



# East Cooper Bariatric Surgery

EAST COOPER MEDICAL GROUP

## Informed Consent for Laparoscopic Hiatal Hernia

Patient Name

---

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

I have been informed, that a **Hiatal Hernia** was discovered during my preoperative workup for bariatric surgery. I consent to have a **Laparoscopic Hiatal Hernia Repair** at the same time as my bariatric surgical procedure. I have been informed that it is necessary to repair my hiatal hernia to prevent symptoms of reflux post operatively. It has been explained to me that in the vast majority of cases, repair of a hiatal hernia is accomplished laparoscopically, however there is the possibility of conversion to an open repair if deemed necessary. The risk and possible complications of a hiatal hernia repair were explained to me in detail. These risk and possible complications include bleeding requiring transfusion, or rarely conversion to an open procedure. Injury to the esophagus diaphragm, vagus nerves and stomach. Injury to adjacent organs including the liver spleen and bowel. In rare cases, possible need for splenectomy. Possible collapse of a lung (pneumothorax), requiring a temporary chest tube. Post-operative difficulty swallowing (dysphasia), requiring endoscopic dilatation (stretching) or rarely reoperation.

I have had an opportunity to read the material above, with my attending surgeon, and ask any questions.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Witness to signature only

\_\_\_\_\_  
Date and Time

PATIENT INITIAL EACH PAGE: \_\_\_\_\_

Date: \_\_\_\_\_

PATIENT INITIAL EACH PAGE: \_\_\_\_\_

Date: \_\_\_\_\_