The Centers for Laparoscopic Obesity Surgery

Florida Center

40124 Highway 27, Suite 203
Davenport, Florida 33837

Located at Heart of Florida Regional Medical Center

"The Note Book"

Patient Guide to Packet Preparation

PACKETS MUST REACH US NO LESS THAN TWO WEEKS PRIOR TO SURGERY. MAIL TO THE ADDRESS BELOW WITH NO SIGNATURE REQUIRED

Cesare Peraglie, MD, FACS, FASCRS

40124 Highway 27, Suite 203

Davenport, FL 33837
Welcome

Dear Future MGB/CLOS Patient,

Hello from Florida and the staff at The Centers for Laparoscopic Obesity Surgery (CLOS).

We care for people who come from all around the world and all 50 states in America. To safely manage this effort we have put in place a process for you to learn more about us and for us to learn more about you.

The cost of the Mini-Gastric Bypass is $17,000. This is the least expensive gastric bypass available in the United States.

This "Notebook" is designed to help you complete the "Preop Evaluation Packet" (the "packet" is the collection of documents you send to us for review prior to approval for surgery).

The notebook will help you to better understand the surgery and better prepare you for surgery by increasing your knowledge about obesity, obesity surgery, and the MGB and will enable us to take much better care of you when you come to have your surgery with us.

Our Schedule

Scheduling your surgery or coming to clinic to meet us? Check with us in advance. This schedule is regular, but is subject to change.

**Wednesday:** All patients report on a Wednesday and spend most of the day with us. Bring something to do or something to read. You can expect down time.

**Thursday or Friday:** Surgery days.

**Wednesday:** All Patients staples are removed at 9 a.m. in the office and you are then free to leave the area. Please don't stress yourself by making your return plane reservation before 1 p.m.

Payment:

You will pay for your surgery the day before surgery. We do not handle money. You will pay the hospital when you have your pre-operative visit with them. This must be done with a certified or bank check or credit card.
made payable to Heart of Florida Regional Medical Center. The cost is $17,000. Dr. Peraglie’s office does not handle money or insurance.

Packet Checklist

Your packet is complete when every box is checked

| I have read the manual. The manual can be downloaded and printed at www.clos.net. |
| I have read the patient selection guidelines that are included in this document. |
| I have joined Dr. Peraglie’s email group by emailing flo@clos.net. |
| I have submitted my patient application at https://www.surveymonkey.com/s/Pat-Info-Form |
| I have included the history and physical form from my primary care doctor and he/she agrees to monitor my labs. My doctor has checked the form and signed that he will agree to monitor me after surgery for vitamin and/or mineral deficiencies. |
| If my doctor has not used the history and physical form, I have included a letter from him/her agreeing to monitor my labs after surgery and included his or her notes from my physical. |
| I have included my labs: CBC, CMP, h. pylori, vitamin D (allow time for h pylori and vitamin D results to be returned -- they often take ten days to two weeks to come back. |
| I have included my EKG if I am over 40. If I have had an abnormal EKG I am including a cardiac clearance. |
| I have included the report from my chest x ray if I am 50 or over or have a history of smoking |
| I have included my psychological or am having it in Florida on _______________________ |
| I have included two 4X6 color pictures of myself |
| I have included a photo of an old abdominal surgery scar if I have one (caesarian scars and lap gallbladder scars don’t count as old abdominal surgery scars. |
| I have included my notarized family form which is included in this document. |
| I have included a copy of my patient application, |
| I have included a copy of my patient letter/consent form and I did not sign it. It is included in this document. I have also included an extra copy of my filled out patient letter/consent form. |
| I have included a copy of my patient contact form with five contacts. |
| I have included my medications and allergies form. |
| I have completed my contact and communication form included in this document. |

Now let's start working on your packet!
Step One – Read this first

Selection Guidelines

These are guidelines only. Each patient is considered individually. If you have any questions about these guidelines, please call Flo at 863-899-3463.

- **Communication Access:** You must have a reliable email address that can accept attachments. Note: It is very important that you DO NOT use your work email address. You can expect to receive a high volume of very personal email at the address that you send us. You need to have a personal email address and not a work email address.

- **Preoperative Screening Information:** You must complete the online patient information form. You will find it at [www.clos.net](http://www.clos.net). It is in the column on the left side of the home page.

- **Ideal Candidate:** Age between 16 and 72 (exceptions are made for very well motivated, very well informed patients that have the strong support of their family and their physician(s)).

- **Body Mass Index:** A BMI of 35 or near 35 with co-morbidity or 40 without co-morbidity. A good rule of thumb would be body weight of 80-100 pounds above your ideal body weight. Exceptions are made on a case by case basis. If you don’t know your BMI you can find it at [www.clos.net](http://www.clos.net), scroll down and see the link on the left marked BMI.

- **Size Limitation:** Equipment can dictate some size limitation. If you are over 450 pounds, you should discuss this with Dr. Peraglie. Call him at 407-922-3424.

- **No Previous Obesity Surgery:** No history of previous obesity surgery (except for previous or existing lap band patients). We do not accept patients that have had previous vertical banded gastroplasty, "stomach stapling", Roux-en-Y or other types of previous weight loss surgery. We are no longer accepting patients for revision of other types of weight loss surgery. Lap bands present no problem for us and you will not be charged extra for removing your lap band and converting you to an MGB.

- **No Previous Abdominal Surgery:** No history of major abdominal surgery. (Some operations such as appendectomy, gallbladder removal and a few other operations such as hysterectomy may be acceptable.)

- **Alcoholism/Drug Use:** No history of alcohol abuse or drug use unless you can demonstrate sobriety for a significant period of time.
**Family Support**: The patient must show evidence of a strong, supportive and stable family structure and have the documented support of their immediate family. We respect that there are many types of family units.

**Supportive PCP**: The patient must have a supportive personal physician (family practice or internal medicine) who will: support the patient's desire to undergo laparoscopic Mini-Gastric Bypass by performing a detailed, meticulous and complete preoperative evaluation, and agree to be actively involved in the postoperative follow up with CLOS.

**Psychological Evaluation**: No history of major psychiatric illness. If the patient has had depression, the patient and his/her psychiatrist must have a plan in place with their psychiatrist for the diagnosis and management of depression post operatively.

**These must be discussed with Dr. Peraglie prior to beginning the preoperative process**:

- Prednisone therapy for any reason
- Systemic Lupus Erythematos (SLE)
- Rheumatoid Arthritis
- Other Collagen Vascular Disease

**Follow Directions**: Evidence that the patient can work with CLOS and staff by following directions and communicating in a timely manner. Documented commitment to maintain the initial postoperative and yearly long-term follow-up with CLOS to decrease the risks of complications such as ulcers, vitamin, mineral and other nutritional deficiencies.

**CLOS DOES NOT ACCEPT INSURANCE**. You must have appropriate financial resources to cope with costs associated with the surgery itself and you must be prepared to manage the post-operative period in the event of a problem or complication.

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**Step Two**

**Download or Buy the Manual and Read it**

To do this got to https://sites.google.com/a/clos.net/mini/1-get-the-patient-manual It is over 130 pages so make sure to have plenty of paper handy. Print the manual out. While it is good reference material, please follow the instructions we give you when you come for surgery rather than the instructions in the manual.
Step Three

You must complete the patient information form. It should be done as completely and accurately as possible. You will find it here: https://www.surveymonkey.com/s/Pat-Info-Form
Dear Doctor:

Your patient has contacted us in reference to being considered for laparoscopic Mini Gastric Bypass. I require that each patient have a history and physical performed by their primary care doctor along with the labs and tests indicated below. Having a documented relationship with the primary care physician, I have found, improves the post operative care of patients.

I have included a check box history and physical form for you to use. If you prefer, a letter from you detailing the below information will suffice.

1. An assessment of the patients’ obesity and its impact on quality of life.
2. An assessment on the medical, surgical and psychological fitness to undergo major abdominal surgery (essentially a history and physical).
3. Copies of pertinent past medical records including complete H and P’s, and laboratory evaluations as follows:
   - CBC, Comprehensive Metabolic panel.
   - EKG and Chest XRay
   - Vitamin D Level
   - The patient must be screened for H. Pylori as follows:
     - Stool Antigen Detection EIA OR Urease Breath Test (Pytest): If patient has been treated for H. Pylori in the past. If currently under treatment, test only after four weeks of completing treatment as false negatives may occur.
   - If an EGD is planned, please ask that a CLO-Test be ordered to check for H. Pylori. Unless the patient has a lap band in place, an EGD is not required.
4. We highly recommend a colonoscopy in patients 50 yrs or older who have not had their baseline exam but it is not required.
5. A statement of willingness by the physician for long term follow-up of the patient in concert with me. This is important because it encourages the patient to remain in contact with healthcare providers. It also encourages the patient to continue the regimen of three standard multivitamins each day and encourages periodic monitoring for any necessary treatment should there be vitamin and mineral deficiencies. The check box form
provides a place for the physician to sign on the last page agreeing to monitor the patient’s labs, along with me.

I ask that you consider providing this information directly to the patient. It must be included as part of the very extensive application package that I require for the patient to create in preparation for surgery. In addition to your letter, the “packet” consists of numerous other documents which are meant to better prepare and educate the patient. The patient must submit:

1. A consent agreement signed by the family acknowledging their understanding of the risks and benefits of surgery.

2. A “term paper” type document, wherein the patient, demonstrates knowledge of these topics:
   - Understanding the risks of obesity
   - Understanding morbid clinically severe obesity
   - Understanding why the operation is performed
   - Understanding how the operation is performed
   - Understanding the expected benefits of surgery
   - Understanding the expected risks of surgery
   - Understanding the risks of gastritis and ulcers
   - Understanding the risks of bile reflux
   - Understanding what to take for pain and colds
   - Understanding of the alternatives to surgery
   - Understanding the post operative diet changes
   - Understanding the risks of alcohol
   - Understanding Acetaminophen and liver disease
   - Understanding possible depression after operation
   - Understanding when to use the estrogen patch in women
   - Understanding the need for long term follow up
   - Understanding H. Pylori, the Bilroth II
   - Understanding the risks of ulcers, gastritis & cancer

3. Pre-operative psychological evaluation
4. Full length front and side photographs
5. Contact with a minimum of five previous patients who have undergone this surgery.

All of this information is put together into a package that is presented to me and reviewed prior to surgery.

Your help in the pre-operative evaluation of this patient is greatly appreciated. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Cesare Peraglie, MD, FACS, FASCRS
Cell: 407-922-3424
E-mail: drp@clos.net
Pre-Operative History and Physical Examination:

Other Medical Problems/Other Doctors/Other Specialists

If the patient has other serious medical or psychological illnesses and sees another medical doctor for these problems we will require letters of clearance from them.

Drugs and Medications

Warning!! Do Not Stop any Drug before Surgery without Careful Discussion with Your Primary Care Doctor First!

Anti-Depressants: We usually Do Not Stop Anti-Depressants Before Surgery

Blood Thinners/Anti-platelet Drugs, Aspirin and similar drugs: Stop Aspirin two weeks before surgery. Do not take any Gingko, Garlic, Ginseng, Vitamin E, Fish Oil, at least two weeks prior to surgery.

Anti-platelet Therapy (Clopidogrel (Plavix)): Stop treatment at least ten days prior to surgery. We prefer "bridging" therapy with a Lovenox 40 mg/d.

Coumadin (warfarin sodium): Patients are placed on Coumadin for many different reasons. Because of this, we ask that patients get recommendations from the doctor that manages the Coumadin on how to stop it. Resume therapeutic doses of heparin post-operatively resume warfarin on 1-3 days after surgery LMWH pre- and post-operative.

Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamine:

Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use are all relative contraindications for Mini-Gastric Bypass with Dr. Peraglie. We require physician supervised drug withdrawal programs documented by the prescribing physician and patient and family.

Steroids (prednisone etc.): Steroid use (prednisone etc.) is usually a contraindication to Mini-Gastric Bypass surgery depending on dosage and duration. Please contact Dr. Peraglie to discuss this.

Beta Blocker Management: Beta blockers such as propranolol and atenolol may reduce the risk of cardiovascular complications for patients undergoing surgical procedures. Patients undergoing MGB on a beta blocker as a "home" or "current" medication will receive their usual beta-blocker therapy at the "usual" time prior to surgery.

Required Preoperative Laboratory Tests & EKG

Check for Vitamin D Deficiency:

Vitamin D deficiency is common. Vitamin D is connected to a variety of other
diseases that include different cancer types, muscular weakness, hypertension, autoimmune diseases, multiple sclerosis, type 1 diabetes, schizophrenia and depression. Because gastric bypass can further worsen vitamin D absorption We recommend Preop patient be tested for and treated for vitamin D deficiency prior to surgery. (The usual Rx if abnormal is daily sun exposure, Rx vitamin D deficiency 2,000-7,000 IU vitamin D/d to maintain D levels 40-70 ng/mL, (1000 IU of vitamin D is only 25 μg;). If level is very low, we recommend 50,000 IU 1X/wk for 8 weeks.

**H. Pylori Test: Check for H. Pylori Infection:**

- H. pylori is responsible for most ulcers and many cases of stomach inflammation (chronic gastritis) and many stomach cancers. Since weight loss surgery can also cause stomach ulcers and gastritis the combination of H. Pylori and stomach surgery can be additive. We now recommend that all patients undergo preoperative testing and treatment for H. Pylori if found. Usually Treatment is taken for 10 to 14 days. Medications may include: Two different antibiotics, such as clarithromycin (Biaxin), amoxicillin, tetracycline, or metronidazole (Flagyl), Proton-pump inhibitors, such as omeprazole (Prilosec), lansoprazole (Prevacid), or esomeprazole (Nexium) Bismuth subsalicylate (Pepto-Bismol), in some cases.
- The patient must be screened for h. Pylori as follows:
  - Helicobacter Pylori Stool Antigen Detection EIA OR Urease Breath Test (Pytest).
  - If an EGD is planned, please ask that a CLO-Test be ordered to check for H. Pylori.

