

McLaren Print System Order

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G-3200 Beecher Road, MBI
Flint, MI 48532

Forms
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Item Number: 17952
Item Description: ROUX-EN-Y GASTRIC BYPASS SURGERY INFORMED CONSENT
Revision Date: 4/2109
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McLaren Flint
Flint, MI
BARIATRIC INSTITUTE
ROUX-EN-Y GASTRIC BYPASS SURGERY INFORMED CONSENT

I, _____, having been unsuccessful in losing weight by dietary and other means, request _____ to perform the Bariatric Surgery on me for the treatment of my morbid obesity. This 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 include, but are not limited to: infection; bleeding at the time of surgery; bleeding after the surgery; problems with wound healing; separation of the wound; pleural effusion (fluid around the lung); neuropathy (nerve pain or numbness); pancreatitis (inflammation of the pancreas); incisional hernia; adhesions (scar tissue inside the abdomen which may subsequently cause bowel obstruction); blood clots in the leg, pelvis or elsewhere, which 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; heart-lung problems; the possibility of injuring the spleen, requiring a splenectomy (removal of the spleen), which may increase risk of subsequent infection; or a leak causing infection inside the abdomen, which is a serious complication and may require re-operation. Other complications include stroke, pneumonia, intra-abdominal abscesses, ulcer and pouch problems, reconnection of the pouch and stomach, kidney and liver problems, gallstones, allergic reactions, seizure disorder, and line sepsis.

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 surgery, which may involve some additional complications (like bile duct injury, bile leak, etc.) requiring additional surgery.

Initial Here _____

I realize that the surgery requires a lifelong commitment, major necessary adjustments in lifestyle and eating habits, supplemental vitamins and minerals, and regular follow-up on my part. I understand that following the surgery, I may not be able to eat certain foods, which I can eat now, and vomiting may occur from time to time, especially if I am not careful about what and how I eat. Blockage of the pouch may require upper Endoscopy (scope) or re-operations. Over stretching of the pouch by overeating may lead to weight gain and staple line disruption, causing stretching of the pouch. I also understand that drinking high-calorie liquids, excessive eating, and lack of adequate exercise and physical activities will prevent weight loss or lead to weight gain, even though the surgery may be intact.

Initial Here _____

Spec. Info:



