I Understand that the potential complications include, but are not limited to:

I,_____am requesting that Mr. Sanjay Purkayastha, perform the procedure known as **Laparoscopic insertion of LINX device** on me as a form of therapy to treat my condition of gastro-oesophageal reflux. I have had explained to me the risks, benefits and alternatives to the procedure as listed below and as at my individual consultation with the above listed doctor.	Initials ……
There is a risk of bleeding for which very rarely a blood transfusion may be required but this is less than 1%	……..
There is a risk of infection: of the wounds, surgical site in the abdomen and chest infection	……..
There will be some pain and discomfort associated with the surgery to the abdomen	……..
There will be some scars on the abdomen where the incisions are made and / or a larger scar on the abdomen if the surgery is converted to open.	……..
There is a very small risk of injury to the structures that are being operated on and structures in close proximity (e.g. lung, oesophagus, stomach, spleen, diaphragm, bowel, vagus nerves). In the very unlikely event of this occurring the necessary repair will be carried out and post operative changes in care will be explained and carried out as appropriate. Although rare complications from upper gastro-intestinal surgery can necessitate intensive care admission or major surgery and I understand this.	……..
There is a small risk of non-resolution of symptoms. This is different for every patient depending on the severity of the symptoms before the surgery. In general the surgery is only carried out if your surgical team feel the benefit of this surgery is significant.	……..
There is a risk of developing hernias at the site where the ports are put in to do the surgery	……..
There is a risk of difficulty swallowing or painful swallowing after this surgery is carried out as it entails on rare occasions if this difficulty in swallowing lasts longer – endoscopic or surgical procedures may be need to rectify this.	……..
There is a small risk of difficulty burping after this surgery (gas bloat syndrome). It is important therefore that as the patient, I understand that I will avoid fizzy drinks for the first month after surgery and follow the dietary and eating instructions given to me by my surgical team. As the gas often is not expelled “upwards” often patients experience increased flatus temporarily after this surgery	……..
If a hiatus hernia needs to be repaired at the same time as the fundoplication, this may involve sutures or a mesh that will be a permanent repair.	……..
There is an approximate 1% risk of needing an open operation in the event of technical difficulties or complications	……..
The is a risk with any surgery of clots in the legs (Deep vein thrombosis, DVT) which may travel to the lungs (Pulmonary embolus, PE)	……..
An uncommon side effect after any upper gastrointestinal surgery is failure of the stomach to empty normally, usually if there has been an injury to the vagus nerves. This risk is higher if you have had previous surgery in the same area and may require other tests, endoscopic procedures and or surgery if this rare complication occurs.	.....
I confirm that I do not have an allergy to titanium, stainless steel, nickel or ferrous materials.	……
I understand that there is a risk of erosion or migration of the device which may necessitate further surgery or procedures	……

Problems with the device or complications may result in needing to explant the device.	……..
Surgical mortality is extremely rare with elective cases especially in the hands of expert teams, however medico-legally we have to warn all patients of the risk of mortality from anaesthesia or surgical procedures, so that they are informed	…….
It is recommended to have soft foods the day of surgery (after your procedure as you should be nil by mouth for 6 hours prior to the procedure) and to start regular foods the day after surgery. Proper diet and the frequency at which you eat are the most critical factors in your recovery.	…….
After your procedure if you need an MRI scan for any reason please contact us as you LINX insertion team as this device can be scanned safely under static magnetic field 1.5-Tesla (1.5 T), but you should ensure that the clinicians responsible for scanning you know that you have a LINX device in situ.	…….

Patient signature: _____

Patient name: _____ Date:_____