We highly recommend a colonoscopy in patients 50 yrs or older who have not had their baseline exam.

**Test: CBC Complete Blood Count (Hemoglobin and Hematocrit) Look for Iron Deficiency (Common in Women)**

Low blood iron levels (iron deficiency) anemia is common in American women (3%) because of menstrual blood loss. Weight loss surgery can exacerbate this problem and we require preoperative assessment and initiation of treatment in conjunction with your Doctor’s advice. (Usually STEP 1; See your gynecologist to decrease monthly blood flow!, STEP 2: Iron deficiency anemia Dx/Rx if abnormal: Proferrin, Heme Iron Polypeptide, http://www.coloradobiolabs.com/ http://www.coloradobiolabs.com/ClinicalStudies/Studies.aspx Am J Kidney Dis. 2003Aug;42(2):325-30 PROFERRIN (Iron) WARNINGS Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children younger than 6 years. Keep this product out of reach of children. If overdose does occur, seek immediate medical attention or call a poison control Centers.

**Preoperative EKG Indications:** hypertension; chest pain; congestive heart failure; diabetes; cerebral vascular and peripheral vascular disease; syncope or presyncope; dizziness; shortness of breath; dyspnea on exertion; paroxysmal nocturnal dyspnea; palpitations; leg/ankle edema; and abnormal valvular murmurs.. *An EKG performed within 3 months of scheduled surgery is acceptable unless there has been a change
in the patient’s medical status requiring a repeat EKG. “Abnormalities on preoperative EKGs are common but are of limited value in predicting postoperative cardiac complications in older patients undergoing noncardiac surgery.” If an EKG is noted to be abnormal, we require a pre-operative cardiac clearance.

**Chest x-ray Indicators:** Is recommended for all patients over 50 and for all patients with a history of smoking. Younger than 50 a chest xray is required for patients with significant cardiac, pulmonary or neoplastic disease or when indicated by the primary care physician (A chest x-ray taken within six months of scheduled surgery is acceptable unless there has been a change in the patient’s medical status.

**Urinalysis** is only indicated at the request of the primary physician.

**Comprehensive Metabolic Panel**

**Urine/Blood Pregnancy Test:** This will usually be done in pre-operative holding area prior to surgery.
## Pre-Operative to the Mini-Gastric Bypass

Name: ___________________________  Age _______ yrs  Gender: [ ] M / [ ] F

**Address:**

DOB:

**For physician convenience, if desired, this is not a required form:** PreOp Evaluation and Assessment: The patient presents as a potential candidate for weight loss surgery with Dr. Peragle and the Centers for Laparoscopic Obesity Surgery (CLOS), 40124 Highway 27, Suite 203, Davenport, FL 33837

**Hx PI: Patient Description:**

| Pts: Wt:_____ lbs  Ht _____ft _____in |

Obesity Effects on lifestyle:

Weight Related Issues:

**Allergies: (Meds/allergens and reactions)**

- [ ] Penicillin/cephalosporin  
- [ ] Aspirin  
- [ ] Other

Medications: including OTC, herbal, vitamins. Dosage if known. Generic (Trade) names. *(Note that all blood thinners/anti-platelet agents, aspirin and similar drugs as well as all herbals supplements need to be stopped prior to surgery.)*

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| 8 |
| 9 |

**PMH:**

Bariatric Surgery: [ ] None  [ ] Lap Band  [ ] RNY Bypass  [ ] Other Weight Loss Surgery
### Surgeries & Procedures:

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<tr>
<th>[ ] Abdominal Surgery</th>
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<tbody>
<tr>
<td>[ ] Csection Hysterectomy</td>
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<tr>
<td>[ ] Open Wound Now?</td>
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<tr>
<td>[ ] Sepsis/Infection?</td>
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### Anesthesia Experiences

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<tr>
<th>[ ] Awareness?</th>
<th>[ ] Difficult Airway?</th>
<th>[ ] Arrest/Low Bp?</th>
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### Obstetric Hx

<table>
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<tr>
<th>[ ] Complications?</th>
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### Hospitalizations?

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<tr>
<th>[ ] Major</th>
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### Psychiatric:

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<tr>
<th>[ ] Major Depression?</th>
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<tr>
<td>[ ] Hospitalized for Depression?</td>
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<tr>
<td>[ ] Suicidal?</td>
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<tr>
<td>[ ] Bipolar?</td>
</tr>
<tr>
<td>[ ] Major Antipsychotic Drugs?</td>
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<tr>
<td>[ ] Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines</td>
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<tr>
<td>[ ] Xanax / Valium / Clonazepam / Klonopin, Etc.?</td>
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</table>

Note: Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use are all relative contraindications for Mini-Gastric Bypass with Dr. Peraglie and require physician supervised drug withdrawal programs documented by the physician and patient and family. (Klonopin use is an absolute contraindication)

### Screening Tests: Mammogram, Pap Smear Up To Date / NA?

### Family Hx:

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<tr>
<th>[ ] Cvd</th>
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<tbody>
<tr>
<td>[ ] Cancer</td>
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<tr>
<td>[ ] Obesity</td>
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<tr>
<td>[ ] Psychiatric</td>
</tr>
<tr>
<td>[ ] Other</td>
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<tr>
<td>[ ] None Significant</td>
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</table>

### Social Hx: (Employment, Living Situation, Educational Background):

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<tr>
<th>[ ] Cigarette Smoker Within Last 1 Year, Pack-Years:</th>
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<tbody>
<tr>
<td>[ ] Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use</td>
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</table>

### Review of Systems
Functional Status:

- [ ] Independent (Drives/Walks/Works)
- [ ] Partially Dependent
- [ ] Totally Dependent

General:

- [ ] Headaches, Migraines
- [ ] Fever, Chills
- [ ] Weight Changes
- [ ] Fatigue

Skin:

- [ ] Rash
- [ ] Skin Cancer
- [ ] Open Wound Now
- [ ] Abdominal Scar(S)

Breast & Axilla:

- [ ] Breast Mass/Discharge

Pulmonary:

- [ ] SOB With Minimal Exertion
- [ ] Snoring
- [ ] Daytime Sleepiness
- [ ] Severe COPD
- [ ] Current Pneumonia
- [ ] Asthma
- [ ] CO2 Retention
- [ ] Steroid Dependent
- [ ] Home O2
- [ ] Sleep Apnea
- [ ] Home CPAP?
- [ ] Pulmonary Hypertension
- [ ] None Of The Above
## Cardiovascular

<table>
<thead>
<tr>
<th>[ ] Chest Pain, Angina</th>
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<tbody>
<tr>
<td>[ ] Arrhythmia, Tachycardia, Bradycardia,</td>
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<tr>
<td>[ ] Hypertension</td>
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<tr>
<td>[ ] Murmur</td>
</tr>
<tr>
<td>[ ] Heart Failure,</td>
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<tr>
<td>[ ] Dyspnea on Exertion,</td>
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<tr>
<td>[ ] Orthopnea</td>
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<tr>
<td>[ ] PND</td>
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<tr>
<td>[ ] Pacemaker/AICD</td>
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<tr>
<td>[ ] Rheumatic Fever</td>
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<tr>
<td>[ ] Peripheral Edema</td>
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<tr>
<td>[ ] MI Within Past 6 Month</td>
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<td>[ ] CHF Within Past 1 Month</td>
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<tr>
<td>[ ] Valvular Heart Disease</td>
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<tr>
<td>[ ] Previous Angioplasty</td>
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<td>[ ] Hx Coronary Bypass</td>
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<td>[ ] PVD</td>
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<td>[ ] Leg Rest Pain/Gangrene</td>
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<td>[ ] Absent Peripheral Pulses</td>
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<td>Gastrointestinal</td>
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<tr>
<td>[ ] Dysphagia</td>
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<td>[ ] Barrett’s,</td>
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<td>[ ] Hematemesis</td>
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<td>[ ] Hemorrhoids</td>
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<td>[ ] Jaundice</td>
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<td>[ ] Liver Disease</td>
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<td>[ ] Hepatomegaly</td>
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<td>[ ] Active Hepatitis</td>
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<td>[ ] Esophageal Varices</td>
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<td>[ ] Ascites</td>
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<tr>
<td>[ ] GE Reflux</td>
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<tr>
<td>[ ] Nausea/Vomiting</td>
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<tr>
<th>Metabolic</th>
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<tr>
<td>[ ] Diabetes</td>
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<td>[ ] Metformin?</td>
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<td>[ ] Other Oral Hypoglycemic</td>
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<tr>
<td>[ ] Insulin?</td>
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<tr>
<td>[ ] Thyroid Disease</td>
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<tr>
<td>[ ] Cushings, Adison’s, Pituitary</td>
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<tr>
<th>Urinary/Renal Disease</th>
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<tr>
<td>[ ] Urinary Retention,</td>
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<td>[ ] Incontinence,</td>
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<td>[ ] Hematuria</td>
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<td>[ ] UTIs</td>
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<td>[ ] Kidney Stones</td>
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<td>[ ] Renal Failure</td>
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<td>[ ] Dialysis</td>
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<td>Musculoskeletal</td>
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<tr>
<td>[ ] Muscle/Bone/Joints Pain</td>
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<tr>
<td>[ ] Stiffness,</td>
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<td>[ ] Edema</td>
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<tr>
<td>[ ] Gout</td>
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<td>[ ] Deformities</td>
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<td>[ ] Arthritis</td>
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<tr>
<td>[ ] Fractures, Dislocations</td>
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<tr>
<td>[ ] Myositis/Weakness/Atrophy</td>
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<th>Hematologic</th>
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<tbody>
<tr>
<td>[ ] Anemia</td>
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<td>[ ] Bruising, Bleeding</td>
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<td>[ ] Transfusions</td>
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<tr>
<td>[ ] Hemoglobinopathies</td>
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<tr>
<td>[ ] Coumadin/Warfarin</td>
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<tr>
<td>[ ] Aspirin/Motrin/Aleve Etc.</td>
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<tr>
<td>[ ] Plavix</td>
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<tr>
<th>Psychological</th>
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<tbody>
<tr>
<td>[ ] Major Anxiety</td>
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<td>[ ] Alcohol Abuse</td>
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<tr>
<td>[ ] Drug Abuse</td>
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</table>
Neurological

- [ ] Confusion
- [ ] Migraines
- [ ] Hx Head Injury
- [ ] Transient Ischemic Attack
- [ ] Stroke
- [ ] Degenerative Disease
- [ ] Brain Tumor
- [ ] Seizures
- [ ] None Of The Above

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<thead>
<tr>
<th>Physical Exam</th>
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<tr>
<td><strong>Vitals:</strong></td>
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<tr>
<td>Ht _____, Wt: _____, Hr ___, Rr ___, Bp _____, Temp _____, Pulse Oximetry _____</td>
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<tr>
<td><strong>Appearance:</strong></td>
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<tr>
<td>Mental Status [ ] A&amp;O X 3 (Person, Place, Time)</td>
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<tr>
<td><strong>HEENT:</strong></td>
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<tr>
<td>Neck:</td>
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<tr>
<td>Chest &amp; Respiratory</td>
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<tr>
<td>Cardiac</td>
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<tr>
<td>Abdomen [ ] Scar(s)</td>
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<tr>
<td><strong>Musculoskeletal &amp; Extremities:</strong> [ ] Edema</td>
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<tr>
<td>PreOp Labs Studies</td>
</tr>
<tr>
<td>Vitamin D Level:</td>
</tr>
<tr>
<td>H. Pylori Test</td>
</tr>
<tr>
<td><strong>Hct: WBC:</strong></td>
</tr>
<tr>
<td><strong>Platelets:</strong></td>
</tr>
<tr>
<td>(If On Coumadin (warfarin sodium))</td>
</tr>
<tr>
<td><strong>PT:</strong></td>
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<tr>
<td><strong>PTT:</strong></td>
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<tr>
<td><strong>INR:</strong></td>
</tr>
<tr>
<td><strong>Na:</strong></td>
</tr>
<tr>
<td><strong>Cl:</strong></td>
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<tr>
<td><strong>Cr:</strong></td>
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<tr>
<td><strong>BUN:</strong></td>
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<tr>
<td><strong>Glucose:</strong></td>
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<tr>
<td><strong>K:</strong></td>
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<tr>
<td><strong>HCO3:</strong></td>
</tr>
<tr>
<td><strong>CO2:</strong></td>
</tr>
<tr>
<td>(Rx if abnormal)</td>
</tr>
</tbody>
</table>

| **ECG:** |
| **CXR (not routine):** |

**ASSESSMENT**

**Pre Op Assessment:**
- [ ] Patient is cleared for surgery
- [ ] Patient has increased risk but is judged to reasonable candidate for surgery
- [ ] Patient very high risk for surgery
- [ ] Other ______________________

**Primary Care Physician:**
- [ ] I or My Practice will be/are the patient’s primary care physician and I/we will monitor the patient for post op vitamin and mineral deficiency and forward copies of labs to Dr. Peraglie.

| Physician Signature: |
| Physician Name: |
| Address: |
THE END

THIS IS THE END

OF THE

DOCTOR’S

SECTION
Step Five

The following are guidelines that you may take to your evaluator. If you plan to use either of the evaluators below, you will not need to take the guidelines. If you do not have anyone in your area that can do your evaluation, you may make an appointment with Dr. Vangala at 863-419-7645.

We also recommend
Linn Wheeler MA LMHC at (407) 461-2001
Address: 130 E Evergreen Ave, Longwood, FL 32750

Be sure to call well in advance of your surgery date for an appointment. You may have to arrive in Florida a day earlier in order to have this evaluation.

