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I, \_\_\_\_\_ hereby confirm that I have read and understood the information packages titled: INFORMATIONAL PAMPHLET FOR PATIENTS REQUESTING INFORMATION ABOUT GASTRIC OPERATIONS FOR WEIGHT LOSS, YOUR NEW WAY OF EATING, SUCCESSFUL LONG TERM WEIGHT LOSS AND MAINTENANCE AFTER GASTRIC BYPASS SURGERY and the additional pictorial brochures.

Dr. Pohl informed me about the technical aspects of the laparoscopic or open gastric bypass and/or the laparoscopic gastric band with the help of diagrams. I understand that this operation provides me only with a tool to lose weight and is not an easy fix. I will have to adhere to the diet recommendations and increase my level of physical activity. I understand that there is at least a 20% chance for failure to lose weight or for weight gain.

I understand that the operation will create a small stomach pouch of 0.5 to 1 ounce size and that this will stretch over several months. My meals will be small; I will have to eat slowly. Vomiting and nausea are frequent and may occur even months after the operation. Should I overeat, I may overstretch the stomach pouch and ruin the effect of the operation or cause band slippage.

I understand that I will be in the hospital until Dr. Pohl deems it is indicated to go home. I understand that x-rays in the hospital may not be possible due to my weight and this will make my treatment more difficult. I will follow the recommendations for follow-up visits in the office, with the dietitian and in the support group. I agree that my care after the operation may be performed by other surgeons who are not partners in my practice but cover for me during after-hours, weekends, vacation, conferences or other times that I need to be away.

I understand that the operation has many potential risks, complications and side effects which Dr. Pohl explained to me. I understand that these include but are not limited to: bleeding, infection, injury to any organs/artery/nerve/vein/nerves, leakage at the bowel-to stomach connection or bowel-to-bowel connection, necessity for further surgery, drain or tube insertion, intensive care unit stay, artificial nutrition, blood clot in the legs or lungs, bowel blockage/kinking, too much scar tissue build-up at the bowel-to-stomach connection with necessity for endoscopies to stretch this, heart/lung/kidney/gallbladder/ other complications, death, wound infection, hernia, hair loss, lactose intolerance, insufficient uptake of nutrients into the body, stomach ulcer, dumping syndrome, chronic pain, psychological problems and band slippage/erosion/break/infection/second operations.

I had sufficient time to read this document. Dr. Pohl answered all my questions sufficiently. He explained all other treatment options including no treatment. After consideration of all pros and cons I consent to the weight loss operation.

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Signature

\_\_\_\_\_  
Date