MICHAEL SEDRAK, MD

Laparoscopic Gastric Sleeve Surgery
Patient Information Form

The vertical sleeve gastrectomy, also known as the sleeve gastrectomy or gastric sleeve procedure, is an obesity surgery in which a portion of the stomach is removed. This results in a new, smaller stomach that is roughly the size and shape of a banana.

The sleeve gastrectomy works primarily by reducing the size of the stomach so the patient feels full after eating much less, takes in fewer calories, and lose weight. In addition, the surgery removes the portion of the stomach that produces a hormone that can make you feel hungry, so don't want to eat as much.

This procedure can be an excellent alternative to gastric bypass or gastric banding. Sleeve gastrectomy is a simpler operation than the gastric bypass procedure, because it doesn't involve rerouting or reconnecting the intestines. Also, unlike the gastric banding procedure, the sleeve gastrectomy doesn't require the use of a banding device to be implanted around a portion of the stomach.

Our team will help you determine whether sleeve gastrectomy is appropriate for you and exactly how it will be performed.

Advantages of Sleeve Gastrectomy:

- Fewer food intolerances that with the gastric band
- Weight loss generally is faster with the sleeve than wit the gastric band.
- There is no implantable band device, so slippage and erosion are not a risk
- The surgical risk is lower than with the gastric bypass procedure, but the weight loss is similar. In addition, our team can perform the sleeve gastrectomy using minimally invasive techniques that help speed recovery time.
- No device that needs adjustment is inserted, so the follow-up regimen is not as intense as it would be with the band.

Disadvantages of Sleeve Gastrectomy:

- Sleeve gastrectomy is non-adjustable and non-reversible, unlike gastric banding
- Complication risks are slightly higher than with the band.

Recovery Timeline:

- Most patients return to normal activity in two weeks.
- Full surgical recovery usually occurs in three weeks.

Who is performing this surgery?
_____Dr. Sedrak will be performing the Laparoscopic sleeve gastrectomy surgery.

Surgical Overview

_____Bariatric Surgery (surgery for obesity) includes several different types of operations. Laparoscopic sleeve gastrectomy is a weight loss procedure which reduces the size of the stomach from a sac to a narrow tube. Weight is lost because of early satiety (the feeling of fullness after eating), largely due to the smaller size of the stomach.

Also, some appetite stimulating hormones normally produced by the stomach are reduced by the procedure. Apart from this the stomach digests calories and nutrients in an almost normal way.

This operation has evolved from other procedures performed in the past. These operations were abandoned due to poor long-term outcomes from staple line breakdown and obstruction at the tight plastic band reinforced outlet of the stomach. The different way that the sleeve gastrectomy is constructed, and avoidance of the restrictive band prevents the complications associated with those stomach stapling procedures.

The sleeve gastrectomy was first used as an intermediate step toward gastric bypass or duodenal switch. These are relatively more complicated operations with relatively higher risks of complications in very obese patients (i.e. BMI > 50-55). The sleeve is performed first, and then several months after this, when the patient has lost weight, a second operation is performed that converts the sleeve to a bypass or duodenal switch. Surgeons using this strategy to reduce risk soon noticed that patients often declined a second operation because they were very happy with the weight loss results achieved by the sleeve alone. More recently the sleeve gastrectomy has been used as a "stand alone" procedure for weight loss.

After surgery, patients start on liquids before moving to a pureed diet while the stomach heals. Several weeks after gastric sleeve surgery patients progress to eating three small meals a day. Entree sized meals are enough to produce a sensation of fullness. This makes it easier for patients to limit the amount they eat.

Laparoscopic surgery involves several very small incisions rather than open surgery, which uses one large incision. Harmless CO2 gas is introduced into the abdomen, inflating it, and creating a space for the surgeon to work. The surgeon introduces a long narrow camera and surgical instruments, and uses these to perform the procedure. Laparoscopic procedures have many advantages, including less pain, a shorter hospital stay, and a quicker recovery, as well as significantly reduced risk of wound infection or hernias. If for some reason your surgeon can not complete the procedure laparoscopically, he can convert to the open procedure safely. The chance of this occurring is low, and would only be done in your best interests.

