	QUALITY MANAGEMENT DOCUMENTS	Doküman No: HD-FR-652 Yayın Tarihi :29.04.2023
	PATIENT INFORMATION AND CONSENT DOCUMENT FOR GASTRIC BAND REMOVAL SURGERY	Revizyon No:00 Revizyon Tar.: Sayfa No :1/3

Patient Name-Surname:

Date of Birth:

Protocol No:

Date/Time:

## GENERAL INFORMATION

In vertical banded gastroplasty surgery, or by its known name colloquially stomach stapling method, a band made of silicone is placed around the stomach from approximately 20 mm below the junction of the esophagus and stomach. The inner wall of the band is like a longitudinal balloon, or bicycle tire. This balloon is connected to a port placed underneath in through a tube. The band is left deflated during the surgery, but it is gradually inflated with serum injections from the port under the skin after about 1 month. The size of the gastric transit can be changed under simple intervention after the surgery in this way. In the surgery, firstly, the capsule is opened from the connective tissue surrounding the band, the stitches that fix the band to the stomach are cut if any, and it is removed around the stomach, the port under the skin is removed by entering it through the same incision of laparoscopic procedure most of the time after when it is terminated.

### Expected Benefits From The Procedure:

Your doctor will inform you about the expected benefits of the procedure.

### Consequences That May Be Encountered If The Operation Is Not Performed:

Your current complaints will continue.

### Alternatives To The Procedure, If Any:

- No removal or reduction of any part of the stomach is being performed.
- It can be performed laparoscopically
- It can be fully reversed if necessary.
- It is an adjustable method.


### Risks And Complications Of The Procedure:

#### General Complications:

- Some lung areas may close. And this increases the risk of lung infection. Antibiotic and respiratory treatments may be needed.
- Clots may occur in the leg veins, which are accompanied by pain and swelling. A piece of this clot may break off and reach the lungs and can be fatal, but this is rare.
- A heart attack or stroke may occur due to the overload to heart.
- Surgery-related deaths may occur.
- There is a risk of thrombosis (intravascular clot formation) due to wound and lung infections.

Obese and/or smoking patients are at increased risk for wound and lung infections, heart and lung complications, and thrombosis.

Complications of the Procedure:

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- No removal or reduction of any part of the stomach is being performed.
- It can be performed laparoscopically.
- It can be fully reversed if necessary.
- It is an adjustable method.

#### **Estimated Time Of The Procedure:**

The estimated time of the procedure takes 1 hour.

Possible maleffects of medications to be used and points to be considerations:

Use the medications recommended by your doctor in accordance with the instructions for use. Your doctor will inform you about the possible maleffects of medications and the things to be considered.

#### **Considerations That The Patient Should Pay Attention To Before And After The Procedure:**

Your doctor will inform you about the points you need to pay attention to before and after the procedure.

#### **Problems That May Occur If The Patient Does Not Pay Attention To the Issues That Should Be Followed:**

Your doctor will inform you about the problems you may experience if you do not pay attention to the considerations that must be followed.

#### **How To Get Medical Help On The Same Subject If Necessary:**

Not to accept the treatment/surgery is a decision that you will make of your own free will. You can personally reapply to our hospital/hospitals that can perform the treatment/surgery in question if you change your mind. Phone number: 0282 726 05 55

**Medical research:** I give my consent to review of clinical information from my medical records for the advancement of medical study, medical research, and physician education provided that the patient confidentiality rules in the patient rights regulation are adhered to. I give my consent for the research results to be published in the medical literature as long as it protects patient confidentiality. I am aware that I may refuse to participate in such a study and that this refusal will not affect my treatment in a negative way.

#### **Personal Information**

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Drugs Used: Bleeding Time:

Allergy: Other Diseases:

Patient Name and Surname : .....


Signature: .....

Date/Time: .....

Physician Name Surname : .....

Signature: .....

Date/Time: .....

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#### Photograph / Viewers:

I consent to the photographing or video recording of the procedure, including appropriate parts of my body, for scientific, medical or educational purposes, provided that the pictures do not reveal my identity. I also approve the admission of qualified observers to the operating room during surgery in the interest of improving medical education. I have read and understood the contents of the informed consent form. All blanks on this form were filled before I signed it and I made a copy.

#### Informed Consent:

I understand that medical practice is not an exact science, and no guarantee can be given as to the outcome or treatment. In the consent document and in my meeting with the physicians, I was given detailed information about my condition, the procedure and risks to be applied, and treatment options. We declare that we are aware of our responsibility in this regard and that we accept and approve the operation without any violence, suggestion, material or moral pressure.

X-ray, scopy, ultrasonography, scintigraphy, computed tomography, magnetic resonance etc. during the interventions. that medical devices may need to be used; I know that I may be exposed to rays that may cause adverse effects on my health in some of these devices / applications, I approve the use of these medical devices if necessary

I know that a different situation, which has not been experienced before, may develop very rarely during the process, and in this case, I give permission and approval to the team that will carry out the process to take initiatives that it deems appropriate.

I am signing this form consciously, without any additional explanation, without any pressure.

Patient Name Surname: Date/Time:

Signature:

or

Patient Guardian/Recent Date/Time:

Name Surname :

Signature :

(Proximity.....)

Sufficient and satisfactory explanations were given to the patient/patient's relative whose name is written above, about the disease, the intervention to be performed, the reason and benefits of this intervention, the care required after the intervention, the expected risks, the type of anesthesia to be applied for the intervention if necessary, and the risks and complications of anesthesia. The patient/patient relative has read and signed this form with his/her own consent, confirming that he/she has been sufficiently enlightened for his/her entry.

Physician Name Surname:

Date/Time:

Signature: