be performed. A J-tube is placed in the excluded, lower portion of the intestines when the operation was much more difficult than expected, or the procedure is a revision of a previous weight loss operation. Associated complications with a J-tube include, but are not limited to leakage of stomach contents around the tube which can irritate the skin, persistent drainage even after removal of the J-tube (fistula), mild discomfort around the J-tube, and premature removal of the J-tube which may necessitate emergency re-operation.

Incisional Hernia repair: A hernia may have to be repaired at the time of the operation.

Esophagogastroduodenoscopy: An EGD, or upper endoscopy, is sometimes performed intraoperatively in order to visualize the stomach, the new intestinal connection or to make sure there are no other abnormalities of the intestinal tract.

Hiatal Hernia repair: If a hiatal hernia is present, this may require repair during the surgery. The associated risks with a hiatal hernia repair include, but are not limited to, injury to the esophagus, dysphasia (difficulty swallowing) and hernia recurrence.

Lysis of Adhesions: In the setting of a previous operation or significant abdominal infection, scarring always results. The degree of scar tissue is unpredictable. Sometimes, depending on the location of the scar tissue, the scar tissue must be cut (called "lysis of adhesions") in order to perform the weight loss operation. There are increased risks when a lysis of adhesions is necessary including injury to the intestines, prolonged operative times and bleeding.

Placement of a Drain: In certain circumstances, the surgeon may elect to place a temporary plastic drain. A drain is a thin plastic tube that comes out of the body into a small container to allow for the removal of fluid and the control of infection.

Risks/Possible Complications The doctor has explained to me that there are risks and possible undesirable consequences associated with bariatric surgery including, ***but not limited to:***

1. **Abscess**
2. **Adult Respiratory Distress Syndrome (ARDS)**
3. **Allergic reactions**
4. **Anesthetic complications**
5. **Atelectasis**
6. **Bleeding, blood transfusion and associated risks**
7. **Blood clots, including pulmonary embolism (Blood clots migrating to the heart and lungs) and deep vein thrombosis (blood clots in the legs and/or arms)**
8. **Bile leak**
9. **Bowel obstruction**
10. **Cardiac rhythm disturbances**
11. **Complications in subsequent pregnancy (no pregnancy should occur within the first 18 months after surgery)**
12. **Congestive heart failure**
13. **Dehiscence or evisceration**
14. **Depression**
15. **Dumping syndrome**
16. **Death**
17. **Encephalopathy**
18. **Esophageal, pouch or small bowel motility disorders**

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19. **Gout**
20. **Hernias, incisional (Including port sites for laparoscopic access) and internal**
21. **Inadequate or excessive weight loss**
22. **Infections at the surgical site, either superficial, or deep including port sites for laparoscopic access. These could lead to wound breakdowns and hernia formation.**
23. **Intestinal leaks**
24. **Kidney failure**
25. **Kidney stones**
26. **Loss of bodily function (including from stroke, heart attack or limb loss)**
27. **Myocardial infarction (heart attack)**
28. **Narrowing of the connection between the stomach and small bowel**
29. **Need for and side effects of drugs**
30. **Organ failure**
31. **Perforations (leaks) of the stomach, or intestine causing peritonitis, subphrenic abscess or enteroenteric or enterocutaneous fistulas**
32. **Pleural effusions (fluid around the lungs)**
33. **Pneumonia**
34. **Possible removal of the spleen**
35. **Pressure sores**
36. **Pulmonary edema (fluid in the lungs)**
37. **Serious intra-abdominal infections including sepsis or peritonitis**
38. **Skin breakdown**
39. **Small bowel obstructions**
40. **Staple line disruption**
41. **Stoma Stenosis**
42. **Stroke**
43. **Systemic Inflammatory Response Syndrome (SIRS)**
44. **Ulcer formation (marginal ulcer or in the distal stomach)**
45. **Urinary tract infections**
46. **Wound infection**

Nutritional complications ***include but are not limited to:***

1. **Protein malnutrition**
2. **Vitamin deficiencies including B12m B1m B6, folate, and fat-soluble vitamins A, D, E, K**
3. **Mineral deficiencies, including calcium, magnesium, iron, zinc, copper and other**
4. **Uncorrected deficiencies can lead to anemia, neuro-psychiatric disorders and nerve damage, that is neuropathy**

Psychiatric complications ***include but are not limited to:***

1. **Depression**
2. **Bulimia**
3. **Anorexia**
4. **Dysfunctional social recidivism**
5. **Alcohol dependency and recidivism**

Other complications ***include but are not limited to:***

1. **Adverse outcomes maybe precipitated by smoking**
2. **Constipation**
3. **Diarrhea**
4. **Bloating**