If you are seeing either Dr. Vangala or Linn Wheeler, they will fax the appropriate clearances to our office.

<table>
<thead>
<tr>
<th>Psychological Assessment for Mini-Gastric Bypass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below are suggested areas which could be covered:</td>
</tr>
<tr>
<td>A brief introduction to the patient.</td>
</tr>
<tr>
<td>Is this patient competent to give his/her informed consent to undergo gastric bypass surgery?</td>
</tr>
<tr>
<td>What is the patient’s history of substance abuse?</td>
</tr>
<tr>
<td>Does the patient have a psychiatric or psychological disorder that would meet DSM-IV criteria?</td>
</tr>
<tr>
<td>Does this patient have the emotional fortitude and resilience to rise to the occasion should he or she experience the typical stresses reported by some gastric bypass patients in the post surgical period.</td>
</tr>
<tr>
<td>What is the patient’s history of weight control problems?</td>
</tr>
<tr>
<td>What is the patient’s general medical history?</td>
</tr>
<tr>
<td>What is the patient’s social history?</td>
</tr>
<tr>
<td>What is the patient’s educational/occupational history?</td>
</tr>
<tr>
<td>What is your overall impression of the patient’s readiness for Gastric Bypass?</td>
</tr>
</tbody>
</table>
SECTION 4: Patient Contacts

As part of the preoperative process we ask that you talk to five MGB postoperative patients before having the surgery.

A good way to meet former MGB patients is to join our on line mailing list. To join, go to http://health.groups.yahoo.com/group/Mini-Gastric-Bypass/ or to join a list of Dr. Peraglie’s patients only email flo@clos.net and request membership.

Another easy way to get your five contacts is to go to http://www.mgbhelp.com.

Use the form below to summarize the information you gather from your communication with the post-op patient. When complete this comes to us in your packet.

Patient Contacts Form

Your Name____________________________________

Your Email Address____________________________________

Patient Contact #1
First Name
Last Name
Method of Contact
Patient's email Address
Date of Mini-Gastric Bypass
PreOp Weight
Date of Contact
Weight Now
Patient Comments

Patient Contact #2
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Method of Contact</th>
<th>Patient's email Address</th>
<th>Date of Mini-Gastric Bypass</th>
<th>PreOp Weight</th>
<th>Date of Contact</th>
<th>Weight Now</th>
<th>Patient Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Contact #3</th>
<th>First Name</th>
<th>Last Name</th>
<th>Method of Contact</th>
<th>Patient's email Address</th>
<th>Date of Mini-Gastric Bypass</th>
<th>PreOp Weight</th>
<th>Date of Contact</th>
<th>Weight Now</th>
<th>Patient Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Contact #4</th>
<th>First Name</th>
<th>Last Name</th>
<th>Method of Contact</th>
<th>Patient's email Address</th>
<th>Date of Mini-Gastric Bypass</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreOp Weight</td>
<td>Date of Contact</td>
<td>Weight Now</td>
<td>Patient Comments</td>
<td></td>
<td></td>
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<tr>
<td>--------------</td>
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<td>------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Contact #5

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Method of Contact</th>
<th>Patient's email Address</th>
<th>Date of Mini-Gastric Bypass</th>
<th>PreOp Weight</th>
<th>Date of Contact</th>
<th>Weight Now</th>
<th>Patient Comments</th>
</tr>
</thead>
</table>

Please do not attach the original email you received. Do the summary above and submit that.
Section 5: Patient Letter/Operative Treatment Consent Agreement

The document below should be filled out completely to demonstrate your understanding of the surgery and of the process. Please be sure to initial as called for but **DO NOT SIGN**. Any of the pages that require a signature. When finished, make a copy of your completed document and include both in your packet.

Patient’s Name Printed_________________________________________

Date of Birth________________

The purpose of this legal document is to confirm in the presence of witnesses your informed request that you wish to proceed with Mini-Gastric Bypass for obesity.

You are asked to please read this document very carefully!
As you read each paragraph, you are encouraged to discuss any questions about it with your surgeon. You may reach your surgeon, Dr. Peraglie by calling him at 407-922-3424.
If you agree with everything in each paragraph as you read it you are asked to:
1. Write your initials next to each paragraph
2. Check the Box next to each paragraph
3. Write at least two sentences or more describing the paragraph and showing your understanding of what you have read.

**Explanation of Form Process (Your Initials and Re-Writing What You Read)**
As you read this form you are asked to carefully consider the issues that are addressed in each paragraph. As a demonstration that you have read and agree with each issue you will be asked to place your initials next to the paragraph(s) that you have just read and then to rewrite the issue addressed in the paragraph(s) that you just read showing that the you agree with the issues addressed.

**Preoperative Information and Education**
I understand and completely agree that I have been given extensive preoperative education and information about obesity, the risks of obesity and the risks and possible benefits of the surgical procedures in general and the Mini-Gastric Bypass in particular. I understand that this consent form is designed to provide a written confirmation of these discussions with my surgeon and The Centers for Laparoscopic Obesity Surgery support staff and the extensive educational process that I have
participated in by repeating and recording some of the more significant medical information given to me.

I understand that the effort of this long document is purposefully intended to make me think over my decision to have surgery once again. I confirm that my family, my Doctor and I have extensively reviewed the decision to proceed with this weight loss surgery. This document is a written record of my efforts to be well informed about my decision to proceed with operation. I can confirm that I wish to consent to go forward with the proposed Mini-Gastric Bypass procedure. If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Your Condition/Diagnosis:

I recognize that I am overweight. I understand that obesity has been shown to be dangerous, unhealthy and increase my risk of death from a variety of medical illnesses. I affirm that I understand that some scientific studies conclude that obesity places individuals at increased risk of disability, respiratory disease, high blood pressure, heart disease, high cholesterol, stroke, diabetes, arthritis, clotting problems, cancer and death as well as other serious and less serious medical illnesses. I clearly and completely understand these issues from my own experience, my discussions with my family my discussions with your doctor and from the very extensive reading and discussions with patients of C.L.O.S. and my surgeon. From this careful and calculated investigation, I believe strongly that I should be considered for surgery to help me lose weight.

If you agree that, everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than two sentences):

___________________________________________________________________
___________________________________________________________________

Proposed Procedure:

The Mini-Gastric Bypass: I understand that the procedure that my surgeon has recommended for the treatment of my obesity is the Mini-Gastric Bypass. My surgeon with the help and assistance of the staff of The Centers for Laparoscopic Obesity Surgery, my doctor, my family and many patients that have undergone Mini-Gastric Bypass have provided me with a detailed explanation of the medical history of the development of the surgical treatment of obesity, gastric surgery as a treatment of obesity, the development of laparoscopic (minimally invasive) surgery and the Mini-Gastric Bypass. I have been provided with drawings, photographs, written and verbal descriptions of the operation and other alternative surgeries including Open Roux-en-Y Gastric Bypass, Laparoscopic Roux-en-Y Gastric Bypass, Slapstick Ring Vertical Gastric Bypass (Fobi Pouch), Micro pouch Gastric Bypass,
Antecolic Laparoscopic Roux-en-Y Gastric Bypass, Long Limb Gastric Bypass, Biliopancreatic Diversion, Biliopancreatic Diversion with Duodenal Switch, Gastric Band, Laparoscopic Gastric Band, Laparoscopic Adjustable Gastric Band, Vertical Banded Gastroplasty, Laparoscopic Vertical Banded Gastroplasty and Others. I have been allowed to talk with patients that have previously undergone the Mini-Gastric Bypass surgery. I have been very strongly encouraged to make every reasonable effort to investigate and understand the details of the operation. I believe that my surgeon and the staff of C.L.O.S. have gone beyond what many other doctors do to inform me of the risks and benefits of the surgery and to assist me in making a good decision about obesity and surgery for obesity.

If you agree that, everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than two sentences):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Controversy in Medicine/Disagreements over the Surgical Treatment of Obesity

I affirm here unequivocally and without reservations that I understand that medical care often involves major controversy. I clearly recognize that Weight Loss Surgery now is filled with controversy: sleeve gastrectomy, gastric banding types of surgery vs. bypass types of surgery, proximal gastric bypasses vs. distal gastric bypasses, bypass type surgery vs. the duodenal switch vs. the Fobi pouch and the new Adjustable Gastric Band. The list of disagreements about whether to have surgery and what kind of surgery is best is extensive.

I understand that there are many different types and variations of surgical procedures being performed for weight loss in America and around the world at this time. I also know that although many studies document the value of surgery for obesity, there remain many physicians and surgeons who are opposed to the idea of any form of surgical treatment of obesity.

I know that because of the numerous problems and complications that can occur with weight loss surgery many physicians and surgeons prefer to avoid bariatric surgery entirely. I clearly realize that there are a variety of different types of Weight Loss Surgery, some of which are shown in the table below.

<table>
<thead>
<tr>
<th>Table 1: Different Types of Weight Loss Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Weight Loss Surgery</td>
</tr>
<tr>
<td>Open Roux-en-Y Gastric Bypass</td>
</tr>
<tr>
<td>Laparoscopic Roux-en-Y Gastric Bypass</td>
</tr>
<tr>
<td>Silastic Ring Vertical Gastric Bypass (Fobi Pouch)</td>
</tr>
<tr>
<td>Micro pouch Gastric Bypass</td>
</tr>
<tr>
<td>Antecolic Laparoscopic Roux-en-Y Gastric Bypass</td>
</tr>
<tr>
<td>Long Limb Gastric Bypass</td>
</tr>
<tr>
<td>Biliopancreatic Diversion</td>
</tr>
<tr>
<td>Biliopancreatic Diversion with Duodenal Switch</td>
</tr>
<tr>
<td>Gastric Band</td>
</tr>
</tbody>
</table>
I understand that it is Dr. Peraglie’s feeling that no one of these surgical choices is necessarily bad, but I recognize that each type of surgery has its own associated risks and complications. Their risk and complications have kept all of them from being universally adopted. It demonstrates that surgery for obesity has not yet reached a “perfect” surgical solution. The number and the great variety of the different types of surgery offered for the treatment of obesity and the acrimony and disagreement between practitioners over the selection of the surgical technique suggests that there are opportunities for further improvement of the presently available weight loss surgery. It means that continued assessment of innovations in surgical procedures is appropriate.

I have spent significant time and effort evaluating this question and I believe that the presently available operations for the treatment of obesity can and should be offered to obese individuals. I feel that the need for treatment of obesity is great and that all of the medical, drug and surgical solutions that we have at present are imperfect.

I know that I could have chosen any one of these other types of surgical procedures but after a slow careful and detailed investigation, I have decided to have the Mini-Gastric Bypass. I know that the Mini-Gastric Bypass is not perfect; I know that certain risks and complications can occur, but after reviewing all of the information, I feel comfortable that my family, my doctor and I agree that the Mini-Gastric Bypass is the best choice for me.

If you agree that, everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than two sentences):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

The "Old Loop" Gastric Bypass

I know that some critics of the Mini-Gastric Bypass have compared it to the "Old Loop" Gastric Bypass. The following figures and discussion explain the differences between the Mini-Gastric Bypass, the Standard Billroth II and the "Old Loop” Gastric Bypass.
**Billroth II Gastrojejunostomy**

The Billroth II is the most commonly performed type of connection between the stomach and the small bowel. By a margin of 4 to 1, the Billroth II is preferred over the Roux-en-Y when general surgeons choose to connect the stomach to the bowel. The Billroth II is a surgical procedure used routinely in the treatment of trauma, stomach cancer and peptic ulcers. Every year over 16,000, Billroth II surgeries are performed in America alone. In the usual Billroth II, the esophagus and the body of the stomach are distant from the Billroth II connection. The Billroth II connects the stomach to the jejunum, the upper-middle portion of the small intestine. Like the Mini-Gastric Bypass, the standard Billroth II places the connection between the stomach and the small bowel low on the stomach at the junction between the body and the antrum of the stomach. The lower part of the stomach that is often removed in the usual Billroth II surgery.

I know that I do not have to have this kind of surgery. I know that the Mini-Gastric Bypass is a form of gastric bypass that uses the Billroth II type of connection. I know that some surgeons and other doctors do not like the Billroth II type of connection. I am aware of this and want to go ahead. I have weighed the risks and benefits of the surgical techniques used in the MGB and I favor the Billroth II type connection used in the MGB.

If you agree that, everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than two sentences):

______________________________________________
______________________________________________
______________________________________________
______________________________________________
The "Old Loop" Billroth II Gastrojejunostomy

I know that there was an "Old Loop" Gastric Bypass included a small high stomach pouch that was placed high up on the stomach next to the esophagus. The loop that carries bile was placed close to the esophagus and this led to the associated problems with esophagitis that occurred in some surgeon’s experience with the “old loop” type gastric bypass. This configuration is in many ways much like the common general surgical procedure called a total gastrectomy. It is widely agreed that a total gastrectomy is not a good choice for a Billroth II reconstruction. This "old loop" is different from the Mini-Gastric Bypass. The 'Old Loop" created a stomach pouch that was also based upon the outside edge of the stomach. This kind of pouch commonly stretches leading to failure of weight loss.

I know that there are many surgeons and doctors that feel that the "old loop" gastric bypass and the Mini-Gastric Bypass are similar and since the Old Loop did not work well then the Mini-Gastric Bypass will also do poorly. I have investigated the Mini-Gastric Bypass in detail, I know the difference between the old loop and the MGB and I want to go ahead and have the MGB.

