



Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**CONSENT FORM FOR REMOVAL OF GASTRIC LAP BAND**

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

I request that my physician perform a removal of my gastric lap band from around the fundus of my stomach.

**I understand the procedure as follows:**

This will involve removing my gastric lap band itself and the stitches that anchor the band to the stomach. These stitches usually go from the pouch above the band onto the normal stomach. I request that my physician will perform the procedure and direct my care during the procedure.

I understand that the procedure is generally done laparoscopically. At least five small incisions will be made. The procedure will require removal of the port which will require a 15-20mm incision. This will be the largest incision. Most patients who have this procedure will be able to go home the day of the procedure or the following day and suffer from no complications. I will be able to eat and drink the next day and return to normal activity within 1-2 weeks if there are no complications with the removal.

There are rare instances when a gastric lap band can cause intense inflammatory reaction around the stomach and also cause intense scarring. This may result in difficulty removing my lap band. My physician will recognize if there has been damage to the stomach when my lap band is removed at the time of the first laparoscopy. If this is the case, he will be able to place some stitches in the perforation or perhaps remove the part of the stomach where the perforation has occurred. If this were to happen, there is very little that needs to be done post operatively and I would follow the same clinical course as someone who has no complications during the procedure.

*Initials* \_\_\_\_\_

**I understand that there are risks to having my lap band remove and those risks include but are not limited to:**

**Bleeding at the time of surgery:** If this rare occurrence should happen, the worst case scenario would be my physician would need to perform an open procedure. A blood transfusion may be required depending on the amount of blood loss.

**Unidentified perforation (“hole”) in the stomach:** I understand that this is the worst case scenario and if this rare occurrence should happen, it would usually result in a return to the operating room very early after my procedure. This would be done to wash out the abdomen with sterile saline. My physician would then place a drain tube adjacent to the perforation. My physician would then stitch the perforation closed or he may possibly use staples to close it. This, of course, will mean that my recovery will be a little slower but, in general, if a repeat laparoscopy is completed early, there is a good chance I will be able to leave the hospital within 3-4 days.

**Open procedure due to erosion:** I understand, however, that in some instances, although rare, the damage to my stomach due to erosion of my lap band may be significant enough that an open procedure may be required. This is called a laparotomy. I understand that should this occur, I would be required to stay in the hospital significantly longer. I understand that if my physician would have to perform an open procedure or laparotomy, I would receive general anesthesia and the medical staff would inform my family after my procedure is completed.

**Severe complications to any surgery may include:**

Aspiration pneumonia: This is due to possible regurgitation of stomach juices or food in to the lungs. Severe aspiration is unlikely and the risk is decreased by fasting prior to the procedure. Severe aspiration can cause pneumonia or respiratory failure requiring support with a breathing machine.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism: Blood clots after endoscopic surgery are uncommon. Blood clots that form in the legs or elsewhere and break off and travel to the heart and lungs may cause severe bleeding and in rare cases death.

Delayed Perforation of the stomach: In rare instances, it is possible to have a delayed perforation of the stomach, which can occur up to a week later. This may be due to adhesions or perhaps to lack of blood supply to a portion of the stomach. If this is the case, you will require either radiological drainage of any fluid collections around the stomach or perhaps repeat surgery.

*Initials*\_\_\_\_\_

I understand that any or all of these rare complications may require me to be admitted to the intensive care unit. In the rare event that I would need to be admitted to the intensive care unit, an anesthesiologist would place a breathing tube in my airway to help with my recovery.

In a very high percentage of cases, these operations go very smoothly and the recovery time is very quick. Most patients are back to normal eating very quickly. However, there is the very small chance, approximately 1 in 200, where complications may occur. This would be the same with any procedure on an organ, which was operated on previously.

If you have any further questions regarding removal of your gastric lap band, please do not hesitate to ask my staff or me.

I have read, or had read to me, the content of this consent form and related consent materials and I have no further questions.

I request to proceed with my Gastric Lap Band removal.

\_\_\_\_\_  
Printed name

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

\_\_\_\_\_  
Signature

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

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

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

*Initials* \_\_\_\_\_