Preparation for surgery

_____ Prior to surgery, eat sensibly – as if you already have had the surgery. Fad diets are not recommended. Try to decrease total caloric intake by 25%. Start an exercise program such as walking, biking or swimming. Begin the activities that you will do after surgery and continue for the rest of your life. Lose weight. Weight is preferentially lost from the abdominal organs first and can make the difference between having a laparoscopic and an open procedure. See your primary care physician for a preoperative check-up. In addition, your surgeon may request other specific consultations or examinations.

Pre-operative visit

_____ Prior to your surgery date, an appointment will be made with your surgeon. This is the time to ask him questions or express your concerns. You will be given specific instructions as to lab work, hospital/surgery center, arrival times, medications and postoperative appointments. Make sure you inform your physician if you are on any blood thinning agents such as Coumadin®, Plavix®, aspirin® or ibuprofen at the time of surgery scheduling.

Day before surgery

_____ The day before surgery, you may have a regular breakfast followed by a clear liquid diet for the rest of the day. This includes water, clear juice, tea, coffee, popsicles, Jell-O and broth. Heart and blood pressure medications

should be taken as usual and may include the morning of surgery with a small sip of water. Other medications will require specific instructions. After midnight, the evening before surgery, you may not eat or drink anything (not even water) unless otherwise instructed by your physician. You should contact the Coordinator should you have any questions regarding your pre-operative instructions.

Surgery

_____ The surgical area of the center may be a busy place. You will be placed in a Pre-Op Room, where you will be examined by the anesthesia provider, nurse, and surgeon. An intravenous access will be inserted in your arm. The hair on your abdomen will be clipped, if necessary, in the operating room. Special pneumatic compression devices will be applied to your legs and an injection of heparin (a blood thinner) will be given to help prevent blood clots from forming while you are under general anesthesia. You will also be given antibiotics and a sedative.

GENERAL ANESTHESIA

_____ This information is designed to give you the information you require about the anesthesia for your Laparoscopic gastric sleeve procedure. However, your anesthesia provider will be in contact with you prior to your operation and will be able to answer any additional questions you may have. Please feel free to ask about any aspect of your Anesthesia care.

An anesthesiologist or CRNA are licensed independent practitioners. They are fully trained in their field to provide you the safest and highest level of care. Your anesthesia provider will speak with you and examine you prior to your surgery. He/she will ask you about any previous and current health issues. It is very important you try to answer all questions fully to enable your provider to use the best anesthetic techniques for your surgery. Specifically, it is very important to tell the anesthesia provider about any previous anesthesia problems, any allergies, and any history of Pulmonary Embolus (PE) or Deep Vein Thrombosis (DVT, Leg Blood Clots). The anesthesia provider may arrange for extra tests if they are required for safe conduct of anesthesia, if not already done so by the medical internist. If needed, he/she may ask to see you prior to the day of surgery.

You will usually meet your anesthesia provider on the day of surgery, prior to your surgery. They will answer any further questions you may have and obtain your informed consent for the anesthesia. Laparoscopic gastric sleeve procedure requires general anesthesia: this is a combination of drugs used to put you into a state of reversible unconsciousness. The anesthesia provider will monitor you continuously during this time, and you will be given painkillers and anti-emetics (which help prevent nausea and vomiting) while you are asleep. In the recovery room further medications will be given as needed.

Pain is normally not too severe after this procedure. Occasionally, the gas used to inflate the abdomen can cause pain in the shoulder tip, but this rarely lasts long and is easily controlled. Nausea and vomiting can be troublesome for some people but there are many drugs we can use to prevent this. Your anesthesia provider will provide post-operative orders for the Recovery Room Nurse, which will include medications for pain management and nausea. Additional written orders will be provided as needed.

What are the possible risks of surgery?