If you agree that, everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than two sentences):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Mini-Gastric Bypass

The Mini-Gastric Bypass does have a Billroth II type loop connection like the "old loop" bypass, but the loop in the Mini-Gastric Bypass is placed low on the stomach far away from the esophagus. This is in the same position as the loop in the standard Billroth II done for ulcers and other diseases. The Mini-Gastric Bypass creates a long narrow "gastric tube" that places the connection of the stomach and the bowel low in the stomach and keeps the stream of bile away from the esophagus. The other advantages are that the surgery is easily accessible in the event that the surgery needs to be revised.
I know that there are many surgeons and doctors that feel that the “old loop” gastric bypass and the Mini-Gastric Bypass are similar and since the Old Loop did not work well then the Mini-Gastric Bypass will also do poorly. I have investigated the Mini-Gastric Bypass in detail, I know the difference between the old loop and the MGB and I want to go ahead and have the MGB.

If you agree that, everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than two sentences):


Previous Mini-Gastric Bypass Results:
I understand that at the present time over 5,500 total Mini-Gastric Bypass operations have been performed.
I understand that the overall complication rate in the Mini-Gastric Bypass patients at this time is 5%.
I know that three patients died in the first month following surgery giving an overall 30-day mortality rate of 0.05%.
I know that the overall average hospital stay for Mini-Gastric Bypass patients to date has been 1.1 days.
I know that I will probably be discharged from the hospital tomorrow, the day after my surgery.
I am ready for this and have arranged for travel from the hospital and for care at when discharged.
If you agree that, everything in the above paragraph is correct, check Yes Here: ☐
Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than two sentences)


Risks/Benefits of Proposed Procedure:
Just as there may be some expected benefits from the Mini-Gastric Bypass procedure proposed in my case, I also understand that all medical and surgical procedures, including the Mini-Gastric Bypass involve risks. I have been told and I understand that my obesity increases my risks of these problems and complications. These risks include:

Complications Description


Allergic Reactions: All kinds of allergic drug and chemical reactions are possible from your treatment, from minor reactions such as a rash to sudden overwhelming reactions that can cause death. If you agree and understand check Yes Here: ☐ And initial here:

Anesthetic Complications: I know and consent to the fact that general Anesthesia will be used to put me to “sleep” for the operation. I am aware that the anesthesia has major and minor risks can be associated with a variety of different complications up to and including death. If you agree and understand check Yes Here: ☐ And initial here:

Feeling Sick, Nausea and Vomiting: Some operations, anesthetics and pain-relieving drugs are more likely to cause sickness (nausea) than others. Sickness can often be treated with anti-vomiting drugs (anti-emetics), but it may last from a few hours to several days. If you agree and understand check Yes Here: ☐ And initial here:

Sore Throat: You will have a tube in your airway to breathe for you and it may give you a sore throat. The discomfort or pain lasts from a few hours to days. If you agree and understand check Yes Here: ☐ And initial here:

Dizziness, Blurred Vision: Your anesthetic or loss of fluids may lower your blood pressure and make you feel faint. If you agree and understand check Yes Here: ☐ And initial here:

Shivering: This may be due to you getting cold during the surgery, to some drugs, or to stress. If you agree and understand check Yes Here: ☐ And initial here:
Headache
This may be due to the effects of the anesthetic, to the surgery, to lack of fluids, or to anxiety. More severe headaches may occur after a spinal or epidural anesthetic.

Bleeding
Surgery involves incisions and cutting that can result in bleeding complications, from minor to massive, that can lead to the need for emergency surgery, transfusion or death.

Blood Clots
In addition, called Deep Vein Thrombosis (DVT) and Pulmonary Embolus can sometimes cause death. In the 3,000, people that have had the Mini-Gastric Bypass 0.01% have developed clots in their legs (Deep Vein Thrombosis) and 0.03% have had a pulmonary embolus. This is lower than seen in other series of gastric bypass surgery, but it can still happen. I understand that I need to get out of bed the evening after surgery, move, and flex your feet and legs to try to help prevent clots from forming in your legs. I also know that although other surgeons routinely use “blood thinners” to prevent clots that they can cause bleeding complications and are not used by your surgeon for the Mini-Gastric Bypass.

Infection
Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to death.
Leak

I know that after weight loss operations on the stomach the new connections can leak. The leak can allow stomach acid, bacteria and digestive enzymes to escape into the abdomen causing a severe and potentially lethal infection and or abscess.

I am aware that the surgical complication most commonly related to an increased morbidity and mortality is a suture line leak. I am well aware that this is a technically demanding operation and that a leak rate of 2 to 5% for gastric bypass surgeries and 0.5% for banding procedures is frequently reported. I know that if a leak is suspected, patients may need to undergo x-ray testing or emergency surgery. I am aware that emergency surgery may needed that multiple drains may need to be placed. I know that patients with a leak may also need to be in the intensive care unit for an extended period of time, sometime weeks or months, and I and your family clearly understand that the complication can be lethal.

In the series of over 5,500 patients treated by Dr. Peraglie and C.L.O.S., Dr. Peraglie has had only 1 leak for a rate of less than 1%.

Narrowing (stricture)

Narrowing (stricture), inflammation and/or ulceration of the connection between the stomach and the small bowel can occur after the operation this can require emergency operation, intensive care and can sometimes lead to death. To protect your new stomach from ulcers you must never again take aspirin, or aspirin like drugs such as Motrin, Ibuprofen, Naproxen, Relafen or other similar drugs.

If you agree and understand check Yes Here: ☐
And initial here:

Indigestion, Acid/Bile Reflux or Ulcers

The operation can sometimes lead to severe nausea, vomiting, indigestion, abdominal pain, gastritis or ulcers. This can be severe and can last for days, weeks and possibly even longer. This is especially likely if you have had previous problems with nausea, abdominal pain or ulcers. Nausea is much more common in women than men. Women that have been treated with any type of hormone therapy (Premarin, Estrogen or Birth Control Pills) are much more likely to have nausea and vomiting after surgery. Chronic gastritis has been found in many patients years after the Billroth II. Biliary duodeno-gastro-esophageal reflux can be injurious on the mucosa of the stomach and the esophagus. Bile reflux if it occurs and causes problems the operation can be revised. In most cases, revision is not necessary.

If you agree and understand check Yes Here: ☐
And initial here:
Ulcers
I know that I may develop an ulcer after surgery. I know I need to avoid ulcer causing foods, habits and medications. I know in some cases the ulcer may require surgery or reversal of my surgery. Studies of patients that have had partial removal of their stomach (Post gastrectomy) can have a variety of different complications. In one study ulcers occurred in 2% of patients, Diarrhea (16%), Dumping (14%), Bilious vomiting (10%), Iron deficiency anemia (12%), B12 deficiency (14%) and Folate deficiency (32%).

Post-gastrectomy Problems
Numerous problems can follow gastric bypass/gastric surgery. These “post-gastrectomy” problems may occur early after surgery or many months or years later. The early problems relate to the surgery itself. There are many late post-gastrectomy syndromes; these may be more disabling than the dyspeptic symptoms that led to the surgery in the first place.
Complications of gastric surgery: Esophagus; Gastroesophageal reflux, Dysphagia Stomach; Delayed gastric emptying, Bezoars, Outlet obstruction, Stomatitis, Recurrent ulcers, Stump carcinoma, Afferent loop syndrome, Small intestine
Diarrhea, Dumping syndrome, Bacterial contamination syndrome, Unmasked celiac disease, unmasked pancreatic insufficiency or unmasked lactase deficiency, weight loss and malabsorption, (Iron, Folate, Vitamin B12, Thiamine (vitamin B1), Calcium, Fats, and Anemia.) Gallbladder Cholelithiasis

Bile Reflux
Reflux of bile acids into the esophagus may contribute to injury of the esophageal lining. Bile is a component of digestive juices normally present in the small intestine. Bile can reflux from the small intestine into the stomach and does so normally. However, in a subset of people who have severe GERD (backwashing of acid and bile into the esophagus), including in those who have Barrett's esophagus, there is an increase for back washing into the esophagus. Although acid plays a primary role in the development of Barrett's esophagus, there is evidence that bile, reflux adds to the effect of acid injury to the esophagus and therefore may contribute to the development of Barrett's esophagus and possibly esophageal adenocarcinoma (cancer).

Dumping Syndrome
Dumping Syndrome (Symptoms of the dumping syndrome include cardiovascular problems with weakness, sweating, nausea, diarrhea and dizziness) can occur in some patients after gastric bypass. This can be so severe that the surgery may have to be reversed or revised.

If you agree and understand check Yes
Here: ☐
And initial here:
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Consent Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel Obstruction</td>
<td>Any abdominal operation can leave behind scar that can put the patient at risk for later bowel blockage or obstruction. The bowel can twist, obstruct and even perforate leading to serious complications and even death.</td>
<td>If you agree and understand check Yes Here: ☐ And initial here: ☐</td>
</tr>
<tr>
<td>Laparoscopic Surgery Risks</td>
<td>Laparoscopic Surgery uses punctures to enter the abdomen and this can lead to abdominal organ and/or blood vessel injury, bleeding and even death.</td>
<td>If you agree and understand check Yes Here: ☐ And initial here:</td>
</tr>
<tr>
<td>Side Effects of Drugs</td>
<td>All drugs have inherent risks and complications and in some cases can cause a wide variety of side effects, reactions and in some cases including death.</td>
<td>If you agree and understand check Yes Here: ☐ And initial here:</td>
</tr>
<tr>
<td>Loss of Bodily Function</td>
<td>The performance of surgery and anesthesia can stress the body's systems leading to a variety of complications including nerve damage, stroke, heart attack, limb loss and other problems related to operation and anesthesia.</td>
<td>If you agree and understand check Yes Here: ☐ And initial here:</td>
</tr>
<tr>
<td>Risks of Transfusion</td>
<td>Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components. These illnesses are serious and can be fatal.</td>
<td>If you agree and understand check Yes Here: ☐ And initial here:</td>
</tr>
<tr>
<td>Hernia</td>
<td>Cuts and incisions in the abdominal wall can lead to hernias after surgery. Hernias can lead to pain, bowel blockage, obstruction and even perforation and death in some cases. Treatment of hernias usually requires another operation.</td>
<td>If you agree and understand check Yes Here: ☐ And initial here:</td>
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</tbody>
</table>
Hair Loss
Many patients develop hair loss for a period after operation. When this occurs it usually starts around 3-4 months after surgery and resolves at 7-9 months after operation. This usually responds to increased oral intake of protein and vitamins but it may be permanent.

Vitamin and Mineral Deficiencies
After gastric bypass there is a malabsorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems.
I know that I also need to have yearly blood tests to measure the blood levels of these vitamins and minerals.
Common deficiencies that can occur after gastric bypass include iron and calcium deficiency, B12, Thiamine and Folate deficiencies.
*** I know there is a risk of Wernicke's encephalopathy and other rare nerve and brain damage if I do not carefully follow these instructions. Wernicke's encephalopathy is a severe syndrome characterized by loss of short-term memory. It is linked to brain damage and is the result of inadequate intake or absorption of thiamine (Vitamin B1) coupled with continued carbohydrate ingestion. ***

I know that this is very important: Patients must take vitamin and mineral supplements continuously and forever. In some cases the deficiencies are so severe that they can lead to nerve and brain damage and the operation must be reversed.

Inadequate Weight Loss
WARNING: Remember that you might not lose weight after the operation. You might gain weight and have all kinds of problems with your weight after surgery. *There are patients that will fail any type of surgery. Inadequate weight loss is a risk of all types of weight loss surgery and indeed of all types of weight loss treatment.

*I recognize that the Mini-Gastric Bypass is not by any means a perfect treatment and that one of the risks that I face is a real possibility of inadequate weight loss following my Mini-Gastric Bypass surgery.
Excessive Weight Loss

I clearly understand that there is a risk that I might suffer malnutrition and lose too much weight.

I am well aware that some patients sustain excessive weight loss after weight loss operations. I understand that excessive weight loss may require surgical revision or reversal of the bypass to prevent severe malnutrition, nausea or vitamin and mineral deficiencies or even death. I understand that almost 1% of patients lose too much weight following weight loss surgery and need to have surgery to reverse the excessive weight loss.

As part of this agreement, I promise and agree to monitor my weight and health carefully and if excessive weight loss occurs, I will submit to early and appropriate treatment.

I hereby formally and unequivocally state that I am prepared for this possibility of malnutrition and excessive weight loss and can afford to see Dr. Peraglie and C.L.O.S. to pay for and receive the appropriate surgical treatment of a revision if necessary.

I understand and expect that the costs of surgery to reverse or revise surgery will be roughly the same as the initial surgery.

Complications of Pregnancy

I understand that obese pregnant women are at high risk for adverse perinatal outcome. I am also aware that there are well known risks to the patient and the baby after surgery for morbid obesity. Vitamin and mineral deficiencies can put the newborn babies of gastric bypass mothers at risk. No pregnancy should occur for the first one to two years after operation. Gastric Bypass has been shown to cause multiple types of vitamin and mineral deficiencies including: iron, B12, Folate, Thiamine, calcium and many others. Many of these deficiencies have been shown to cause birth defects or are suspected that they could cause birth defects. We also know that many patients who lose weight feel that they are well after surgery and forget to take their vitamins. I understand and take full responsibility to be certain not to miss any of your vitamins and obtain obstetric consultation if I decide to go ahead with pregnancy following surgery. I understand all of these risks fully and request that Dr. Peraglie proceed with surgery.
### Unplanned Pregnancy

**Warning to women using Oral Contraceptives (Birth Control Pills):** More than 80 million women worldwide take "the pill" to prevent pregnancy. Typical failure rates among pill users are as high as 12% to 20% in some surveys. Other factors have been shown to increase the risk of pill failure: smoking, diarrhea and/or vomiting drug interactions, systemic illness, psychological stress, and menstrual disturbances. Therefore, it is important to recognize that Birth Control Pills may not be an effective method of birth control after the Mini-Gastric Bypass until those factors have resolved. We have found on several occasions that in many cases the hormonal methods of birth control fail after Mini-Gastric Bypass. Couples need to plan another form of non-hormonal birth control for 6-12 months after surgery. Depo-Provera has also been associated with marked cases of nausea in post MGB patients. An unplanned pregnancy can be one of life's most difficult experiences.