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5. **Cramping**
6. **Development of gallstones**
7. **Intolerance of refined or simple sugars, dumping with nausea, sweating or weakness**
8. **Low blood sugar, especially with improper eating habits**
9. **Vomiting, inability to eat certain foods, especially with improper eating habits or poor dentition**
10. **Loose skin**
11. **Intertriginous dermatitis due to loose skin**
12. **Malodorous gas, especially with improper food habits**
13. **Hair loss (alopecia)**
14. **Anemia**
15. **Bone disease**
16. **Stretching of the pouch or stoma**
17. **Low blood pressure**
18. **Cold intolerance**
19. **Fatty liver disease or non-alcoholic liver disease (NAFDL)**
20. **Progression of pre-existing NAFLD or cirrhosis**
21. **Vitamin deficiencies, some of which may have already existed before surgery**
22. **Diminished alcohol tolerance**

Pregnancy complications were explained as follows:

1. **Pregnancy should be deferred for 12-18 months after surgery or until weight loss is stabilized**
2. **Vitamin supplementation during pregnancy should be continued**
3. **Extra folic acid should be taken for planned pregnancies**
4. **Obese mother have children with higher incidence of neural tube defects and congenital heart defects**
5. **Pregnancy should be discussed with an obstetrician**
6. **Special nutritional needs may be indicated as necessary**
7. **Secure forms of birth control should be used in the first year after surgery**
8. **Fertility may improve with weight loss**

Further, any of these risks or complications may require further surgical intervention during or after the procedure, which I expressly authorize.

I also understand that some or all the complications listed on this form and explained to me may exist whether the surgery is performed or not, in that Biliopancreatic Diviersion with Deudenal Switch is not the only cause of these complications.

I have had the opportunity to read these materials, speak with my attending surgeon, and ask any questions. I understand that unforeseen events may occur that could result in the last minute cancellation or postponement of my surgery. I have reviewed all of the information in this consent form and related consent materials with my immediate family. I have clearly stated to my closest family members that I fully understand the risks of surgery and accept such risks. I have read, or had read to me, the contents of this consent form and related consent materials and have no further questions. I wish to proceed with Biliopancreatic Diversion with Duodenal Switch surgery.

Patient initials_____

_____
Printed Name

_____
Date and Time

_____
Signature

_____
Surgeon's Signature

_____
Witness to signature only

_____
Date and Time

Patient Initials_____

Ascension St. Agnes Bariatric Surgery Program

Patient Contract: Biliopancreatic Diversion with Duodenal Switch

This contract is supported by my surgeon, _____, and will be effective and ongoing from the date of my initial evaluation for Biliopancreatic Diversion with Duodenal Switch surgery. The purpose of this Contract is to outline and document that I, _____ (patient name) understand and agree to follow all of my surgeon's instructions, protocols and directions before and after my surgery.

Bariatric surgery is a special opportunity for patients with obesity to improve the quality of their lives. My surgeon's weight loss program is dedicated to promoting and providing the option of bariatric surgery to all qualified candidates. However, it has been well documented that bariatric surgery patients who are non compliant with medication, postoperative instructions, and outpatient follow up visits, or who otherwise do not take care of themselves, have a higher degree of complications.

I affirm that I am significantly overweight and have attempted non-surgical weight loss programs without success. The doctor has explained that obesity can cause early death and significant medical problems including, but not limited to, hypertension, diabetes, obstructive sleep apnea and high cholesterol.

Medicine is an unpredictable field. Unpredictable complications can occur. No amount of pre-operative testing can assure an uncomplicated outcome. I have the responsibility to inform my surgeon of any concerns, worries or possible complications at the earliest possible time. I agree that my surgeon may make recommendations, and I take full responsibility if I do not follow these recommendations.

I understand that significant weight loss is a life-altering event. Significant changes in eating behavior occur. I understand that every patient's experience varies and the exact extent of my ability to cope with significant forced behavior changes cannot be predicted. I understand that my surgeon can assist in locating a mental health provider who can help me with behavioral needs.

I plan on following all post-operative visits recommended by my surgeon and physicians. I plan on obtaining all tests requested by my surgeon and associated staff. I will abide by all nutritional supplements/recommendations that my surgeon and staff prescribe. If my surgeon's practice ever ceases to exist, I take full responsibility to find an appropriate physician to monitor my life-long follow-up. If I leave the area I take responsibility for finding appropriate follow-up care. I understand that proper medical follow-up requires a financial commitment that may include maintenance of health care insurance. There may be costs in the form of fees, co-payments, deductibles, lost time

from work and transportation. These costs may be greater than planned in the event of complications.

Medication problems: I understand that I will have to monitor my post-operative medication doses closely with the physicians that have prescribed them. My surgeon and physicians will help if necessary. Examples of common medication problems include lightheadedness from too high a dose of high blood pressure medication and too low a blood sugar level from excessive diabetic medication. I agree to work closely with my primary care physician to regulate my medication.

Depression: I understand that it is my responsibility to seek psychological help if needed. Although most people experience improvements in their mood, some will have worsening states of depression. Weight loss is not a cure-all for all psychological problems. It is my responsibility to seek psychological help when necessary.