_____ Laparoscopic gastric sleeve can be performed on most all patients. Although the gastric sleeve surgery is relatively safe, it is a major operation and there are risks associated with any major surgery. Although very infrequent, serious complications can be associated with this operation. The surgical team will review these with you and you should discuss them with your regular doctor. There are risks anytime a person receives general

anesthesia and these risks are increased for a person who is significantly overweight. It is emphasized, that laparoscopic operation does not reduce the risks of bariatric (surgery for obesity) surgery. There is a possibility that if you are undergoing a laparoscopic procedure, that complications may require your surgeon to convert to an open surgical procedure. The laparoscopic surgical approach, however, reduces pain, discomfort, inconvenience, recovery time and scarring. Patients with previous open operations in the upper abdomen, especially on the stomach may not be the best candidates for this surgical procedure. Your surgeon will advise you to possible other alternatives if surgery is not indicated.

Short-Term Risks

_____ Bleeding, Injury to vital organs. Laparoscopic surgery uses punctures to enter the abdomen and can lead to injury to your stomach, liver or spleen during surgery. Hematoma (pooling of blood under the skin similar to a bruise), internal bleeding, which can be minor to massive may lead to the need for emergency surgery, transfusion or death. Drawing blood from your arm vein for the required blood tests and the intravenous required for surgery may be uncomfortable and can cause bruising or swelling, and, rarely, an infection.

_____ Leakage from the sleeve.

_____ Nausea and vomiting are the most common complications occurring in the first few months after surgery. They may occur after eating too fast, drinking liquids while eating, not chewing enough, or eating more than the sleeve can comfortably hold. It is necessary to learn to eat very slowly and chew foods thoroughly. Notify your physician if frequent vomiting becomes a problem.

_____ Dehydration (loss of body fluids) is also an important concern, especially if vomiting or diarrhea is frequent. Prevent dehydration by drinking water or low-calorie beverages between meals (when there is no food in the stomach), but remember that the stomach can only hold 3-4 ounces at a time.

_____ Atelectasis is a condition in which a part of the lung collapses caused by breathing that is too shallow. The best treatment is to prevent it by deep breathing and lung exercises. Lung expansion exercises will be taught to you before surgery, and you will be encouraged to do them again and again, after the operation. We also have special treatments, and even pulmonary specialist consultants, to help you and your lungs recover, if necessary. Atelectasis can cause a fever after surgery, and can potentially lead to developing pneumonia.

_____ Pneumonia is an infection in the lungs, and after surgery it can be especially serious. Pneumonia is prevented by generally using good respiratory treatment, to prevent atelectasis.

_____ Pulmonary Embolism occurs when a blood clot (usually in the leg veins) breaks off and floats through the veins to the lungs. This affects the lungs and the heart. Although blood clots can occur at any time, it is more likely to occur in overweight patients, and most likely at the time of and soon after surgery. The blood becomes stagnant and clots in the leg veins, and if a clot breaks off and floats through the veins to the lungs, it is called a pulmonary embolism. The blood clot blocks the arteries in the lungs, and can cause a part of the lung to lose its circulation. If the circulation to a large part of the lung is affected, the heart is placed under a lot of strain, and it may fail suddenly, which can be fatal. Preventative measures to reduce pulmonary embolism is performed by administering a blood thinner (heparin), applying sequential compression stockings to compress the legs and keep the blood flowing in the veins, by operating efficiently and **most importantly by getting patients up to walk as soon as possible.**

_____ Swelling around the surgical site There is a possibility that you may have swelling that blocks the opening between the upper and lower stomach pouches, making it difficult to swallow after your operation. This is more likely to occur soon after surgery which makes it very important that the patient remains on a clear liquid diet as advised at discharge. The new stomach pouch will only hold approximately 20 ml of volume at a time.

Long Term Complications

_____ Reflux. There may be ulcer formation, extra stomach acid or heartburn that may be caused by stomach contents going into the esophagus.

_____ Diarrhea/Constipation Although diarrhea is very uncommon long-term, it may occur for the first two weeks after surgery. Likewise, constipation may be a problem early after surgery. It is usually not necessary to take a laxative unless you have not had a bowel movement within five days after surgery. If constipation occurs, milk of magnesia, prune juice or natural laxatives may be taken. You may also take a psyllium fiber supplement.