### Other

Major abdominal surgery, including the Mini-Gastric Bypass, is associated with a large variety of other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.

### Depression

Depression and anxiety are common medical illnesses and have been found to be particularly common after weight loss operations.

### Osteoporosis

There is growing appreciation that weight loss procedures may be associated with the development of osteoporosis and bone disease. Osteomalacia (soft bones) and secondary hyperparathyroidism can occur in obese individuals who have not undergone any kind of gastric surgery. There is a long-standing recognition of a relationship between gastrointestinal surgery and the development of bone diseases (osteomalacia, osteitis fibrosa cystica, and osteoporosis.) In a study patients who had undergone Roux-Y gastric bypass had lost 8% of Bone Mass Density 9 months. Similar results were found in other studies. Gastric surgery and weight loss in morbidly obese individuals cause increased bone resorption and increased bone loss. Treatment and prevention includes calcium and vitamin D supplementation and increased physical activity.
Cancer can occur in anyone. Many cancers are more common in obese as compared to thin patients. Overweight men have a significantly higher rate of prostate cancer. Obese women have higher risks of developing breast cancer and cancer of the uterus and ovaries. It is expected, but not certain, that with weight loss you will have an overall decrease in your risk of cancer. The Billroth II connection used in the Mini-Gastric Bypass has been used for almost 100 years and is performed over 16,000 times a year in America to connect the stomach to the bowel. Some studies have suggested that the Billroth II connection used in the Mini-Gastric Bypass can increase the risk of stomach cancer while others do not show this. The studies showing increased risk of stomach cancer are in Billroth II patients that had the surgery for ulcers and since ulcers can cause an increased risk of stomach cancer it may be the stomach ulcer not the Billroth II that causes some studies to show increased risk of stomach cancer after the Billroth II. Diet seems to be much more important as a cause of stomach cancer. Eating processed meats has a much greater effect on increasing stomach cancer risk than the Billroth II. Conversely fresh fruits and vegetables seem to protect against stomach cancer. In the end no one knows what will happen in your case and if you are concerned about stomach cancer then you could either 1) Not have the Mini-Gastric Bypass, 2) Have the Mini-Gastric Bypass and avoid processed meats and eat more fresh fruits and vegetables. In either case stomach cancer is an unlikely event.

Death
This is a major and serious operation. It may lead to death from complications. There has been a death in the first week after this surgery in one patient.

Excessive Weight Loss
I clearly understand that there is a risk that I might suffer malnutrition and lose too much weight. I know that the diagnosis of excess weight loss is easy. I have excess weight loss if I do not feel well and if the bi-yearly blood tests that I have agreed to, show any forms of low values, abnormal values or deficiencies. If I feel fatigue, weakness, if my friends or family or physician or acquaintances, comment on my weight or appearance. At that moment I know that should, and by this agreement I hereby confirm, that I will arrange to see Dr. Peraglie to confirm the presence of excess weight loss. I know now and agree that the Mini-Gastric Bypass can be easily reversed by Dr. Peraglie and that I stand ready and able to deal with this possibility by returning to see Dr. Peraglie in his clinic and having the surgery revised reversed if necessary. Furthermore I now state that if I do not act in this clear and responsible manner that I cannot hold Dr. Peraglie responsible for any bad outcomes, or to state the same thing another way; Dr. Peraglie cannot be expected to care for me if I do not return to see him, i.e. if I break the doctor patient relationship.

It is crystal clear that the bypass is powerful therapy, and that the bypass can cause the patient to lose too much weight. Excess weight loss if not treated can lead to severe complications and death. I also know that the excess weight loss from the Mini-Gastric Bypass can be easily reversed by a short operation.

I am well aware that some patients sustain excessive weight loss after weight loss operations. I understand that excessive weight loss may require surgical revision or reversal of the bypass to prevent severe malnutrition, nausea or vitamin and mineral deficiencies or even death. I understand that almost 1% of patients lose too much weight following weight loss surgery and need to have surgery to reverse the excessive weight loss.

As part of this agreement, I promise and agree to monitor my weight and health carefully and if excessive weight loss occurs, I will submit to early and appropriate treatment.

I hereby formally and unequivocally state that I am prepared for the possibility of malnutrition and excessive weight loss and can afford to see Dr. Peraglie and C.L.O.S. to pay for and receive the appropriate surgical treatment of a revision if necessary.

I understand that excess weight loss on my part that does not lead to immediate return to clinic to see Dr. Peraglie for urgent therapy constitutes a breach of the doctor patient relationship. That is to say if I do not take care of myself then clearly Dr. Peraglie cannot be held responsible for any bad outcomes.

Again in plain words: I know I can get too thin from an operation designed to cause weight loss. A weight loss surgery can only have three outcomes; perfect weight loss, inadequate weight loss and excess weight loss.

I am very well educated that I might lose too much weight and that I can easily have this issue of excess weight loss treated by revising the surgery. I know that I, the patient, must take the responsibility of identifying the excess weight loss and seeking appropriate follow up with Dr. Peraglie. That responsibility is one I fully and completely accept. In the event that I fail to return to Dr. Peraglie for treatment I hereby now and forever agree to hold Dr. Peraglie blameless for any and all problems complications and even death that can occur from my irresponsible act.

I know if I get too thin it can be fixed. I agree if I get too thin to come to Dr. Peraglie to get the problem fixed. If I do not come to get the problem fixed then that is completely my personal responsibility.

I understand and expect that the costs of surgery to reverse or revise surgery will be roughly the same as the initial surgery.
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

Risks and Complications from General Anesthesia

Serious side effects of general anesthesia are well known to occur but fortunately are uncommon. This is not true in people who are unhealthy including people that are obese. Because general anesthesia affects the whole body, it is more likely to cause side effects than local or regional anesthesia. Fortunately, most side effects of general anesthesia are uncommon, minor and can be easily managed. But others can be serious or deadly.

General anesthesia suppresses the normal throat reflexes such as swallowing, coughing, or gagging that prevent aspiration. Aspiration occurs when materials, objects or liquids are inhaled into the respiratory tract (the windpipe or the lungs). To help prevent aspiration, an endotracheal (ET), breathing tube will be inserted during the surgery this is called “general anesthesia.” When an ET tube is in place, the lungs should be protected so stomach contents cannot enter the lungs. Aspiration during anesthesia and surgery is uncommon, but does occur and is a risk of surgery especially in overweight or obese patients. You have been instructed not to eat or drink anything for hours before anesthesia so that the stomach is empty to reduce the risk of aspiration. Anesthesia specialists use many safety measures to minimize the risk of aspiration in all patients but in spite of these measures aspiration and serious or deadly pneumonia can occur.

Insertion or removal of airway tubes for general anesthesia can cause respiratory problems such as coughing; gagging; muscle spasms in the voice box, or larynx (laryngospasm); or bronchial tubes in the lungs (bronchospasm). Insertion of airways also may cause an increase in blood pressure (hypertension) and heart rate (tachycardia). Other complications may include damage to teeth and lips, swelling in the larynx, sore throat, and hoarseness caused by injury or irritation of the larynx. Other serious risks of general anesthesia include changes in blood pressure or heart rate or rhythm, heart attack, or stroke. Death or serious illness or injury due to anesthesia is rare and is usually also related to complications from the surgery. Death has been reported to occur in about 1 in 250,000 people receiving general anesthesia, although risks are greater for those people with obesity and other medical conditions.

Many people who are going to have general anesthesia express concern that they will not be completely unconscious but will "wake up" and have some awareness during the surgical procedure. However, awareness during general anesthesia is uncommon but can happen. By agreeing to surgery and anesthesia in this document you are recognizing that while precautions will be taken to avoid awareness during surgery that it could happen.

To decrease the serious and life threatening risks of anesthesia that lead to death Dr.
Peraglie and the physicians and surgeons of the Centers for Laparoscopic Obesity Surgery have chosen a very special kind of anesthetic technique that they believe improve your chances of safely recovering from surgery but may increase the chance of awareness during surgery. By your initials and comments below you agree to proceed with surgery and anesthesia with the full knowledge of the risk of awareness under this anesthesia and by your specific request that this form of anesthesia be used to improve your overall chances of safety.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraphs above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

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**Risks and Complications from General Anesthesia: Awareness during General Anesthesia**

A person who is given general anesthesia but is not unconscious may be aware of what is happening during the procedure. Awareness during actual surgery is rare but can happen. The frequency of anesthesia awareness has been found in multiple studies to range between 0.1% - 0.2% of adult patients undergoing general anesthesia.

Awareness may be recalled as an implicit memory or explicit memory. With implicit memory, information is retained but not consciously recalled. The person may display symptoms similar to post-traumatic stress disorder, including dreams, flashbacks, anxiety, and sleep disturbances. With explicit memory, the person has spontaneous recall of events that occurred during the procedure, such as sounds and sensations of paralysis or pain. Consultation with a psychiatrist or psychologist may be warranted if a person has signs or symptoms of psychological trauma from awareness during surgery.

By your initials and statements below you agree that you are aware of these risks and complications and specifically request that with full knowledge that these potential problems and complications could occur that we proceed with surgery.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraphs above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

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The use of Total Intravenous Anesthesia (TIVA),

For the purpose of improving safety and avoiding respiratory complications of anesthesia Dr. Peraglie and the physicians and surgeons of CLOS advocate the use of total intravenous anesthesia (TIVA). TIVA stands for Total Intravenous Anesthesia: all the medications you receive will be administered through an IV catheter and you will not receive anesthetic gas. Gas anesthetics, while often good choices, are deemed more dangerous than TIVA in your case.

To try to avoid awareness during surgery Dr. Peraglie and the physicians and surgeons of CLOS follow the Practice Advisory Guidance to Clinicians from the American Society of Anesthesiologists:

The practice advisory acknowledges the reported incidence of intraoperative awareness of one to two cases per thousand patients receiving general anesthesia. We also recognize the significant psychological harm that some patients may experience following an episode of awareness. To address this safety concern Dr. Peraglie and the physicians and surgeons of CLOS treat all patients as high risk for awareness, you are now informed that your anesthetic depth will be monitored using multiple modalities. In all of Dr. Peraglie and the physicians and surgeons of CLOS patients brain function monitoring is used on all patients undergoing general anesthesia (BIS Monitoring.)

The majority of ASA members (69%) surveyed believes that brain function monitoring (BIS monitoring) is valuable and should be used to help reduce the incidence of awareness in patients at risk.

If you sustain awareness you agree to inform us so that we can provide assessment, reporting and counseling.

Dr. Peraglie and the physicians and surgeons of CLOS believe that all MGB patients are at risk for intraoperative awareness. Risk factors for awareness include:

* Substance use or abuse;
* Patient history of awareness;
* Difficult intubation;
* Cardiac surgery, Cesarean section, trauma and emergency surgery;
* Reduced anesthetic doses in the presence of paralysis;
* Use of muscle relaxants; and
* Total intravenous anesthesia (TIVA) and other anesthesia techniques.

Clinical Evidence Supporting BIS Monitoring

Brain Function Monitoring
Brain function monitors enable the anesthesia provider to measure the level of consciousness based upon the patient’s electroencephalogram (EEG). Adjunctive use of brain function monitoring during anesthesia has been found to reduce awareness.

The ASA practice advisory provides documentation that BIS monitoring is the only brain monitoring technology or clinical intervention that has been shown in large scale, prospective clinical research to reduce the incidence of awareness.
In summary, you will receive TIVA because Dr. Peraglie and the physicians and surgeons of CLOS believe it is the safest choice. You have a risk of awareness during surgery (about 1-2/1,000.) The BIS electronic brain monitoring system will be used to help protect against awareness.

If you agree that everything in the above paragraph is correct, check Yes Here: □

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
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Addition of Ketamine for the Prevention of Post-Operative Pain

In spite the availability of effective analgesic agents, between 30 to 70% of patients continue to suffer severe postoperative pain. A variety of causes of inadequate control of post-operative pain have been identified. Our goal is the delivery of the best possible pain relief for your post-operative recovery. That means our desire is expend our efforts to try to deliver a balance of safety and effectiveness in post-operative pain management.

Dangers of Opioids (Narcotics)

Intravenous, intramuscular, and oral as needed (prn), opioid (narcotic) analgesia (pain medication) is the most commonly used method of postoperative pain management. While narcotics are very effective pain relievers they are also well known as dangerous and sometimes deadly drugs. Narcotics can cause breathing to slow or even stop and especially in obese patients this risk is magnified. Thus our desire is to take away all of our patients’ pain but the risks of narcotics keep us ever mindful of their potential to harm as well as help our patients.

Recently a new use of an old drug (ketamine) has been shown to decrease patient’s post-operative pain and to decrease the need for the use of narcotics increasing patient safety. The following section is designed to explain more about the use of ketamine for your post-operative pain management.

Ketamine and "Opioid Sparing Anesthesia/Analgesia"

Ketamine is a rapid-acting general anesthetic normal or slightly enhanced skeletal muscle tone, cardiovascular and respiratory stimulation, and occasionally a transient and minimal respiratory depression. The patient’s airway is well maintained. Ketamine has a wide margin of safety; several instances of unintentional administration of overdoses of Ketamine (up to ten times that usually required) have been followed by prolonged but complete recovery. Ketamine has been studied in over 12,000 operative and diagnostic procedures, involving over 10,000 patients from 105 separate studies. During the course of these
studies, Ketamine was administered as the sole agent, as induction for other general agents, or to supplement low-potency agents. Ketamine has been used successfully in many types of surgery including the anesthesia for a variety of other surgical procedures. In these studies, the anesthesia was rated either “excellent” or “good” by the anesthesiologist and the surgeon at 90% and 93%, respectively.

