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**CONSENT FOR TREATMENT/PROCEDURE**  
**LAPAROSCOPIC SLEEVE GASTRECTOMY**

The purpose of this document is to confirm, in the presence of witnesses, your informed request to have **Laparoscopic Sleeve Gastrectomy Surgery** for obesity.

You are asked to read the following document very carefully. As you read each paragraph you are encouraged to discuss any questions you have with your Surgeon. If you agree with everything in each paragraph as you read it, you are asked to initial each paragraph after reading.

You have been given information about your condition of obesity, the risks of obesity, and the risks and possible benefits of the **Laparoscopic Sleeve Gastrectomy** surgery procedure. This consent form is designed to provide a written confirmation of these discussions by repeating and recording some of the more significant medical information given to you. It is intended to make you think again about your decision and to make you better informed so that you may be better able to decide whether you wish to give your consent to go forward with the proposed **Laparoscopic Sleeve Gastrectomy**.

I understand that the procedure of **Laparoscopic Sleeve Gastrectomy** involves removal of a major portion of the stomach. I have been provided with drawings and with both written and verbal descriptions of the operation. I have been strongly encouraged to make every effort to investigate and understand the details of the operation. **Initial:** \_\_\_\_\_

**Expected weight loss:** I understand the chances of achieving my ideal weight are unlikely. On average patients will lose 66% of their excess weight at one year. This is an average, however, and I understand I may not achieve my goal weight of 66% excess weight loss. **Initial:** \_\_\_\_\_

**Other expected benefits of the proposed procedure:** I understand that the proposed procedure will most likely result in improvement of obesity related conditions. I fully understand that none of these benefits is guaranteed. I also understand that in order to derive these benefits I am required to be fully compliant with recommended treatments after surgery including the use of medications, nutritional supplements, specific diets, exercise and behaviour modifications. I understand that the benefits derived from surgery may alter or be reversed over time. **Initial:** \_\_\_\_\_

**Known risks of the proposed procedure:** I understand that complications associated with **Laparoscopic Sleeve Gastrectomy** include, but are not limited to, the following:

**Leak:** After surgery, the new staple lines can leak stomach acid, bacteria and digestive enzymes, causing severe infection and abscess formation. This may require repeated surgery, prolonged stay in the Intensive Care Unit and may lead to death. **Initial:** \_\_\_\_\_

**Bleeding:** Minor to massive bleeding can occur after surgery, and may require emergency surgery, or transfusion. **Initial:** \_\_\_\_\_

**Blood clots:** Blood clots, formed after surgery within the deep veins in the body (Deep Vein Thrombosis) and the veins in the lungs (pulmonary emboli) may lead to significant complications. **Initial:** \_\_\_\_\_

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**Infection:** Wound infections, bladder infections, pneumonia, skin and deep abdominal infections, and other infections can sometimes lead to widespread septicaemia. **Initial:** \_\_\_\_\_

**Narrowing (stenosis):** Narrowing can occur within the remaining stomach, requiring additional procedures including repeat surgery. **Initial:** \_\_\_\_\_

**Chronic reflux:** There is the possibility after sleeve gastrectomy that patients may have reflux and swallowing difficulties. This is usually temporary. It is possible that permanent reflux requiring long term medications or corrective surgery could occur. **Initial:** \_\_\_\_\_

**Hiatus hernia repair:** It is sometimes necessary to repair a diaphragmatic defect/to repair a hiatus hernia when performing the sleeve gastrectomy to prevent symptomatic reflux. This could rarely cause an oesophageal or stomach injury in itself. **Initial:** \_\_\_\_\_

**Bowel obstruction:** Any operation in the abdomen can leave behind scar tissue that can put the patient at risk for later bowel blockage. **Initial:** \_\_\_\_\_

**Injury:** Inadvertent injury to stomach, intestines, or other abdominal organs may occur during surgery requiring repair or resection of the involved bowel or organ. **Initial:** \_\_\_\_\_

**Removal of spleen:** During surgery, the spleen may be injured and if the injury is severe the spleen may need to be removed completely. **Initial:** \_\_\_\_\_

**Heart attack:** Heart attack may range from minor to very severe and may require procedures, medications, and may lead to death. **Initial:** \_\_\_\_\_

**Hair loss:** Many patients develop hair loss for a short period after the operation. This usually responds to increase in intake of protein and vitamins. **Initial:** \_\_\_\_\_

**Vitamin and Mineral:** After *sleeve gastrectomy* there may be decreased intake and absorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems. **Initial:** \_\_\_\_\_

**Complications of pregnancy:** Vitamin and mineral deficiencies can put the newborn babies of mothers at risk of permanent and irreversible damage. No pregnancy should occur for the first twelve months after the operation and patients must be certain not to miss any of their vitamins if they decide to go ahead with pregnancy after that. **Initial:** \_\_\_\_\_

**Skin problems:** Loose skin may develop after weight loss necessitating plastic surgery. Infections may occur in areas of skin folds. **Initial:** \_\_\_\_\_

**Gallbladder disease:** Gallstones may form, or motility problems of the gallbladder can occur, after weight is lost. It may be necessary to remove the gallbladder in the future either laparoscopically or via open surgery. **Initial:** \_\_\_\_\_

**Pancreatitis:** Inflammation of the pancreas may occur after surgery. **Initial:** \_\_\_\_\_

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**Possibility of conversion to an open procedure:**

I realise that my Surgeon plans to perform the operation **laparoscopically** and that this approach has special risks, including injury to the abdominal contents such as blood vessels, the bowel, and other organs. Also, I realise that in the event that the procedure cannot be completed laparoscopically, it will be completed if possible by way of the conventional open surgical approach. **Initial:** \_\_\_\_\_

**Alternatives to the proposed procedure:**

The available alternatives to **Laparoscopic Sleeve Gastrectomy** would include laparoscopic or open gastric bypass, biliopancreatic diversion, laparoscopic gastric banding, various diets, exercise and drug treatments have been explained and discussed in detail with me. The potential benefits and risks of the proposed laparoscopic sleeve gastrectomy procedure, and the likely results with other treatments, have been discussed with me in detail. I understand what has been discussed with me, as well as the contents of this consent form, and I have been given the opportunity to ask questions, and have received satisfactory answers. **Initial:** \_\_\_\_\_

**Possibility of conversion to gastric bypass:**

In certain situations it may be necessary to convert the sleeve gastrectomy to a gastric bypass procedure. This may be necessary with late weight regain or significant high volume reflux. Bypass may also be necessary in the treatment of prolonged gastric leak after sleeve gastrectomy. **Initial:** \_\_\_\_\_

**Long term results:**

I understand that the **Laparoscopic Sleeve Gastrectomy** is a relatively new procedure. I understand that there is a lack of long term data with regard to outcomes, risks, and resolution of medical problems. I understand that a second stage procedure may be required in the future if I fail to lose adequate weight or if I start to regain weight. I understand there is a chance that the sleeve will stretch (dilate) over time, which could lead to weight regain and failure of weight loss. **Initial:** \_\_\_\_\_

I agree to have my de-identified (i.e.: no names, addresses or personal identifying information) data related to my surgery and follow-up treatment included in future medical research publications. **Initial:** \_\_\_\_\_

This practice is associated with the National Bariatric Surgery Registry. This registry tracks the outcomes and quality of bariatric surgery performed across Australia and New Zealand. **Initial:** \_\_\_\_\_

Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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