_____ Dehydration (loss of body fluids) is also an important concern, especially if vomiting or diarrhea is frequent. Prevent dehydration by drinking water or low-calorie beverages between meals (when there is no food in the stomach), but remember that the stomach can only hold 3-4 ounces at a time.

_____ Overeating Almost all people who require gastric sleeve surgery have had problems with overeating. The causes for this are complex, involving genetics, emotions, upbringing, and even the functions of the brain. None of this changes after bypass surgery, except that the upper stomach is now restricted. Eating more than the new pouch can hold may cause vomiting, expansion of the pouch, weight gain, or even rupture of the stomach. Education, counseling, group support and certain medications can help to prevent overeating and are just as important as diet to the success of the operation.

_____ Adhesions. These are scar tissues caused by healing after surgery. They are much less common after laparoscopy.

_____ Others Stomach pain and ulcers are complications which may require medical attention. Notify your physician if frequent stomach pain becomes a problem.

_____ Malnutrition, Vitamin and Mineral Deficiencies. *If y*ou lose weight very quickly, rapid weight loss may result in symptoms of malnutrition. Oral multi-vitamins are useful in preventing vitamin and mineral deficiency after surgery. Following the recommended dietary and behavior modification guideline is extremely important.

_____ Peripheral neuropathy. Upon trocar insertion during surgery, the small cutaneous or subcutaneous nerves may be injured thereby causing you to experience burning and numbness at the laparoscopic port site after surgery.

_____ Abdominal Wall Hernia, (weakening of the abdominal wall due to surgical incision) although unlikely, is a risk in any surgical procedure. It is very uncommon after laparoscopic surgery.

_____Weight loss may cause changes to your body image and depression approximately 3-4 weeks after surgery is not uncommon. It's been reported that divorce rate may increase in patients who have undergone bariatric surgery.

_____ Standard risks associated with abdominal surgery performed under general anesthesia.

_____ Death. Although all measures are taken to assure optimal surgical care, death is a potential risk of any surgery.

_____ REPRODUCTIVE RISKS

If you become pregnant during the first year that your gastric sleeve, the effects that rapid weight loss may have on an unborn child are not known. Therefore, it is necessary to use a medically acceptable method of birth control during that time. These methods may include abstaining from sexual intercourse; using oral contraceptives (birth control pills), condoms, diaphragms, contraceptive foams and jellies, injection or implantable contraceptive treatments. If you are capable of becoming pregnant and are not presently using a reliable form of birth control, your surgeon can direct you as to how to obtain appropriate information on which of these methods may be best suited for you. If you become pregnant or have reason to suspect you may be pregnant, you should notify your surgeon immediately. If you do become pregnant at any time during the first year after your gastric sleeve surgery, inform your bariatric surgeon and OB/GYN physician.

_____E. What are the surgical benefits?

As a result of undergoing the gastric sleeve procedure, you may lose a significant amount of weight. Weight loss could improve your overall health, quality of life, and increase your life expectancy. Bariatric surgery with the gastric sleeve is usually is a short surgical procedure. The stomach is cut and 80% of the stomach is removed. The tube of stomach without re-routing anatomy does not bypass sections of your intestinal track, and therefore, decreases the likelihood of nutritional or other complications.

There may be other benefits if you have the gastric sleeve procedure by the laparoscopic technique as compared to an open surgical procedure. Your scars from the surgery may be smaller and less visible. You will have less pain and you may be able to return to normal activities and to work sooner. Your hospital stay may be shorter which could decrease your overall hospital bill. Since laparoscopic procedures are less invasive, the potential for complications may be less.

_____F. What other options are there?

You are aware that there are several alternatives to gastric sleeve surgery. One alternative is that you may do nothing at all and remain obese. Other choices you have to lose weight include diet, diet and behavior modification, jaw wiring, stomach stapling (gastroplasty procedures), gastric bypass, or gastric band. Your surgeon has discussed the risks and benefits of these alternative treatments available with you.