Warnings
Postoperative confusional states may occur during the recovery period. Respiratory depression may occur with over dosage or too rapid a rate of administration of Ketamine, in which case supportive ventilation should be employed.

Precautions
Information for Patients: The patients should be cautioned that driving an automobile, operating hazardous machinery or engaging in hazardous activities should not be undertaken for 24 hours or more (depending upon the dosage of Ketamine and consideration of other drugs employed) after anesthesia.

Drug Interactions: Prolonged recovery time may occur if barbiturates and/or narcotics are used concurrently with Ketamine. Ketamine is clinically compatible with the commonly used general and local anesthetic agents.

Usage in Pregnancy: Since the safe use in pregnancy, including obstetrics (either vaginal or abdominal delivery), has not been established, such use is not recommended.

Adverse Reactions
Emergence reactions have occurred in approximately 12 percent of patients. The psychological manifestations vary in severity between pleasant dream-like states, vivid imagery, hallucinations, and emergence delirium. In some cases these states have been accompanied by confusion, excitement, and irrational behavior which a few patients recall as an unpleasant experience. The duration ordinarily is no more than a few hours; in a few cases, however, recurrences have taken place up to 24 hours postoperatively. No residual psychological effects are known to have resulted from use of ketamine.

The incidence of these emergence phenomena is least in the elderly (over 65 years of age) patient. Also, they are less frequent when the drug is given intramuscularly and the incidence is reduced as experience with the drug is gained.

The incidence of psychological manifestations during emergence, particularly dream-like observations and emergence delirium, may be reduced by using lower recommended dosages of ketamine in conjunction with intravenous diazepam during induction and maintenance of anesthesia. Also, these reactions may be reduced if verbal, tactile and visual stimulation of the patient is minimized during the recovery period. This does not preclude the monitoring of vital signs.

In order to terminate a severe emergence reaction the use of a small hypnotic dose of a short-acting or ultra-short-acting barbiturate may be required.

When ketamine is used on an outpatient basis, the patient should not be released until recovery from anesthesia is complete and then should be accompanied by a responsible adult.

Cardiovascular: Blood pressure and pulse rate are frequently elevated following administration of Ketamine alone. However, hypotension and bradycardia have been observed. Arrhythmia has also occurred.

Respiration: Although respiration is frequently stimulated, severe depression of respiration or apnea may occur following rapid intravenous administration of high doses of Ketamine. Laryngospasms and other forms of airway obstruction have occurred during Ketamine anesthesia.

Eye: Diplopia and nystagmus have been noted following Ketamine administration. It also may cause a slight elevation in intraocular pressure measurement.
Neurological: In some patients, enhanced skeletal muscle tone may be manifested by tonic and clonic movements sometimes resembling seizures.

Gastrointestinal: Anorexia, nausea and vomiting have been observed; however, this is not usually severe and allows the great majority of patients to take liquids by mouth shortly after regaining consciousness.

General: Anaphylaxis: Local pain and exanthema at the injection site have infrequently been reported. Transient erythema and/or morbilliform rash have also been reported.

Low dose Ketamine is now being used in cases to supplement anesthesia, support the blood pressure and improve pain relief and decrease the need for narcotics, thus making the recovery safer and less painful.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

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Special Warning about the Risks of Birth Defects after Gastric Bypass:

Vitamin and mineral deficiencies can put the newborn babies of gastric bypass mothers at special risk of Major Birth Defects.

No pregnancy should occur for the first one to two years after operation. Gastric Bypass has been shown to cause multiple types of vitamin and mineral deficiencies including: iron, B12, Folate, calcium and many others. Many of these deficiencies have been shown to cause birth defects or are suspected that they could cause birth defects.

We also know that many patients who lose weight feel that they are well after surgery and forget to take their vitamins.

Patients must be certain not to miss any of their vitamins if they decide to go ahead with pregnancy later.

Warning to women using Oral Contraceptives (Birth Control Pills): Many women take 'the pill' to prevent pregnancy. Typical failure rates among pill users are as high as 12% to 20% in some surveys. Other factors have been shown to increase the risk of pill failure: smoking, diarrhea and/or vomiting drug interactions, systemic illness, psychological stress, and menstrual disturbances. Therefore BC Pills may not be an effective method after the Mini-Gastric Bypass until those factors have resolved. An unplanned pregnancy can be one of life's most difficult experiences.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

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Other Risks of Gastric Bypass
I also realize that there are particular risks associated with the Mini-Gastric Bypass procedure proposed for me and that these risks include, but are not limited to: Bleeding, Leak, Abscess and serious intra-abdominal infection and Blood Clots all of which can lead to repeated operation admission to the intensive care unit and sometimes death.

I realize that your surgeon plans to perform the operation laparoscopically, and that this approach has special risks including injury to the abdominal contents such as blood vessels, the bowel and other organs.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
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Importance of Follow Up

I recognize that an operation upon my stomach and upper digestive tract is a serious undertaking with known long term risks that my surgeon and The Centers for Laparoscopic Obesity Surgery educational program have described to me including hair loss, serious vitamin and mineral deficiencies and other known and unknown problems. I am committed to fulfilling your surgeon’s and The Centers for Laparoscopic Obesity Surgery’s instructions for long term follow up. I promise I will make every effort to follow his directions to protect myself from these and other problems associated with the bypass.

I will not leave the area following surgery for 7 days after surgery and until I have been seen in your surgeon’s clinic and have been approved for discharge from the area.

I will return to my surgeon’s clinic at 1, 3, 6 and 12 months following surgery and every year thereafter for evaluation and further education. In extraordinary circumstances in which I cannot reach my surgeon’s clinic I will go to my local medical Doctor’s clinic and with his/her approval complete that follow up visit with my local medical doctor. In that event I will make certain that my medical doctor forwards copies of my clinic visit to my surgeon at The Centers for Laparoscopic Obesity Surgery. I understand and agree that my surgeon and The Centers for Laparoscopic Obesity Surgery expects me to return to clinic for follow up and it is only in unusual circumstances that I will miss these appointments.

I promise that I will use the follow up forms that were or will be given to me, fill them out and mail, fax or email them to Dr. Peraglie’s office at the intervals called for on each form. I agree to be sure that a copy of my labs are sent to Dr. Peraglie at 6 months, one year, eighteen months and two years. I understand that I will be given appropriate forms and paperwork to do the above.

As part of my commitment to careful follow up, I promise to alert The Centers for Laparoscopic Obesity Surgery office of any changes in my address, telephone numbers, and email address or health status.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
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Warning about the Risk of Seeing Other Surgeons That Perform the Roux-en-Y Surgery

Recently several Roux-en-Y surgeons have written a paper saying that they have seen over 30 Mini-Gastric Bypass patients and 19 were operate on and converted to Roux-en-Y by surgery. I know that if I see a non-MGB surgeon that I may get advice to have surgery. I am committed to maintaining follow up with your MGB doctor.

If you agree that everything in the above paragraph is correct, check Yes Here: □

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

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The Critical Doctor-Patient Relationship:

Follow up is critical for safe long-term health after gastric bypass and for adequate maintenance of a Doctor patient relationship. The follow up requirements have been described above and I have agreed to meet these requirements. These requirements are very important for your safety, are not onerous or unreasonable.

I explicitly agree to comply with the clearly stated need to follow the medical advice for follow up after mt surgery. For example, if I were to sustain excess weight loss following surgery and not return to clinic to perform my agreed upon follow up that such an action would be a breach of the doctor patient relationship and Dr. Peraglie could in no way be responsible for any untoward or bad outcomes or complications. That is to say I must return to clinic for follow up if Dr. Peraglie is to have any chance of taking care of me. I have to come back to clinic for follow up for Dr. Peraglie to care for me. I understand that Dr. Peraglie does want to take care of me but that he cannot do it if I do not want to fulfill my part of the bargain. I need to be responsible for follow up for Dr. Peraglie to provide my medical care. This bond is the Doctor Patient relationship. I agree to enter into this special bond with Dr. Peraglie and I also agree that if I break it that Dr. Peraglie cannot be held responsible for bad outcomes problems or complications.

I know and agree that in the event that I fail to complete my follow up responsibility then I hereby agree that such actions will terminate my Doctor patient relationship. It is absolutely and unquestionably my responsibility to stay in touch with my doctor after surgery. I know it is important. I know it is a life and death commitment and I agree to stay in touch and complete my follow up.

In the event that I do not comply with the advice and directions of Dr. Peraglie then I agree that Dr. Peraglie would no longer be able to serve as my physician.

I know and agree that noncompliance in meeting the agreed upon follow up
requirements prevents my Doctor from providing me adequate care.

Dr. Peraglie has explained to me the critical need for continuous follow up after my surgery. If I decline to follow my Doctor’s advice then we agree such an action would sever our relationship and remove any responsibility my doctor would have to me.

I agree that I am aware and agree that the physician-patient relationship depends on mutual rapport. In the event that I no longer follow my Doctor’s advice and directions then I agree that this will terminate our relationship and any patient care responsibilities, Dr. Peraglie would then no longer be my physician.

If you agree that everything in the above paragraph is correct, check Yes Here: □

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
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Follow Up Emergency Telephone Number
I recognize that an operation upon my stomach and upper digestive tract is a serious undertaking with known risks that my surgeon and The Centers for Laparoscopic Obesity Surgery educational program have described to me. I promise I will stay in the area within two hours of the hospital and provide a telephone number so I can always be contacted:

Emergency Telephone Contact Number:

If you agree that everything in the above paragraph is correct, check Yes Here: □

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
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Information Authorization Request and Confirmation
I hereby authorize Dr. Peraglie and his staff to use my protected health information, and to request and disclose the following enumerated protected health information to your present and any future referring physicians:

Information that will be used or disclosed for my care or for education or information, includes, hospital and other notes with date of service, type of service provided, history, examination findings, lab results, impression, plan, and medications.

This protected health information may be requested and disclosed for the following purposes: instruction, education and follow up.
This authorization shall be in force and effect until revoked by me in writing or when Dr. Peraglie and C.L.O.S. have released me from care. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Dr. Peraglie and C.L.O.S.

I understand that information used or disclosed pursuant to this authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law.

Dr. Peraglie and C.L.O.S. will not condition my treatment, payment or eligibility for benefits on whether I provide authorization for the requested use or disclosure. I understand that I have the right to:
- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights.)
- Refuse to sign this authorization.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
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Unexpected Outcomes:
I know that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee has been made about the results that may be obtained from this procedure. I am aware that in the practice of medicine, other unexpected problems, risks or complications not discussed may occur. I also understand that during the course of the proposed procedure unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Danger of Leaving the Area:
I recognize the serious nature of this Mini-Gastric Bypass surgery. I am well informed about the risk and potential for unforeseen complications and even death. I am aware that I need to stay in the area near the hospital to allow your surgeon to be able to diagnose and treat any unexpected problems or complications. I therefore confirm that I am aware I must stay in the area for at least 7 days so I
can be available for treatment and appropriate care. I recognize that other procedures might need to be performed and I confirm that I will remain in daily contact with your surgeon and The Centers for Laparoscopic Obesity Surgery for the first 2 weeks after your surgery.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐
Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

Acknowledgments:
The available alternatives to the Mini-Gastric Bypass, some of which include: Open Gastric Bypass, Roux-en-Y Gastric Bypass, Vertical Banded Gastroplasty, various diet, exercise and drug treatments have been explained and discussed in detail with me. The potential benefits and risks of the proposed Mini-Gastric Bypass procedure and the likely results with other treatments have been discussed with me in detail. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐
Initial the paragraph above
Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

Authorization for Interview, Photography and/or Video Recording and Release Medical Information:
I hereby confirm that I freely approve of the release of your medical information for the purposes of education and advocacy of the rights of obese patients and that I have not in any way been coerced into this authorization. I recognize that I can refuse to approve of this use of your personal medical information with no negative impact upon your care or treatment by the surgeons and staff of The Centers for Laparoscopic Obesity Surgery or his staff.

I have had the opportunity to consider whether or not to approve this use of your personal information and I state that I have not be the subject of coercion or undue influence to agree to this release of information. I hereby authorize Dr. Cesare Peraglie, the surgeons, and staff of The Centers for Laparoscopic Obesity Surgery to use any portions or parts of your medical records and information pertaining to the medical history, mental or physical condition, services rendered, or treatment given for the purposes of education of future patients. I understand that his sole use of this information will be in an attempt to help others. The information supplied is to be used to educate individual patients, Doctors as well as other members of the
public including Health Insurance Companies and the News Media. This authorization shall become effective immediately.

I consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of me.

This release gives the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees, patients, the public, insurance companies and others in the public.

I hereby release the CLOS, Dr. Peraglie and the hospital and I discharge any claim of any nature against them.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

__________________________________________________________

___________________________________________________________________

__________________________________________________________

___________________________________________________________________

Governning Law:

I clearly and completely agree that this contract between myself and Dr. Peraglie and is governed by the laws of the State of Florida. I agree that in lieu of proceeding to any court action to mediate any dispute.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

___________________________________________________________________

___________________________________________________________________

Management of any Disputes or Disagreements: Agreement to Binding Arbitration

Arbitration agreements require that the parties agree to resolve any and all disputes that arise using binding arbitration, rather than in court.

I know that binding arbitration involves the submission of any disputes to a neutral party, usually a retired judge, who renders a decision following a hearing. I agree that arbitration will take the place of a trial before a judge or jury. I agree that the arbitration is binding, and there are no grounds for appealing or setting aside the arbitration decision.

