

Appendix 1

Specimen consent information for gastric bypass:

Consenting to Laparoscopic Proximal Gastric Bypass

You should be as informed as possible about the operation you are about to undergo.

Before you sign the Consent to Operation, please make sure you have understood the information given below and that you have received answers you are happy with to any question you want to ask.

Risk of complications

- The operation requires several incisions and stitch-lines to be created in the digestive system (stomach and intestine).
- The intestine is partly re-routed in an abnormal way. In some individuals this may be technically difficult, because of their body-build or previous surgery.
- As a result, there is a specific risk of significant bleeding, leakage from a staple- or stitch-line, puncture of the intestine or stomach and consequent infection.
- In overweight people there is an increased risk of hernia into the incisions in the abdominal wall, as well as the usual risks of heart attack, blood clots and pneumonia, that attach to any operation.
- This list covers the commonest major problems only
- The figure published in medical journals for all these risks together with tiresome but lesser ones ranges from under 5% to over 10%. The true benchmark is unclear.
- In most patients these complications will be mild, but in a small proportion may lead to an emergency re-operation, a period in intensive care and / or an extended hospital stay.

Risk of Death

- Although modern surgery and anaesthesia are extremely safe, so that the risk of death at the time of operation is very small, the complications just described, together with those that attach to any operation, such as heart attack, blood clots and pneumonia, result in a measurable risk of death.
- The figure published in medical journals ranges between 0.2% and 2%. Different risk levels will attach to different people.

Financial risk

- It is important for patients being treated privately to realise that these risks may translate into financial risk, as the Hospital may have quoted for a treatment package, rather than a fixed price arrangement.
- In the unlikely event of such a situation, we will do our best to minimize the cost, but your safety will be paramount.

Keyhole Surgery or Open

- Not all surgeons agree whether laparoscopic (keyhole) or open surgery is safest for patients. The medical literature does not prove this either way, but keyhole surgery has become the norm in bariatric surgery.
- Laparoscopic surgery is technically demanding and can take longer. This is its disadvantage.
- Laparoscopic surgery is rumoured to have a higher risk of significant bleeding, leakage from a staple- or stitch line, puncture of the intestine, but the medical literature does not prove this either way.
- Overweight patients have difficulty getting breathing and becoming mobile after open abdominal operations. There are consequent risks of blood clots and pneumonia.
- For these reasons, we believe the advantages of laparoscopic surgery outweigh its disadvantages.
- You may still find surgeons who say the opposite and many of them may have excellent results with open surgery.

Long Term Consequences of Gastric Bypass

- Under emergency circumstances it may be possible to restore most of the changes made by gastric bypass, but for practical purposes please think of this operation is ***irreversible***.
- **For your safety you must remain under expert follow-up for the rest of your life**, with several visits in the first year and at least an annual visit thereafter.
- I view this as a partnership which I cannot enforce. If you allow follow-up to lapse, you will be taking the major share of the responsibility.
- The long term biochemical consequences of this operation are regarded internationally as much less serious than with other kinds of bypass, but cases of kidney stones and kidney failure, low bone density and other serious problems do occur.
- The operation will make you permanently dependent on vitamin and mineral supplements taken by mouth, including iron and zinc.
- It is quite possible you will require regular injected supplements of Vitamin B12, Vitamin D and Vitamin A, to remain healthy.
- We normally advocate blood-tests at regular intervals to check whether these injections are needed, but please note these blood-tests may have a cost attached, which is not included with that for the operation.
- Please see "FOLLOW-UP CARE AFTER GASTRIC BYPASS AND SLEEVE GASTRECTOMY SURGERY"

Balancing Risks

- We feel it is important for patients to have a clear view of the commitments and risks attaching to this surgery. However, these have to be balanced against the longer term risks of remaining severely overweight.
- We advise that you discuss these issues carefully with appropriate family members or friends.
- Because the two sets of risks occur on a different timescale, it may be difficult to weigh one against the other.
- Therefore please ask whatever questions you wish.