

**Consent for the Orbera Gastric Ballooning Procedure**

I, \_\_\_\_\_ of \_\_\_\_\_

Hereby give consent to have the Orbera Gastric Ballooning procedure performed upon me. I am satisfied that I sufficiently understand the risks, potential benefits, and alternatives of this procedure, and that I have been provided with ample opportunity to ask further questions and clarify my understanding.

I accept that all procedures carry an element of risk, and that despite all due care, side affects and adverse outcomes of the Orbera Balloon can occur. Some of these complications may include:

- Nausea or vomiting for the first few days after placement
- Gastric perforation (1:1000)
- Aspiration Pneumonia (1:500)
- Bowel obstruction (1:1000)
- Oesophagitis & reflux
- Gastric outlet obstruction
- Premature balloon deflation
- Inadequate weight loss
- Weight regain after removal of balloon if diet and exercise modifications are not continued

I understand that additional surgery or other treatment may be required to correct these and other problems, which may extend the length of hospital stay and/or recovery period.

I am aware of the importance of participating in the 12 month O Clinic program, which will allow for the early recognition of any gastric balloon related problems.

I understand that the balloon must be removed at 6 months and agree to undergo this removal to prevent long term complications such as bowel obstruction if the balloon were to be left in place beyond 6 months.

**Surgery Cancellation Policy**

We strive to render excellent medical care to you and the rest of our patients . In attempt to be consistent with this, we have a surgery cancellation policy to allow us to schedule a suitable surgery date for all patients. Admission bookings for Dr Taylor are in high demand, and your early cancellation will give those patients on a wait list the opportunity to have that surgery date.

We request that you please give our office at least three weeks notice in the event that you need to reschedule or cancel your surgery. In the event that you need to reschedule your surgery date, we will make every possible attempt to accommodate your preferences, however, full payment of the program fee will need to be paid at that time.

Please be advised that a second cancellation of surgery date will result in their removal from the hospital list and only under extenuating circumstances will a surgery date be rescheduled again.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_