

## PATIENT CONTRACT (LAP-BAND™ OR REALIZE™ BAND)

The first year after weight loss surgery is a time when new habits must replace old habits if you wish to achieve long-term success. This contract that we are asking you to sign will ensure us that you understand and agree to follow the post-operative guidelines and recommendations. Remember that the surgery is a tool and you must work hard after surgery to change your lifestyle to become and stay healthy.

1. ***I confirm that I attended a weight loss surgery information seminar and I fully understand the mechanism of the adjustable gastric banding (Lap-Band or Realize Band procedure).***
2. ***I agree to be committed to follow up.*** This includes short and long-term. - The expectation for follow up is at the following approximate intervals after surgery: two weeks, six weeks, then, as many times as need to optimize band adjustment (usually 6-8 visits) and then yearly. It is important that we monitor your weight as well as nutritional parameters, to avoid potential long-term complications. Even if you were to leave the area, we want to hear about your progress.
3. ***I agree to follow the food plan.*** - Choices should be high in protein, minimal to moderate fat, low carbohydrate and sugar free. You will avoid high calorie liquids such as creamy soups, just because they go down without any problem. Portion sizes should remain reasonably small. You reviewed and understand the nutrition recommendations provided to you in the office.
4. ***I understand the importance of beverage selection and intake.*** - The majority should be water, Crystal Light, and other non-calorie, non-carbonated drinks. Carbonated beverages (diet or regular) and alcohol should be avoided. Liquid calories add up quickly. For example: juices, shakes, and coffee items (such as with cream or frozen "coolata" drinks) are empty calories.
5. ***It is important to take nutritional supplements in the form of multivitamin products.***
6. ***I am committed to a regular exercise program.*** - The *minimum* should be considered 45 minutes 4 times per week. The only weight loss equation we all have to work with is calories in minus energy expended. Exercise is essential to your weight loss success.
7. ***I understand that I need to take responsibility for my weight management.*** - If you are having difficulties with weight loss or nutritional issues, you should contact us, behavioral medicine, or a dietician, as appropriate for guidance and/or assistance.
8. ***I UNDERSTAND THAT SMOKING SHOULD NEVER BE STARTED OR RESUMED AFTER WEIGHT LOSS SURGERY!*** - The effect of tobacco could be catastrophic, resulting in life threatening stomach bleeding, ulcers, perforation, gastrointestinal problems requiring emergency surgery and potential death!
9. ***I agree to have the information about my care and progress submitted anonymously to a national database (BOLD) managed by Surgical Review Corporation for research purposes.***
10. ***I agree to periodically attend the bariatric surgical support group meetings.***

Common causes of failure to lose considerable weight or weight regain include lack of exercise, poor food choices, constant grazing or snacking, and drinking high caloric or carbonated beverages (diet or regular). We want you to be successful in becoming healthy.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

**PATIENT CONTRACT**  
**Adjustable Gastric Band (LAP-BAND or Realize Band)**

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The following are some of the potential short term post-operative complications and/or potential long term consequences related to bariatric surgery. It would be impossible to list all complications that may arise. Signing this signifies that you understand these risks and others may develop as a result of obesity surgery.

**Short term, less than 30 days:**

Bleeding, injury to surrounding organs at the time of the operation  
 Anesthesia-related complications  
 Acute early obstruction of band  
 Port or wound complications (infection)

**Long term, greater than 30 days:**

Band displacement or slippage  
 Band erosion  
 Failure of the tubing/band fatigue and breakdown  
 Port complications (flipped port)  
 Inability to adjust band – requiring x-ray assisted adjustment  
 Failure to lose weight

Severe heartburn  
 Esophageal dysmotility requiring band removal

I understand that even with maximum compliance it is possible that I will not achieve the desired weight loss with the adjustable gastric banding technique.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_