

## Bariatric Surgery – Patient Contract

Bariatric surgery is a lifelong commitment. This contract that we are asking you to sign will ensure 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.

### I understand and agree to the preoperative attendance policy.

If you fail to attend two or more preoperative appointments (including medical, endocrine, dietician, nursing and psychology appointments) then you will be discharged from the bariatric programme without further notice.

We understand that appointments do on occasions need to be rearranged, however we expect you to be committed to attending appointments and therefore if an excessive number of appointments (in most circumstances greater than four) are cancelled by yourself we will also discharge you from the programme.

In this situation your doctor will be unable to re-refer you for a period of one year.

### I agree to be committed to follow up care after surgery.

This includes both short-term and long-term care. We routinely expect to follow you up for two years after surgery. It is important that we monitor your weight as well as nutritional parameters, to avoid potential long-term complications.

### I agree to follow the dietary plan as advised by the dietetic team.

Failure to engage with the dietetic team may result in your discharge from the service. It is expected that completion of the pre-operative pathway should take no longer than 12 months and at this point your progress will be reviewed and a decision made by the multidisciplinary team as to whether you can continue or should be discharged from the service.

### I agree to take nutritional supplements regularly, as directed.

For most patients this will include a daily multivitamin, iron tablets and vitamin D tablets. We also recommend all patients have injections of vitamin B12 every three months. In some situations we may recommend additional supplements.

### I understand that I need to take responsibility for my weight management.

If you are having difficulties, you should contact our team for guidance and assistance. It is expected that completion of the pre-operative pathway should take no longer than 12 months and at this point your progress will be reviewed and a decision made by the multidisciplinary team as to whether you can continue or should be discharged from the service.

I understand that I will not be offered surgery if I am smoking or using any nicotine products. I understand that smoking should never be started or resumed after bariatric surgery.

The effects of smoking can result in life threatening stomach bleeding, ulcers, perforation, gastrointestinal problems requiring emergency surgery, and/or potential death.

I understand that it is not advisable to become pregnant during the next two years after bariatric surgery.

Pregnancy outcomes are very good after bariatric surgery but there are potential increased risks if you become pregnant within the first two years. Oral contraceptive methods are not effective after surgery and therefore other contraceptive methods should be discussed with your GP.

I understand that it is inevitable that there will be excess/redundant skin secondary to weight loss after bariatric surgery and surgical treatment of the same is not offered in the NHS through the bariatric service.

I agree to information (including my NHS number) about my care and progress being submitted anonymously to a national database managed by the British Obesity and Metabolic Surgery Society for quality improvement purposes.

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

<b>Short Term</b> - Less than 30 days:	<b>Long Term</b> - Greater than 30 days:
Death ( 1-2/1000) Anaesthesia related complications Heart and Lung complications Stroke Injury to surrounding organs Leak from join/staple line ( 1-2/100) Bleeding and transfusion (1-2/100) Bowel obstruction Wound infection/abscess formation Kidney failure DVT/PE (blood clots) Reoperation	Bleeding ulcers Kidney stones Gall bladder problems (requiring surgical removal) Bowel obstruction Strictures Nutritional Deficiencies Excess skin – removal of which is not covered on the NHS Dilation of stomach/pouch Heartburn Weight regain Dumping syndrome Need for reoperation

**Declaration**

I understand that any of the above issues may require prolonged hospitalisation, readmission to hospital or reoperation.

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Patient Signature

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Date