_____G. What happens soon after surgery?

You will be required to walk and to exercise your lungs to prevent pneumonia and other complications of anesthesia. Medication for relief of any pain is available as required. Liquids will be offered after surgery as soon as you are awake and alert and free from nausea. Only take in what is comfortable. Later, pain pills and other medications will be offered. You will be disconnected from the IV as you progress. You will be discharged from the hospital when you are able to tolerate liquids, your incisional pain is controlled with oral medications and you have no nausea.

_____H. What is expected after discharge from the center?

Diet

_____ During the first 1 to 3 months after surgery, all solid food should be ground or pureed or chewed to similar consistency. Chew all food thoroughly to avoid blockages. Avoid vomiting (particularly during the first few months) by chewing sufficiently your solid foods, eating slowly, or not over-eating. If vomiting is persistent, return to an all-liquid diet for one or two days before resuming the suggested diet. Call your surgeon if vomiting persists. Do not try to induce vomiting to relieve symptoms of bloating or fullness. Stop eating at the first feeling of fullness. One or two bites more may cause vomiting. Eat slowly (20-40 minutes per meal) to avoid dilating the pouch. Do not eat more than 5-6 small meals a day. You should take a multi-vitamin-mineral supplement. To avoid vomiting, divide the tablet in half and take them between meals, not on a full stomach, or take a chewable or liquid vitamin-mineral supplement. Continue for at least 1 year.

Fluids

_____ Only drink water or other low-calorie liquids. Citrus juices such as orange or grapefruit have a high acid content and should be avoided. High calorie liquids can defeat the purpose of the surgery. Drink at least 4-6 glasses of liquids a day to avoid dehydration and constipation. Drink between meals, not during meals. Liquids should be taken 30 minutes before and after meals. Remember, there is not enough room in your "new" stomach for foods and liquids at the same time. Eventually the pouch will expand to allow 4-5 ounces at a meal.

Activities

_____ Upon returning home, you should walk as much as is comfortable. Light housework, driving and other daily activities are usually tolerated five days after surgery. Avoid heavy exercise and limit lifting to 20 lbs. or less. Although some patients are able to return to sedentary jobs within a week following surgery, two to three weeks away from work is more the norm. Intercourse is allowed two to three weeks after surgery. You may shower and remove your bandages the second day after surgery. Your incisions need not be covered. Avoid baths, swimming and hot tubs until authorized by your surgeon.

Incisions

_____ Your incisions are closed with absorbable sutures. The incisions can be covered with a non-adherent dressing if you desire. It is not unusual for a small amount of blood or fluid to escape from the wounds. Sometimes bruising will occur a few days after surgery. This can be quite dramatic, but is not dangerous. Any unusual pain or redness may indicate infection and should be reported to your surgeon. You may take baths or swim as soon as you incisions are healed.

Medications

_____ You may be given three different medications upon discharge: (1) a pain medication such as Lortab Elixir®. (2) an anti-ulcer medication such as Prevacid® or Prilosec®. (3) Compazine®, for occasional nausea. You will continue most of the routine medications that you were taking prior to surgery. Diabetic and anti-hypertensive medications will need to be adjusted in conjunction with your endocrinologist or primary care physician. You can resume most of the medications you were taking prior to surgery, but this will be clarified prior to hospital discharge. You are to avoid aspirin-type medications such as Motrin®, Ibuprofen®, Aleve® and Advil® as these can cause ulcers. Tylenol® is suitable for minor pain.

Follow-Up Visits

_____ You should be monitored closely during the period of your rapid weight loss. You will be seen in our office 1-3 days after surgery, 2 weeks, 6 weeks, 12 weeks, 6 months, 1 year, then yearly, or more frequently as needed. Necessary laboratory and diagnostic tests will be recommended to you if appropriate at that time. You may also have to return at unscheduled times should the need arise. You may need periodic assessment to check the flow of food through the sleeve. To check the patency, you may be asked to undergo an upper GI series. You will be

asked to swallow a small amount (approximately one tablespoon) of Barium (contrast medium) and a series of x-rays will be obtained. Upper GI series are routinely used to assess the flow of content from your esophagus down to your intestine and may also do EGD. Follow-up visits with our office will continue after the initial year for up to what is deemed necessary by your surgeon to assure your well-being.

