OClinic
OVERCOME OBESITY

Mater Medical Centre
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Consent for Sleeve Gastrectomy

I, of

Hereby give consent for Laparoscopic sleeve gastrectomy to be 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, complications can occur. Some of these complications include:

- Problems with the surgical incisions including poor wound healing or infection
- Problems with leaking (1-4%) or bleeding (1-2%) from the sleeve staple line
- Slow resolution of post-operative discomfort, particularly involving the left shoulder
- Injury to the liver, spleen, oesophagus, stomach, intestines, or blood vessels
- Adverse reactions to medication or anaesthesia
- Blood clots in the legs or lungs despite appropriate preventative measures
- Death from these or other complications (risk 1:500)

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 ongoing clinic follow-up, which will allow for the early recognition and correction of any gastric sleeve related problems.

I am aware of the costs involved in my treatment plan, and understand that further out-of-pocket costs may be incurred if revisional surgery is ever required should I fail to maintain the appropriate level of Private Health Cover.

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. If 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 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 _____

Dr Craig Taylor MBBS(Hons) FRACS
Laparoscopic & Obesity surgeon (provider no. 228015BA)
Specialising in weightloss surgery, gallstones, heartburn & reflux, incisional & groin hernias and Upper GI Surgery
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