

NAME: _____ TODAY'S DATE: _____ DATE OF BIRTH: _____ AGE: _____

ADJUSTABLE GASTRIC BAND ADJUSTMENT AUTHORIZATION:

I hereby authorize Fill Centers USA Aftercare Provider to perform an adjustment on my adjustable gastric band. I clearly understand that this involves penetrating the skin over the port, blindly using a special needle for the purpose of instilling or withdrawing fluid from the band around the stomach in order to achieve stomach restriction and weight loss.

I certify that I have been informed that there are significant risks including, but not limited to, bleeding, infection (that may necessitate removal of the port or band with attendant risk of recurrence of morbid obesity), catheter, port and/or band damage that may require prolonged antibiotic treatment, anesthetic risks (including shock / death), cardio-respiratory arrest, damage to the port or catheter (resulting in its removal/replacement), band erosion, fistula formation, damage to nerves, blood vessels, skin, intra-abdominal or thoracic structures including the gastrointestinal system, liver, heart, lungs and pleura, intra-abdominal infection, band slippage, pouch dysfunction, dysphasia, esophageal dilatation or dysfunction, heartburn, gastritis, ulceration, gastric outlet obstruction, reflux esophagitis/inflammation/Barrett's esophageal cancer, esophageal motility problems, pain, scar, need for open wounds, inability/difficulty eating certain types of food or pills, or a need for additional surgery or procedures. I recognize that the long-term consequences /risks of this device are unknown and that it is still considered experimental in the U.S.A. I therefore fully understand that unforeseen conditions may require additional procedures / surgery / investigations for which I will assume full responsibility/financial and otherwise. I further understand that this (adjustable gastric band) requires lifelong medical surveillance and modification of food choices including, but not limited to, the amount and frequency; as well as a life-long need for nutritional supplementation including, but not limited to, proteins, vitamins, minerals and fluids. I also certify that I have been informed about the alternatives (including non-treatment).

I hereby acknowledge that no warranty or guarantee has been given or implied to me with regard to the outcome. I will refrain from having this device adjusted by anyone other than these health-care providers who are qualified by education, training and experience to handle this device.

I have read and fully understand the above consent, and after carefully considering all the possible risks and consequences and alternatives (including non-treatment), I willingly consent to the above-mentioned procedure.

Signature of Patient

DATE: _____

I, as a witness, have identified the above individual and I have observed his/her signature on this document.

Signature of Witness

DATE: _____

ADJUSTABLE GASTRIC BAND ADJUSTMENT:

Witnessed by _____

After obtaining informed consent, under sterile conditions and local anesthesia (with 1% lidocaine without epinephrine), the port was accessed **without difficulty / with difficulty** using a 1 ½ / 3 ½ inch **22g / 20g** Huber needle attached to a **3 / 5 / 10** cc syringe with a stopcock. _____cc was withdrawn **under pressure / without pressure and sucked out air**, _____ cc went in under suction, and _____cc of normal saline/Renografin – **full / ½ / 1/3 / ¼** strength or other _____ was instilled bringing the **TOTAL to _____cc**. Its location within the port was confirmed in the usual fashion.

- Patient tolerated the procedure well; was able to drink two glasses of water without difficulty.
- Patient was unable to drink two glasses of water, so _____cc was removed bringing the **TOTAL to _____cc**.
- Patient felt no restriction so an additional _____cc was instilled bringing the **TOTAL to _____cc**.
- Patient was advised to stay on warm liquids for 48 hours then gradually advance their diet after the adjustment.
- Patient was counseled to take at least 60g of protein supplements and appropriate vitamin supplements (Vita4Life or its equivalent, plus calcium and iron); to avoid milk and sugar; to eat 5-6 small meals daily; to avoid mixing liquids with food (30 minutes prior to 90 minutes after a meal).
- Patient was advised to review nutritional information in FCUSA Lifestyle Guide.
- Patient was advised to exercise aerobically 45 minutes a day;
- Patient was counseled regarding the lack of long-term data / long-term results in the U.S.A.
- Patient was counseled regarding the possibility of esophageal dilation /reflux esophagitis// inflammation /Barrett's/esophageal cancer motility problems; overstretching of the pouch; poor emptying from the pouch; erosion/band slippage/stomach herniation can occur with over-tightening of the band.
- Patient was counseled regarding the need for annual UGI swallow – for followup.