Theodore R. Small, MD, FACS

www.WestFloridaWeightLoss.com

WEST FLORIDA WEIGHT LOSS
A Division of Surgical Associates of West Florida

1840 Mease Drive, Ste 301
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(727) 712-3233, Phone
(727) 712-1853, Fax

Operative Permit for Roux-En-Y Gastric Bypass

Roux-En-Y Gastric Bypass Placement Operation

The planned weight loss operation will partition (cut across and separate) your stomach using surgical staples made of stainless steel titanium, creating a tiny stomach pouch that empties into a segment of your small intestine called the jejunum. The size of the pouch is intended to be one ounce of less, and the outlet into the intestine is about one cm in diameter. The surgical changes should make it difficult or impossible to eat "normal" amounts of food, and should create symptoms of illness when too much food is eaten, or if sugar or other concentrated calories are consumed.

Expected Outcomes and Patient Commitments

The operation does not guarantee weight loss, and does not cure the underlying cause of obesity. The procedure only works well when coupled with an active effort on the part of the patients to adapt their eating habits toward infrequent small volume meals in concert with the surgical changes – the Gastric Bypass is best viewed as a "tool" to assist in the reduction of calorie intake and it cannot serve as a substitute for the patient's mental effort in dieting and exercise. The amount of weight lost depends on

- the patient's starting weight (heavier patients tend to lose more weight, but end up further above ideal body weight),
- the patient's age (younger patients tend to get closer to ideal body weight), and
- motivation.

Thus there is no guaranteed amount of weight loss, though it is reasonable to expect that the overwhelming majority of surgical patients will lose enough weight to have a significant positive impact on their medical condition.

Diet

The first 6 to 8 weeks after surgery, you should be able to drink liquids but tolerate only very small amounts of food. In the subsequent 3 to 6 months (as the new stomach heals) you should progress to eating enough food for adequate nutrition over time. It is our experience that patients must use this recovery phase after surgery to re-learn and choose optimal habits of diet and exercise that will promote the best health and weight control over time. Patients must also begin taking the recommended vitamin and mineral supplements (usually vitamins with Iron, and supplemental Calcium) and should continue taking these supplements for life.

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Risks of the Operation

Risk of the Gastric Bypass operation include risks that are

1. Physically related to the surgical procedures, and
2. The risks caused by the stress that any major surgical procedure would impose on your body and vital signs.
3. Financial risk. If your procedure is not covered by insurance you will be responsible for any complications if they should they occur.

One or more of the following adverse events can occur in any patient, and some patients die as a result of undergoing the weight loss operation. The risk of death from this procedure ranges from a low of 1 in 1,000 for the best risk patients, up to 1 in 4 or worse for patients who are severely ill before surgery. Another way to describe the risk of death is as a percentage: from 0.1% chance of death ("low risk") up to or greater than 25% chance of death.

Physical Risks

Physical risks that are related to the surgical procedure include:

- Leak from an anastomosis (bowel hookup) or the stomach, bowel obstruction, bleeding inside the bowel or inside the abdominal cavity, and rupture of the abdominal closure (dehiscence)
- Injury to other nearby structures such as the spleen (may require removal of the spleen), liver, esophagus, or intestine, ventral (incisional) hernia, infection in the wound or inside the abdomen, chronic stomach or intestinal function problems, and need for later procedures to repair or revise a part of the surgery that is not working correctly. These procedures may include IV fluids, CT scans, endoscopic procedures, or repeat operation(s).

Systemic Stress

Risks that arise from the systemic stress effects of major surgery include:

- lung failure
- heart failure or heart attack
- kidney failure
- pneumonia, and
- Deep Venous Thrombosis with possible Pulmonary Embolus (blood clot forms in legs and floats into the vessels of lungs).

Your significant obesity increases the risk of all these problems, and unfortunately also makes diagnosis and treatment of most problems more difficult (obviously, the obesity is the reason you are considering this surgery, so there e is no way out of this dilemma).

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Other Undesirable Outcomes

Your surgeon may encounter a situation in the operating room that requires a change in the operative plan. In particular, if a laparoscopic approach is planned, we find it is necessary in about 5% of the cases to change the approach to a traditional open incision. Findings such as unexpected tumor or massive enlargement of the liver, or cirrhosis of the liver, might make it medically sensible to stop the operation without performing the Gastric Bypass.

Not all patients lose all the weight they hope to. Inadequate weight loss may arise from a surgically correctable problem, but more commonly weight loss fails when patients fail to work with the surgery to dramatically reduce their calorie intake and establish a regular exercise program. The latter problem cannot be altered surgically.

Most patients will be left with excess skin on abdomen, arms, legs, or other areas. This skin may be unattractive, and may cause pain or hygiene problems. Unfortunately, the excess skin usually does not "snap back" with exercise or time – it if is to be treated it must be removed by additional surgery. Most patients find they have tremendously improved energy after recovering from surgery but few find that they fatigue easily and have difficulty holding physically demanding jobs. Some minerals or other nutrients may be tend to be lower after gastric bypass, and additional prescription medications or injections may be required. As a result of weight loss, patients may experience internal or external psychological distress – divorce, depression and/or need for counseling are commonly seen.

Finally, realize that the stomach can never be returned to normal after this operation

Possible Removal of the Gallbladder

Many patients who undergo gastric bypass have previously had their gallbladders removed. Of patients who still have their gallbladders at the time of surgery, some will have gallstones or gallbladder inflammation identified at the time of surgery. When a diseased gallbladder is identified before or during surgery, your surgeon recommends removal of the gallbladder. This is proposed because there is a real chance that the diseased gallbladder will progress to cause significant problems in the setting of the repaid weight loss.

On the other hand, if the gallbladder is normal, the surgeon will leave it alone because of the small but real risks of gallbladder removal (injury to the main bile duct or liver, leak from bile duct closure, or stones retained in main bile duct).

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Fee for Revision or Complications for Self-Pay Patients

Should you be a self-pay patient and you need a revision or have a complication, this surgery will not be covered by your insurance.

Summary

You are being offered the gastric bypass procedure because your surgeon believes it is a medically reasonable option in your case. Your part of the decision to undergo surgery is more complex and more important. Before choosing to undergo gastric bypass surgery, you must:

1. Believe that your weight is a medically significant problem
2. Believe that you have exhausted all non-surgical options for weight loss
3. Understand the expected outcomes and the risks of the gastric bypass, including reading the Patient Information Booklet published by the manufacturers of the Roux-En-Y Gastric Bypass
4. Believe that the tradeoffs and risks associates with gastric bypass are worth the risks of surgery for you
5. Pledge to comply with recommended follow-up visits with your surgeon, or to work with your surgeon to make other arrangements in you move, and
6. Pledge to keep Dr. Small or future associates of your personal address and telephone numbers.

Patient Responsibility

If all of the above are true, please sign below:

Patient's Name (Please Print): _____

Patient's Signature: _____

Today's Date: _____

Thank you for choosing Surgical Associates of West Florida to provide your surgical care.

Dedicated To Delivering Quality Surgical Care

Visit Our Web Site at **www.WestFloridaWeightLoss.com**