

SLEEVE GASTRECTOMY SURGERY INFORMED CONSENT FORM

The following risks and possible dangers related to this surgery were explained to me:

1. The shape and size of the surgical incision is appropriately determined by the surgical team. It is normally a laparoscopic, that is, a closed operation, and it can be converted to open surgery with a probability of 0.5%.
2. Clots that may form in the deep vein system during and after the operation may break off from there and cause vascular occlusion in various organs, especially in the lungs. Clogging of the pulmonary veins with this clot is a sometimes "fatal" complication known as pulmonary embolism. Various measures will be taken to prevent this situation. This complication may develop with a probability of 0.06%. There was no such complication in our series.
3. There may be 1% bleeding into the abdomen or stomach during and after the surgery. Accordingly, the patient may need to be given blood and blood products. This increases the risk of blood-borne diseases such as hepatitis and AIDS. Transplantation of blood and blood products has its own risks.
4. Antibiotics can be applied against possible infections, but it is medically impossible for this application to reduce the risk of infection to zero. These infections can develop in the abdomen, lungs and respiratory tract, urinary tract and on the wound area. Infections may also develop in the post-discharge period, and the patient may be hospitalized again and a new treatment process may begin. Re-operation or various interventions for the treatment of certain infections may be required. The financial bill that will occur in case of re-hospitalization belongs to the patient.
5. In the first days after the surgery, there may be a feeling of food being stuck while eating, nausea, retching and vomiting. Stenosis may develop with a probability of 0.1% and a series of procedures, including reoperation, may be required for its treatment. The financial responsibility of these additional treatments belongs to the patient.
6. Organ injuries such as esophagus, large intestine, small intestine, spleen, pancreas, kidney, ureter, bladder and vein may occur during surgery and additional interventions may be required.
7. After the surgery, stomach contents may leak into the abdomen due to the insufficiency of any suture or stapler line. This risk is around 1-3%, the length of stay in the hospital may be extended up to several months and various interventions may be required again. All additional costs incurred in case of leakage belong to the patient.
8. This surgery can lead to peritonitis (inflammation of the peritoneum) and/or fistulas (leakage of digestive contents from the abdomen to the skin). This situation can be life-threatening, require reoperation, and require intensive care treatment.
9. The shrunken stomach may enlarge over time in the long term after surgery. In the long-term, if the patients are out of follow-up care, weight gain can be seen again. Patients have

to participate in clinical follow-ups and support programs within the framework of regular follow-up.

10. After the surgery, diet planning and a special nutrition program will be required in the presence of a dietitian. Despite this, weight loss may stop or even regain may occur. It is possible to become morbidly obese again with a 1-3% probability. There may not be a rapid weight loss after the surgery. Regular follow-up of the patient is required.

11. Intestines may work late after surgery. For various reasons, the patient's initiation of oral feeding may be delayed. The patient may need to be fed intravenously or by other methods for a short or long time. Therefore, the inpatient treatment of the patient may be prolonged.

12. After the operation, there may be separation of the surgical wound on the abdominal wall and re-operation may be required to close it. Even if there is no healing problem in the beginning, a hernia may develop at the incision site in the following years and may require surgery.

13. Intestinal obstruction may develop in the early postoperative period or sometimes years later, due to adhesions between the intestines or between the intestines and the abdominal wall. This may require re-operation.

14. Many vitamin and element deficiencies and related disorders (such as anemia, gallbladder and kidney stones, diarrhea) can be seen due to malabsorption and to the deactivation of a part of the stomach and intestine. This may require additional intervention.

15. After this surgery, despite all the above risks, the rate of serious complications is 3-4%, and the death rate is around 0.4%.

16. After obesity surgery, diabetes, hypertension and other co-morbidities may not completely disappear in some severe cases, and the need for insulin or medication may continue.

17. It is very important to take enough fluids in the early postoperative period and afterwards. Patients who cannot do this may have problems related to fluid loss and may need to be hospitalized again (rehospitalization).

18. As with any surgery, complications of anesthesia (unexpected adverse situation) may occur. The type of anesthesia to be applied in the surgery and its complications will be explained by the anesthesia clinic team. Only anesthesia itself carries a fatal risk with a probability of 1/30000.

19. Surgical images can be presented in scientific congresses without your name and identity information, and rehabilitation meetings and informative statements in the media can take place without giving your identity and contact information.

20. Stones may form in your gallbladder despite the use of preventive medication during the post-operative weight loss process.

21. As it is known, there is an epidemic of Covid-19 in the world and in our country. Covid-19 is an agent that can cause viral pneumonia in some people and there is currently no effective treatment. You were given detailed information about the risks of this epidemic after your obesity surgery. Knowing and understanding these risks, you decided to have the surgery.

I understand all written side effects and hazards and any risk of death or financial responsibilities involved. I know that there is an epidemic of Covid-19 (coronavirus) in the world and in our country right now. Considering the possible risks of this epidemic, I agree to undergo gastric sleeve or gastric bypass surgery if necessary and authorize my doctors in this regard.

Patient or relative:

Name and surname:.....

Date of birth:.....

Signature:.....

OperationDate:.....