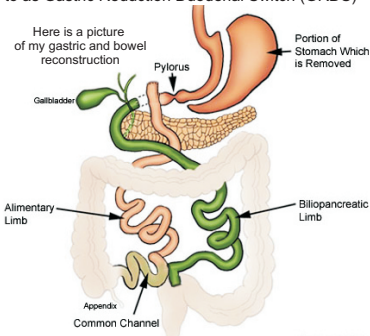


# In Case of Emergency

## I am a Bariatric Patient.

The Surgical Procedure which I had is called the Duodenal Switch. It is a restrictive and malabsorptive weight loss surgery also referred to as Gastric Reduction Duodenal Switch (GRDS)



Please note that I have a fully functional, although smaller stomach, so I can still be examined endoscopically just like normal person, at least to the level of the duodenal anastomosis (which may be a side-to-end rather than side-to-side anastomosis as pictured). I can also have a colonoscopy like a normal person, but if I have to have an upper GI, a CAT scan or other procedure that involves visualizing or cleaning out my gastrointestinal tract, I need consideration taken of using smaller volumes of swallowed contrast material or bowel cleansing medium.

**For More Information Please See [www.DSfacts.com](http://www.DSfacts.com)**

# In Case of Emergency

I am a **Bariatric Patient**. The Surgical Procedure which I had is called the **Duodenal Switch**.

My Surgeon: \_\_\_\_\_

Gallbladder  
Removed

Yes

No

His/Her Phone #: \_\_\_\_\_

Appendix  
Removed

His/Her Pager #: \_\_\_\_\_

My Emergency Contact is: \_\_\_\_\_

Their Phone #: \_\_\_\_\_

**Please Note:** As with any abdominal surgery patient, I have an increased risk of bowel obstructions, even years after my DS surgery. These can be because of bowel slipping into internal hernias, or holes in the mesentery, as well as into spaces that develop because I have lost abdominal fat. However, there is one very important issue that is particular to the differential diagnosis of bowel obstruction in DS patients: we can have a complete intestinal obstruction and still be passing stool and gas, because the obstruction can be in the biliopancreatic limb (and thus the alimentary limb could still be fully patent). Thus, it may be necessary to order a CAT scan for me if I present with severe belly pain, even if I am still able to pass stool and gas.

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