I am aware that there are some advantages and disadvantages of binding arbitration. Binding arbitration is less formal and technical than court, can result in quicker resolution of the dispute, waives the right to have any claims decided in court, provides finality, and severely limits appeals and finally provides a private forum for the dispute.

I agree that this contract is between myself and Dr. Peraglie and all disagreements will be managed by mandatory, private, binding arbitration. I agree that it is efficient, leads to informed decision making, and sustains a cordial unbiased
relationship between patients and their physicians.

I agree that the costs will be shared equally for such mediation. In the event of failed mediation then I agree to proceed to arbitration and I agree that any dispute arising out of the agreement will be decided by neutral arbitration as provided for by the laws of the state of .

If you agree that everything in the above paragraph is correct, check Yes Here: □

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

___________________________________________________________________
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A Message to Our Patients about Arbitration

The operative consent agreement is an arbitration agreement. By signing this agreement, we (the doctor the patient and the hospital) are agreeing that any dispute arising out of the medical services received is to be resolved in binding arbitration rather than a lawsuit in court.

Medical malpractice insurance rates are skyrocketing. Practicing physicians have two options continue to pay the rapidly escalating charges or try to intervene to decrease the costs of medical liability insurance. Frivolous lawsuits are part of the rise in insurance rates. For example you may have heard this story:

A woman buys a coffee at McDonald's and drives off with the coffee between her legs. After the coffee spills and scalds her, she sues McDonald's for the coffee being too hot. She wins a $2 million dollar judgment.

The costs and settlements of these and other kinds of lawsuits translate into higher insurance rates. In some cases doctors are performing unnecessary tests and procedures in a kind of “defensive medicine.” Numerous doctors have retired because of the rising costs of malpractice insurance.

"There are factors operating, particularly in Nevada, which make it a prime example of the problems physicians, hospitals, insurers and patients are facing nationwide," says Carol Golin, editor of the Medical Liability Monitor, which surveys insurance company issues. In Nevada the number of new lawsuits is reaching record highs and the awards are increasing at unprecedented rates as well.

Experts believe that resolving disputes by arbitration is a good system that addresses many of these issues in ways that are fair for both patients and physicians. A single arbitrator, usually a retired judge, hears the case. This agreement generally helps to limit the legal costs for both patients and physicians. Further, the judgment is more often found to be fair and reasonable on review and both parties are spared some of the problems seen in a public jury trial.

Our goal is to provide the highest quality of medical care and to avoid any such dispute. We have priced our medical care fairly and this is based upon our efforts to
AN OVERVIEW OF ARBITRATION

Introduction
Arbitration is an alternative dispute resolution procedure that has been endorsed by such groups as various Medical Associations and is a favored method of resolving disputes by the United States Supreme Court. The information included here is provided for your education on some of the basic principles of arbitration.

What is arbitration?
Arbitration is an alternative way of resolving disputes. Instead of disagreements being taken through long and expensive process of court litigation, it is agreed in advance to submit any disputes to an arbitrator for his or her determination. The arbitrator is selected from among numerous retired judges who are available and qualified to serve on these matters, and is mutually agreed upon by both you and the doctor. After a hearing, similar to a court proceeding, the arbitrator makes the decision ("award"). The same laws and same measure of damages, which apply in court proceedings, also apply in arbitration.

Does arbitration prevent you from making a claim?
No. Arbitration allows for a rapid and more straightforward approach to deliberation on issues that may arise and to hear and decide any claims.

Does it prevent you from obtaining a financial award?
No, not at all. Arbitration does not restrict or prevent you from obtaining a financial award in any manner. If the arbitrator accepts and agrees with your claim, he will determine a damage award. The United States Supreme Court has held that arbitration is strongly favored as an expeditious and economical alternative to the court system.

May I be represented by an attorney of your choice?
Yes. All parties to arbitration may be represented by an attorney of his or her choice, at his or her own expense. The arbitrator will hear the facts and decide the matter whether or not the parties are represented by lawyers.

Who is bound by this agreement?
By signing the arbitration agreement, you agree to oblige yourself and others on your behalf to use binding arbitration.

What does arbitration cost?
Arbitration is usually less expensive than court actions. The arbitrator’s fees are ordinarily shared equally by the parties. The amount of those fees will depend upon the complexity and length of the case.

If either party does not like the arbitration result, could there still be a jury trial in court?
The purpose of arbitration is to avoid the expenses, delays, emotional public nature and inconvenience of a court trial. Ms. Brown was made aware that in rare circumstances, arbitration awards may be reviewed, and potentially reversed ("vacated") by a court.
If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Patient Signature: ___________________________ Date: ________

Parent or Guardian if minor ___________________________ Date: ________

Witness: ___________________________ Date: ________

(Cesare Peraglie, M.D.)
Insurance Release

Cesare Peraglie, M.D., F.A.C.S.  F. A. S. C. R. S.
The Centers for Laparoscopic Obesity Surgery
40124 Highway 27, Suite 203
Davenport, FL 33837

Private Cell: 407-922-3424
Email: drp@clos.net

Re: The Centers for Laparoscopic Obesity Surgery and staff accept no responsibility in obtaining insurance coverage

By my signature on this document I am formally recognizing that The Centers for Laparoscopic Obesity Surgery does not accept insurance and that I will pay the bills for any and all treatments by my surgeon and the hospital. I understand and agree that payment for my care will be made prior to the time of treatment. In the case of emergency or other unexpected care, payment will be made at the time of billing for the treatment. I do not expect my surgeon, Dr. Peraglie or The Centers for Laparoscopic Obesity Surgery office to take any responsibility in filing for insurance coverage. I understand that I will receive a receipt for my treatment from the hospital whom I will pay. I have been told that I can use this billing information to try to obtain insurance reimbursement. I acknowledge that if I choose to file an insurance claim that all issues dealing with the insurance claim will have to be handled by myself and or my representatives.

I know that my surgeon’s bariatric practice, Dr. Peraglie and The Centers for Laparoscopic Obesity Surgery office do not have any working relationship with any medical insurance providers. I am aware that The Centers for Laparoscopic Obesity Surgery office will only provide limited and minimal assistance to me should I choose to file for reimbursement with my insurance carrier. This assistance is limited to referring me to the hospital business office for a bill and for copies of medical records upon my request. I understand that insurance reimbursement following treatment will be between me and my insurance company.

Patient Signature: __________________________________________ Date: ____________

Parent or other person authorized to sign for patient:

________________________________________ Date: ____________

Witness:

________________________________________ Date: ____________

(Physician's Signature) (Date)
HIPAA: Notice of Information Practices

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review carefully.

NOTICE OF INFORMATION PRACTICES

The Center for Laparoscopic Obesity Surgery is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with the respect to protected health information. Center for Laparoscopic Obesity Surgery is required by law to abide by the terms of this Notice.

1. The Center for Laparoscopic Obesity Surgery may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested preschool, or sports physicals, referral to nursing homes, foster care homes, home health agencies and/or referral to other providers for treatment. Payment example includes, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing of records.

2. The Center for Laparoscopic Obesity Surgery is permitted or required to use or disclose protected health information without the individual’s written consent or authorization in certain circumstances. Two examples of sure are for public health requirements or court orders.

3. The Center for Laparoscopic Obesity Surgery will not make any other use or disclosure of a patient’s protected health information without the individual’s written authorization. Such authorization may be revoked at any time. Revocation must be written.

4. Center for Laparoscopic Obesity Surgery will abide by the terms of this notice currently in effect at the time of disclosure.

5. Center for Laparoscopic Obesity Surgery reserves the right to change the terms of its notice and to make new notice provisions effective for all protective health information that it maintains. Center for Laparoscopic Obesity Surgery will provide each patient with a copy of any revision of its Notice of Information Practices at the time of their next visit, or at their last known address if there is no need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.

6. Any patient, guardian, or personal representative has the right to object to the use of their health information for directory purposes.

7. Any patient, guardian, or personal representative has the right to request to inspect or obtain copies of their medical record.

8. Any patient, guardian, or personal representative has the right to request amendments be made to their medical record.

9. Any patient, guardian, or personal representative has the right to request a six year accounting of disclosure of their medical record. The history will be provided within 60 days of the request and a reasonable charge may be assessed for any copies after the requested 12 month period.

10. Any patient, guardian, or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment, or healthcare operations. The Practice is not required to agree to the restriction requested, but if the Practice does agree, The Practice must abide by those restrictions.

11. Any person/patient may file a complaint to the Practice and the Secretary of the Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, contact the Privacy Officer at the following address and/or phone number for the CLOS. Telephone: 702-714-0011. All complaints will be addressed and the results will be reported to the Privacy Officer.

12. It is the policy of the Center for Laparoscopic Obesity Surgery that no retaliatory action will be
made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

The effective date: ____________________
Name of Patient or Legal Guardian: ______________________________________________________
Signature of Patient or Legal Guardian: ____________________________________________ Date: ____________________________

HIPAA Notice of Information Practices 802(form1)

Disclaimer: Contents are informational and not intended as legal advice. NCRIC MSO, INC. and its subsidiaries, its employees, agents, and staff, make no representation, guarantee or warranty, express or implied, that these forms are error free or the use of this information will prevent differences of opinion with any other party, and will bear no responsibility or liability for the result or consequences of its use.
**Recording and Release Medical Information:**

I hereby confirm that I freely approve of the release of your medical information for the purposes of education and advocacy of the rights of obese patients and that I have not in any way been coerced into this authorization. I recognize that I can refuse to approve of this use of your personal medical information with no negative impact upon your care or treatment by the surgeons and staff of The Centers for Laparoscopic Obesity Surgery or his staff.

I have had the opportunity to consider whether or not to approve this use of your personal information and I state that I have not be the subject of coercion or undue influence to agree to this release of information. I hereby authorize Dr. Cesare Peraglie, the surgeons, and staff of The Centers for Laparoscopic Obesity Surgery to use any portions or parts of your medical records and information pertaining to the medical history, mental or physical condition, services rendered, or treatment given for the purposes of education of future patients. I understand that his sole use of this information will be in an attempt to help others. The information supplied is to be used to educate individual patients, Doctors as well as other members of the public including Health Insurance Companies and the News Media. This authorization shall become effective immediately.

I consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of me.

This release gives the the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees, patients, the public, insurance companies and others in the public.

I hereby release the CLOS, Dr. Peraglie and the hospital and I discharge any claim of any nature against them.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐

Initial the paragraph above

Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

___________________________________________________________________

___________________________________________________________________

_____________________________________________
CERTIFICATION AFFIDAVIT

RE: Submission of Medical Information to The Center for Laparoscopic Obesity Surgery
Affirmation of Truth and Accuracy of the Submitted Medical Information

Dr. Cesare Peraglie:

I, hereby declare, swear, and affirm, under the penalty of law, that the contents of the "Patient Information" form submitted by me to the Center for Laparoscopic Obesity Surgery and all the information contained therein is true and correct, and includes all material information to identify and explain the details of my medical history,

I authorize on the basis of this document this affidavit release of my medical information.

1. That I have read and understand the requirements of the Mini-Gastric Bypass Preoperative Preparation Program.
2. That I will provide any additional information requested by Dr. Peraglie and/or the Center for Laparoscopic Obesity Surgery.
3. That I will provide information about any significant changes affecting my health or any other information contained in this affidavit or the patient information form in writing and by e-mail.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any patient contract which may be created.
5. That I, undersigned, swear that the foregoing statements, including statements and data provided in attachments hereto, are true and correct. This includes all material information provided to Dr. Cesare Peraglie.
6. That I recognize and acknowledge that if I am covered by Medicare, that the MGB is a not a covered service under Medicare and that the patient must consent to sign a form acknowledging that the surgery will not be covered by Medicare. I will not be able to bill Medicare for the doctor or hospital fees and I understand that Dr. Peraglie is not a Medicare associated doctor.
7. That I understand that if I am covered by any type of military insurance such as Champus, Champva, Tricare, TriWest, Humana or any other type of insurance that takes the place of military insurance that this is a non-covered procedure and I understand that I will have to sign a statement agreeing that my surgery will not be covered by any of those insurance companies.

By my signature on this document, I am formally recognizing that Dr. Peraglie does not accept insurance or any kind of third-party billing as payment for services. I also recognize that Dr. Peraglie’s office will not submit claims to my insurance carrier. This document is designed to clearly state that I am aware of the fact that Dr. Peraglie does not accept insurance and that I will pay the bills for any and all treatments by Dr. Peraglie. I acknowledge that if I choose to file an insurance claim that all issues dealing with the insurance claim will have to be handled by myself or my representatives.

I am planning on having MGB Surgery at the Center in Davenport, Florida with Dr. Peraglie.

My phone number is: ____________________________

I understand that insurance reimbursement following treatment will be between my insurance company and me.
Patient’s Printed Name and Address

Printed Name: __________________________________________
Date of Birth: ________________
Address: ________________________________________________
__________________________________________________________________

Patient Signature:
__________________________________________________________________ Date: ____________

Parent or other person authorized to sign for patient:
__________________________________________________________________ Date: ____________
Consent to Procedure and Treatment:

Having read this form and talked with my surgeon, my signature below acknowledges that:
I voluntarily give my authorization and consent to the performance of the Mini-Gastric Bypass procedure described above (including the administration of blood and disposal of tissue) by my physician and/or his/her associates assisted by hospital personnel and other trained persons as well as the presence of observers.

Dr. Peraglie has explained my treatment options to me. I understand that he will perform the Mini-Gastric Bypass. He has described the proposed procedure and its risks; including but not limited to what is included elsewhere in this consent agreement. I have read this entire Consent Agreement document and all of my questions have been answered to my satisfaction and understanding. I was given the opportunity to ask questions about my procedure, its risks and benefits as well as alternative treatment options and they were all answered in a manner that was to my satisfaction and understanding.