Smoking and other addictions: If I currently smoke, I agree to and take full responsibility to quit smoking to prevent potential life threatening illnesses. Addiction to alcohol, narcotics and other illicit drugs will severely impact my health.

Return to work: I understand that although some patients can return to work after two weeks, some patients may require a longer recovery. My surgeon and physicians are not responsible for any financial difficulties due to lost work time.

Osteoporosis: Calcium deficiency may occur years after a Biliopancreatic Diversion with Duodenal Switch. This is a difficult diagnosis to make until weakness of the bones has already developed. I understand that I am expected to take calcium supplements and supplemental Vitamin D for life after this operation.

B vitamin deficiencies: I understand that deficiencies in Thiamine, Niacin, B12 and others have been reported following weight loss surgery. These B vitamin deficiencies are very rare. Some B vitamin deficiencies can cause irreversible neurological damage. All patients are required to take a multivitamin supplement for life after this operation. Sometimes, additional B vitamin supplements are also required.

Vitamin A deficiencies: Vitamin A deficiency may cause visual disturbances, especially at night. Vitamin A deficiency is much more common with a Biliopancreatic Diversion with Duodenal Switch than other standard weight loss procedures. Supplementation or careful life-long monitoring is necessary to prevent this complication.

Abdominal Pain: Some patients may develop a twist in their intestines after the Biliopancreatic Diversion with Duodenal Switch procedure which may cause intermittent and/or severe abdominal pain, and which, in rare cases, can be fatal. These symptoms may occur any time after surgery. X-ray tests may not show the abnormality. Only a qualified bariatric surgeon is trained to diagnose and treat this problem. If I develop

abdominal pain after my Biliopancreatic Diversion with Duodenal Switch, I will notify my bariatric surgeon.

Poor weight loss and weight regain: Weight regain may occur, especially with "grazing" behavior. Constantly eating foods such as chips and nuts or other high calorie snacks will result in less than expected weight loss or even weight regain. High calorie liquids such as ice cream, desserts, sodas and juices may also decrease weight loss. I will take responsibility for my eating behaviors.

Exercise is an excellent means to improve health and maintain weight loss. I take responsibility to increase my physical activity and will discuss with my surgeon and physicians healthy methods to do so.

Weight loss after a Biliopancreatic Diversion with Duodenal Switch is expressed as loss of a percentage of my pre-operative excess body weight. Excess weight is defined as my current weight minus my ideal body weight. On average, patients lose between 80 to 90 percent of excess weight at two years. The range of excess weight loss that nearly all patients experience may range widely. My surgeon will give me recommendations on how to experience the most optimal weight loss. Although the majority of patients are satisfied with their weight loss, there is no guarantee that I will achieve my goal weight. I understand that the chances of reaching my ideal body weight are low. I understand that bariatric surgery is a tool that assists with weight loss. I understand that most patients will regain some weight, and that a few can regain substantial weight. I understand that is my responsibility to maintain healthy eating and exercise habits as prescribed by my surgeon to assist in maintenance of optimum weight loss.

Protein Malnutrition: Maintaining a high protein diet is important after a Biliopancreatic Diversion with Duodenal Switch. In some cases, the operation will not allow me to absorb enough protein regardless of how much I eat. Life-long monitoring of my body's protein level is necessary to ensure my health.

Pregnancy: Women who were infertile may become fertile after their operation. If I am a female, I understand that I will need to use birth control to prevent unexpected pregnancies for 12 months after this procedure. The risks associated with pregnancy in an obese person are generally higher than those in a non-obese person. There is no significant data to suggest that the risks of pregnancy are greater, either to the mother or child, after biliopancreatic diversion surgery. However, the safety of pregnancy is NOT established for patients or their fetus during periods of rapid weight loss. **For this reason, I agree not to become pregnant for 12 months after my surgery. I understand that serious, life-threatening complications may occur. I take full responsibility for using methods to prevent pregnancy during this period of time.**

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If I intend to become pregnant, I agree that before and during pregnancy, I will discuss my nutritional needs with my surgeon and obstetrician. I will always make sure that I am taking adequate vitamins and minerals throughout pregnancy and while nursing. I understand that my surgeon is not responsible for complications of pregnancy as complications may occur with any pregnancy, and there is no definitive means to prove any complication was due solely to the vertical sleeve gastrectomy.

I understand that I may not be able to breast-feed during periods of rapid weight loss. If I am currently breast-feeding, I plan to wean my child before undergoing weight loss surgery.

This Patient Contract has been thoroughly reviewed and explained to me, and my signature reflects my understanding of its purpose and expectations, as well as my agreement to its terms.

If I watched the pre-operative class virtually, I acknowledge it is up to me to notify my surgeon or the program nurses if I have unanswered questions.

By signing this Patient Contract, I agree to follow the guidelines and instructions set forth above, and understand that my failure to comply may impact the result of my surgery.

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date