

BARIATRIC SURGERY CONTRACT (DOC-12)

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GASTRIC REDUCTION-DUODENAL SWITCH

HAVING ELECTED TO UNDERGO BARIATRIC SURGERY FOR MY OBESITY, I UNDERSTAND & AGREE TO THE FOLLOWING:

1. I have been informed of my personal medical problems, the dangers of morbid obesity, and the operations available to me.
2. The dangers and complications of surgery have been completely explained to my satisfaction, including the possibility of death. Re-operations may also be necessary, either during the same hospitalization, or later after being discharged.
3. I am voluntarily electing to have this surgery without coercion or deception on the part of the surgeons or other medical staff.
4. I realize the importance of post-operative appointments and blood work and I will keep those scheduled appointments and have labs drawn.
5. Specific **vitamin and mineral supplements** shall be required after surgery and I will purchase and be committed to taking these supplements the rest of my life.
6. I realize the importance of attending the **monthly group meetings** and understand they are crucial to my success especially the first year.
7. It has been emphasized to me that **behavior modification** is critical in attaining acceptable long term weight loss and that this process is learned primarily through Support Group meetings.
8. I am now aware that Behavior Modification is an important educational process, which will be made easier as a result of my surgery. I do understand that it involves exercise, changes in the types & amount of food I eat, liquids I drink, the number of meals I eat per day. **I am aware that if I don't make these changes it is possible I can re-gain weight.**
9. I realize my liver may be sensitive after this surgery and I should stay away from alcohol and any drugs that may cause liver damage.
10. I understand the importance of **long-term follow-up**. I agree to be seen in the office and have necessary blood drawn or communicate with our office and have blood drawn on an annual basis.
11. **I will read and follow the guidelines within the Patient Workbook that I have been given.**
12. **I understand why I should not become pregnant during the weight loss period and until cleared by my surgeon.** (if applicable)

I _____ have read the foregoing contract. I do understand and agree to abide by these terms.

PATIENT _____

Date _____ WITNESS _____