

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 interventions involved with the vertical sleeve gastrectomy procedure and its nutritional consequences.***
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, six months, at one year 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. Portion sizes should remain reasonably small.
4. ***I understand the importance of beverage selection and intake.*** - Your goal should be 48-64 ounces per day. 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. ***I agree to take nutritional supplements regularly, as directed.*** - This includes multivitamins, calcium, and other supplementations that are recommended to you (B12, iron, etc.). Left unchecked or not supplemented, certain deficiencies can lead to irreversible damage.
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 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 managed by the American Society for Metabolic and Bariatric Surgery for quality improvement 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, lack of attendance at support group meetings, poor food choices, constant grazing or snacking, and drinking high caloric or carbonated beverages. 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. I understand that the annual visit is necessary for early detection of any of the above mentioned serious problems.

Patient signature _____

Date _____