It is important that you follow these instructions carefully and report any problems or call our office should you have any questions or concerns.

You, your spouse and/or significant family member acknowledge receiving a copy of this signed and dated Laparoscopic Gastric Sleeve Surgery Patient Information form, have carefully read and understand the information presented in this form, and agree to comply with all program requirements. You and your spouse and/or significant family member acknowledge that you have been fully informed of your right to receive a copy of this signed and dated patient information form.

ACKNOWLEDGED AND AGREED:

SIGNATURE BY THE PATIENT AND SPOUSE OR SIGNIFICANT FAMILY MEMBER:

_____ _____
Signature of Patient ***Date/Time***

_____ _____
Signature of spouse or significant family member ***Date/Time***

_____ _____
Signature of parent/guardian/conservator (if minor patient) ***Date/Time***

_____ _____
Signature of the Surgeon Who Presented Patient Information ***Date/Time***

If subject is a minor (under 18 years of age), or is otherwise unable to sign, complete the following:

Subject is unable to sign the Laparoscopic Gastric Sleeve Surgery Patient Information form because_____

SIGNATURE FOR THE PATIENT:

_____ _____
Name of Patient

_____ _____ _____
Signature for the Patient Relationship to the Patient Date/Time

_____ _____
Signature of Witness Date/Time

Laparoscopic Gastric Sleeve Advisory Sheet
Patient Review and Advisory

The following items are discussed with the patient prior to gastric sleeve surgery.

General Information:

_____ Description of alternative operative procedures

_____ Long-term limitations on individual lifestyle

Anticipated Outcome:

_____ Anticipated weight loss 30-50% of excess weight during first year

Complications:

_____ In rare circumstances, hospitalization may be necessary after the procedure

_____ Infection

_____ Bleeding requiring return to OR

_____ Hematoma

_____ Gas Embolus, Deep Venous Thrombosis, Pulmonary Embolus

_____ Repeat Surgery

_____ Leakage from the sleeve

_____ Perforation

_____ Pulmonary complications

_____ Obstruction

_____ Persistent nausea or vomiting

_____ Partial or no Weight Loss

_____ I understand the risks involved with cigarette smoking and marijuana smoking, as it has been explained to me by the doctor. I elect to proceed with this surgical procedure and will not hold liable the doctor or surgical staff responsible for complications that may occur post-operatively related to smoking. I am aware of the increased risk for complications including (but not limited to) infection, increased scaring, skin loss, tissue death, and prolonged healing time.

_____ In extremely rare circumstances, I understand that the risks involved with surgery and anesthesia also include death

Economics:

PATIENT NAME: <<last>>, <<first>> **ID # <<patid>>**
DOB: **<<dob>>**
PHYSICIAN: **<<doctor>>**
DOS: **<<ApptDate>>**
LOCATION: **<<location>>**

_____ Cost of procedure

_____ Responsibilities for possible later revisions or complications

_____ Even though the risks and complications cited occur infrequently, these are the ones that are particularly peculiar to the operation, other complications and risks can occur but are even more uncommon

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implemented, as to the results that may obtained.

Additional comments:

_____
_____
_____

"I certify that I have read and understood all of the above and that all the blank spaces were checked or filled out prior to my signature."

Patient Signature_____Date/Time____<<date>>_____

Parent/Guardian/Conservator Signature_____Date/Time____<<date>>_____
(If minor patient)

"I certify that I or a member of my staff has discussed all the above with the patient and have offered to answer any questions regarding the procedure. We believe that the patient fully understands the explanations and answers."

Surgeons Signature_____ Date/Time_____<<date__ ____

MICHAEL SEDRAK, MD

Laparoscopic Gastric Sleeve Surgery
POST OPERATIVE INFORMATION

What is expected after discharge from the center?

Fluids
_____ Only drink water or other low-calorie liquids. Citrus juices such as orange or grapefruit have a high acid content and should be avoided. High calorie liquids can defeat the purpose of the surgery. Drink at least 4-6 glasses of liquids a day to avoid dehydration and constipation. Drink between meals, not during meals. Liquids should be taken 30 minutes before and after meals. Remember, there is not enough room in your "new" stomach for foods and liquids at the same time. Eventually the pouch will expand to allow 4-5 ounces at a meal. A comprehensive diet instructions manual was given to the patient.

