

McLaren Print System Order

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G-3200 Beecher Road, MBI
Flint, MI 48532

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Item Number: 17890
Item Description: Gastric Sleeve Surgery Informed
Revision Date: 1/2019
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Paper: 20# White Text
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Finish: None
Drill: None
Misc Info:

McLaren Bariatric and Metabolic Institute
Gastric Sleeve Surgery Informed Consent

I, _____ request _____ to perform surgery on me for the treatment of my specific health condition. The procedure has been explained to me, along with the alternatives and potential complications. I understand that this is a major abdominal surgery and some of the complications, while uncommon or very rare, include but not limited to: infection, bleeding at the time of surgery, bleeding after the surgery, problems with wound healing, separation of wound, pleural effusion (fluid around the lung), neuropathy (nerve pain and numbness), peritonitis (inflammation of the peritoneum), incisional hernia, adhesions (scar) inside the abdomen which may subsequently cause bowel obstruction, Portal Vein Thrombosis, blood clots in the leg, pelvis or elsewhere. These can cause circulatory problems in the legs or pulmonary embolism (blood clots migrating into the heart and lungs, which can sometimes be fatal), anesthesia related problems, and heart-lung problems. The possibility of injuring the spleen requiring a splenectomy (removal of the spleen, which may increase the risk of subsequent infections), leak causing infection inside the abdomen, which is a serious complication and may require re-operation. Other complications include stroke, pneumonia, pleural effusion with empyema (lung infection), intra-abdominal abscesses, ulcer and pouch problems, and stomach, kidney and liver problems, pancreatitis, gallstones, allergic reactions, unexplained neuropathy, seizure disorder, the sepsis and death.
I have reviewed the above section. Initial here _____
I also understand that additional procedures (for example: removal of the gallbladder, biopsy of the liver, etc., or for any unexpected findings), may be necessary at the time of the surgery, which may involve some additional complications (like bile duct injury, bile leak, etc.) requiring additional surgery.
I have reviewed the above section. Initial here _____
I realize that the surgery requires lifelong commitment, major necessary adjustments in lifestyle and eating habits, supplemental vitamins and minerals, and regular follow-up on my part. I understand that specific complications can occur if not compliant with physician's instructions regarding eating habits and lifestyle changes.
I understand and have reviewed with above section. Initial here _____
I also realize any smoking or inappropriate drug use to include illegal drugs can affect the success of surgery. I understand that if I do smoke or do illegal drugs I will need to be smoke free or drug free for 3-months prior to surgery. It is assumed I will not resume smoking after surgery. I also recognize I'll resume these activities they can have a serious effect and be life threatening.
I understand and have reviewed with above section. Initial here _____
I consent to receiving blood products and I understand there are side effects from this, including but not limited to: HIV, hepatitis, fever, decreased immunity, etc.
I have reviewed the above section. Initial here _____
I recognize that my surgical team for this procedure will normally consist of the surgeon, an anesthesia specialist, an assisting physician or physician assistant, operating room-nurses and technicians, and that they may all be assisting with my surgery. In addition and given that McLaren is a teaching hospital, physician residents, student nurses and medical students may be observing my procedure as well.
I have reviewed the above section. Initial here _____
I understand that there is no guarantee of resolution of your specific health condition with the surgery, and no guarantee of any sort has been given to me. Re-operations or hospitalizations are always a possibility after the surgery. I agree to follow all instructions and keep my surgeon and the McLaren Bariatric and Metabolic Institute informed of my progress on any medical problems as well as any changes in my address or phone number at all times. I have read and understood this Informed Consent and sign it of my own free will, without any coercion.

Spec Info: SIGNATURE (Patient) _____ Date _____
SIGNATURE (Surgeon) _____ Date/Time _____
SIGNATURE (Witness) _____ Date _____
GASTRIC SLEEVE SURGERY INFORMED-CONSENT
12/15/18