Activities
_____ Upon returning home, you should walk as much as is comfortable. Light housework, driving and other daily activities are usually tolerated 3-5 days after surgery. Avoid heavy exercise and limit lifting to 20 lbs or less. Patients are able to return to sedentary jobs within a week following surgery. Intercourse is allowed two to three weeks after surgery. You may shower and remove your bandages the second day after surgery. The only bandages that will remain are the white strips that are directly in your skin covering your incisions. These are called steri-strips. They will either fall off on their own or be removed by your surgeon. You don't need to replace or change the gauze or the band-aids. Avoid baths, swimming and hot tubs until authorized by your surgeon.

Incisions
_____Your incisions are closed with absorbable sutures. It is not unusual for a small amount of blood or fluid to escape from the wounds. Sometimes bruising will occur a few days after surgery. This can be quite dramatic, but is not dangerous. Any unusual pain or redness may indicate infection and should be reported to your surgeon.
As a result of the intubation during anesthesia, you may experience a sore throat for 3-5 days.

Medications
_____ You may be given three different medications upon discharge: (1) a pain medication such as Lortab Elixir®. (2) antibiotics (3) Zofran®, for occasional nausea. You will continue most of the routine medications that you were taking prior to surgery. For questions concerning your specific medications, contact your primary care physician. You are to avoid aspirin-type medications such as Motrin®, Ibuprofen®, Aleve® and Advil® as these can cause ulcers. Tylenol® is suitable for minor pain.

Post-op / Follow-Up Visits
_____ You will have two initial post-op appointments. The first appointment will be 2-3 days after your surgery at one of our clinics nearest you (with your surgeon or one of his/her partners). Your second post-op appointment will be WITH your surgeon at any location. After these two appointments, call the office to schedule your first adjustment which will be done 4 weeks after your surgery. Office: 310.273.8927
First appointment: (Date/Time/Location): _____
Second appointment: (Date/Time/Location: _____

What are the possible risks of surgery?

Swelling around the surgical site There is a possibility that you may have swelling that blocks the opening between the upper and lower stomach pouches, making it difficult to swallow after your operation. This is more likely to occur soon after surgery which makes it very important that the patient remains on a clear liquid diet as advised at discharge. The new stomach pouch will only hold approximately 20 ml of volume at a time.

PATIENT NAME: <<last>>, <<first>> **ID # <<patid>>**
DOB: **<<dob>>**
PHYSICIAN: **<<doctor>>**
DOS: **<<ApptDate>>**
LOCATION: **<<location>>**

For any medical emergency, please call 911

- Infection:

- If you should experience any of these symptoms please call your surgeon immediately:
  - Unusual bleeding
  - Purulent or foul smelling discharge
  - Excessive pain
  - Excessive swelling of or around the incisions
  - Increased redness
  - Light headedness
  - Temperature of 100° F or higher

Physician Direct Contact: Michael Sedrak (310) 743-5599

- Nausea and vomiting are the most common complications occurring after the gastric sleeve surgery. They may occur after drinking too fast, or drinking more than the pouch can comfortably hold. It is necessary to learn to eat very slowly and chew foods thoroughly. Notify your physician if frequent vomiting becomes a problem.

- Diarrhea/Constipation Although diarrhea is very uncommon long-term, it may occur for the first two weeks after surgery. Likewise, constipation may be a problem early after surgery. It is usually not necessary to take a laxative unless you have not had a bowel movement within five days after surgery. If constipation occurs, milk of magnesia, prune juice or natural laxatives may be taken. You may also take a psyllium fiber supplement.

- **In rare and extreme circumstances, I understand that the risks involved with surgery and anesthesia may also include the possibility of death.**

I, the undersigned, acknowledge and understand the above postoperative instructions.

_____

Patient or Person Authorized to Sign for Patient

Date/Time _____<<date>>_____ Witness_____