I further understand that life-threatening events can occur in surgery and Dr. Peraglie will treat them accordingly and my require additional consultation with specialists at the time of surgery.

I understand that there are no guarantees and that the procedure may not improve my condition or can make it worse.

I have read and understand the foregoing Consent Agreement and I wish to proceed with the Mini-Gastric Bypass.

If you agree that everything in the above paragraph is correct, check Yes Here: ☐
Initial the paragraph above. Write a Description of the Previous Paragraph and Comments (More than 2 sentences):

Witness ___________________________________________ Patient ___________________________________________

Date
END OF PATIENT LETTER/CONSENT AGREEMENT
We have changed our procedures to more fully incorporate the family into the decision to have weight loss surgery. The purpose of the attached documents is to be sure that each patient has a family support system before and after surgery. We know and recognize that families come in all forms and some patients will have diverse family dynamics. We believe that the support of at least one family member, no matter how a patient defines a family, is necessary and important. For that reason, we ask each patient to choose that one person they would expect to be with them on this life-changing journey. If married, the spouse of the patient is required to be the family support person who will sign the agreement. If not married, we would expect that person to be a mother, father, sister, brother, life partner. In essence, that one person that can be counted on day to day and year to year.

We require that every patient be well informed on many areas of having weight loss surgery, on areas of self-care after surgery but above all, we believe that each patient's family should be well aware of the same concerns we expect the patient to investigate and learn about. We want the patient to know the very real risks associated with staying morbidly obese, the benefits of having Mini-Gastric Bypass Surgery and we want them to be well aware of the associated risks of having surgery, weight loss surgery, and specifically Mini-Gastric Bypass Surgery. Of extreme importance for the family to know and understand is the serious obligation the patient has of remaining in touch with us after surgery. It is IMPERATIVE that patients follow up with us. We ask that you encourage, in whatever way your family handles such important matters.

Some families will choose to fill out these forms together and discuss each issue. Some will do it on their own. Whatever way you choose to do so, please know that we are available and ready to answer your questions and concerns should any arise. For this reason, our cell phone numbers are published on our website.
Family Agreement and Consent

Name of family member having Mini-Gastric Bypass Surgery:

___________________________________________________________________

Your Name___________________________________________________________

Relationship to Patient: [ ] Spouse, [ ] Family, [ ] Other Explain:

___________________________________________________________________

You are asked to please read this document very carefully!

As you read each paragraph, you are encouraged to discuss any questions about it with the patient or the surgeon.

If you agree with everything in each paragraph as you read it you are asked to:

1. Write your initials next to each paragraph
2. If you have questions you can call Dr. Peraglie.
3. Have your signature notarized

Preoperative Information and Education

As the family member of ________________________________________________ do you agree and affirm that:

The patient has been given extensive preoperative education and information about obesity, the risks of obesity and the risks and possible benefits of the surgical procedures in general and the Mini-Gastric Bypass in particular. The patient understands that this consent form is designed to provide a written confirmation of these discussions and educational process with Dr. Peraglie and the Centers for Laparoscopic Obesity Surgery support staff. The patient understands the purpose of this long document is intended to make sure that
he or she has thought over the decision to have surgery.

As the patient’s family member, I confirm that the patient, the patient’s family, the patient’s doctor and I have extensively talked about and reviewed the decision to proceed with this weight loss surgery.

This document is a written record of the patient’s efforts to be well informed about the decision to proceed with operation.

I can confirm that the patient wishes is to consent to go forward with the proposed Mini-Gastric Bypass procedure.

**In Plain English:** I can vouch for the fact that the Patient is very well informed about the risks and benefits of surgery.

If you agree with everything in the above paragraph initial here________________

**The Patient's Condition/Diagnosis:**

I recognize that the patient is overweight. I understand that obesity has been shown to be dangerous, unhealthy and increase the patient’s risk of death from a variety of medical illnesses. I affirm that I understand that some scientific studies conclude that obesity places individuals at increased risk of disability, respiratory disease, high blood pressure, heart disease, high cholesterol, stroke, diabetes, arthritis, clotting problems, cancer as well as other serious and less serious medical illnesses and even death.

I clearly and completely understand and am aware of these issues. I have seen or been aware of the possibility of the patient being or becoming unhealthy in a variety of ways due to the excess weight. Because of my knowledge and understanding of the effects of obesity on the patient, we have had discussions in the family, we have discussed the possible risks to remaining obese and the benefits of losing weight and from this careful thought and investigation, I believe that the patient should be considered for surgery to help the patient lose weight.

**In Plain English:** Obesity may have serious consequences and the patient is choosing the operation in hopes of the benefits of avoiding these consequences.

If you agree that everything in the above paragraph is correct check initial here________________

**Proposed Procedure:**

As the patient’s family member I know the patient is fully aware that the procedure that Dr. Peraglie has recommended for the treatment of his or her obesity is the Mini-Gastric Bypass. Dr. Peraglie has made available massive amounts of research material and with the help and assistance of the staff of The Centers for Laparoscopic Obesity Surgery, the patient’s doctor, and many patients that have undergone Mini-Gastric Bypass the patient has been provided with the resources to make an informed decision about weight loss surgery and the Mini-Gastric Bypass in particular. The patient has been referred to a complete website with more than 800 videos on a variety of topics about the Mini-Gastric Bypass and the risks and benefits of weight loss surgery. Additionally, the patient has been provided with a resource
manual with drawings and pictures of this surgery and of other surgeries along with the benefits and risks of those surgeries as well as the Mini-Gastric Bypass surgery. The reading and investigation has included exploring the benefits of weight loss surgery and has included information about possible complications. Additionally, the manual has provided the patient with a detailed description of the complications possible with any weight loss surgery and the Mini-Gastric Bypass in particular. Information about the medical history of weight loss surgery, the development of the surgical treatment of obesity, gastric bypass as a form of treatment for obesity.

The patient has read the manual which contains photographs and written descriptions of other alternative surgeries including: Open Roux-en-Y Gastric Bypass, Laparoscopic Roux-en-Y Gastric Bypass, Slapstick Ring Vertical Gastric Bypass (Fobi Pouch), Micro pouch Gastric Bypass, Antecolic Laparoscopic Roux-en-Y Gastric Bypass, Long Limb Gastric Bypass, Biliopancreatic Diversion, Biliopancreatic Diversion with Duodenal Switch, Gastric Band, Laparoscopic Gastric Band, Laparoscopic Adjustable Gastric Band, Vertical Banded Gastroplasty, Laparoscopic Vertical Banded Gastroplasty and Others.

I agree that the patient has been required to talk with patients or communicated with patients that have previously undergone the Mini-Gastric Bypass surgery. The patient has been very strongly encouraged to make every reasonable effort to investigate and understand the details of the operation. I believe that Dr. Peraglie and the staff of CLOS have gone beyond what many other doctors do to inform the patient of the risks and benefits of the surgery and to assist the patient in making a good decision about obesity and surgery for obesity.

In Plain English: The patient has made a major effort and understands the details and complexities of the surgery; the Mini-Gastric Bypass

If you agree that everything in the above paragraph is correct, initial here

______________________________

Controversy in Medicine/Disagreements over the Surgical Treatment of Obesity

I understand that medical care often involves major controversy. I clearly recognize that Weight Loss Surgery now is filled with controversy:

I understand that there are many different types and variations in the surgical procedures being performed for weight loss in America and around the world at this time. I know that certain risks and complications can occur, but after reviewing all of the information, I feel comfortable that the patient’s family, the patient’s doctor and I agree that the Mini-Gastric Bypass is the best choice for the patient.

In Plain English: Medicine is filled with controversy. Weight loss surgery is filled with controversy and the Mini-Gastric Bypass is controversial. The patient knows that, has investigated the issues thoroughly and wants to have the Mini-Gastric Bypass surgery by Dr. Peraglie.

If you agree that everything in the above paragraph is correct initial here______________________________

The "Old Loop" Gastric Bypass
I know that some critics of the Mini-Gastric Bypass have compared it to the "Old Loop" Gastric Bypass. The following figures and discussion explain the differences between the Mini-Gastric Bypass, the Standard Billroth II and the "Old Loop" Gastric Bypass.

**Billroth II Gastrojejunostomy**

The Billroth II is the most commonly performed type of connection between the stomach and the small bowel. By a margin of 4 to 1, the Billroth II is preferred over the Roux-en-Y when general surgeons choose to connect the stomach to the bowel. The Billroth II is a surgical procedure used routinely in the treatment of trauma, stomach cancer and peptic ulcers. Every year over 16,000, Billroth II surgeries are performed in America alone. In the usual Billroth II, the esophagus and the body of the stomach are distant from the Billroth II connection. The Billroth II connects the stomach to the jejunum, the upper-middle portion of the small intestine. Like the Mini-Gastric Bypass, the standard Billroth II places the connection between the stomach and the small bowel low on the stomach at the junction between the body and the antrum of the stomach. The lower part of the stomach that is often removed in the usual Billroth II surgery.

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**Figure 1: Standard Billroth II Gastrojejunostomy.**

Do you agree that the patient understands the Mini-Gastric Bypass is a form of gastric bypass that uses the Billroth II type of connection. The patient knows that some surgeons and other doctors do not like the Billroth II type of connection. The patient is aware of this and wants to go ahead.

The patient has weighed the risks and benefits of the surgical techniques used in the MGB and favor the Billroth II type connection used in the MGB.

**In Plain English:** The patient knows that the Billroth II type of connection between the stomach and the bowel is a standard part of surgery and is used all the time today in the US and around the world. It is a very good, but not perfect surgical procedure.

If you agree that, everything in the above paragraph is correct, initial here ___________________________

___________________________________________________________________________
The "Old Loop" Billroth II Gastrojejunostomy

Do you know and agree that the patient is well aware that there was an "Old Loop" Gastric Bypass which included a small, high stomach pouch that was placed high up on the stomach next to the esophagus. The loop that carries bile was placed close to the esophagus and this led to the associated problems with esophagitis that occurred in some surgeon’s experience with the “old loop” type gastric bypass. This configuration is in many ways much like the common general surgical procedure called a total gastrectomy. It is widely agreed that a total gastrectomy is not a good choice for a Billroth II reconstruction. This “old loop” is different from the Mini-Gastric Bypass. The “Old Loop” created a stomach pouch that was also based upon the outside edge of the stomach. This kind of pouch commonly stretches leading to failure of weight loss.

The patient is aware that there are many surgeons and doctors that feel that the “old loop” gastric bypass and the Mini-Gastric Bypass are similar and since the Old Loop did not work then the Mini-Gastric Bypass will also do poorly. The patient has investigated the Mini-Gastric Bypass in detail, I too know the difference between the old loop and the MGB and know that the patient wants to go ahead and have the MGB.”

In plain English: The Billroth II can be misused. The "Old Loop" gastric bypass placed the loop high on the stomach and this leads to bile reflux and is a poor choice.

The Mini-Gastric Bypass

Do you agree that the patient understands that the Mini-Gastric Bypass does have a Billroth II type loop connection like the “old loop” bypass, but the loop in the Mini-Gastric Bypass is placed low on the stomach far away from the esophagus. This is in the same position as the loop in the standard Billroth II done for ulcers and other diseases. The Mini-Gastric Bypass creates a long narrow “gastric tube” that places the connection of the stomach and the bowel low in the stomach and keeps the stream of bile away from the esophagus. The other advantages are that the surgery is easily accessible in the event that the surgery needs to be revised.
We know that there are many surgeons and doctors that feel that the “old loop” gastric bypass and the Mini-Gastric Bypass are similar and since the Old Loop did not work well then the Mini-Gastric Bypass will also do poorly.”

In Plain English: The Mini-Gastric Bypass uses the standard Billroth II anastomosis low on the stomach and has had good results in thousands of patients.

Do you agree that the patient has investigated the Mini-Gastric Bypass in detail and knows the difference between the old loop and the MGB and the patient wants to go ahead and have the MGB.

If you agree that everything in the above paragraph is correct initial here ______________

**Previous Mini-Gastric Bypass Results:**

I understand that at the present time over 5,500 total Mini-Gastric Bypass operations have been performed. I understand that the overall complication rate in the Mini-Gastric Bypass patients at this time is 5%. I know that three patients died in the first month following surgery giving an overall 30-day mortality rate of 0.05%. I know that the overall average hospital stay for Mini-Gastric Bypass patients to date has been 1.1 days. I know that the patient will probably be discharged from the hospital the day after surgery. I am ready to assist and support the patient in whatever way I can when he or she is discharged from the hospital.

In Plain English: The Mini-Gastric Bypass uses the standard Billroth II anastomosis low on the stomach and has had good results in thousands of patients.

If you agree that everything in the above paragraph is correct, initial here ____________

**Risks/Benefits of Proposed Procedure:**

Just as there may be some expected benefits from the Mini-Gastric Bypass procedure proposed in the patient's case, I also understand that all medical and surgical procedures, including the Mini-Gastric Bypass involve risks. The patient has been told and I understand that the patient's obesity increases his/her risks of these problems and complications.

These risks include:

<table>
<thead>
<tr>
<th>Complications</th>
<th>Description</th>
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<tbody>
<tr>
<td>Allergic Reactions</td>
<td>All kinds of allergic drug and chemical reactions are possible from treatment, from minor reactions such as a rash to sudden overwhelming reactions that can cause death.</td>
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</table>
Anesthetic Complications

- I know and consent to the fact that general Anesthesia will be used to put the patient to “sleep” for the operation. I am aware that the anesthesia has major and minor risks can be associated with a variety of different complications up to and including death.

Feeling Sick, Nausea And Vomiting

- Some operations, anesthetics and pain-relieving drugs are more likely to cause sickness (nausea) than others. Sickness can often be treated with anti-vomiting drugs (anti-emetics), but it may last from a few hours to several days.

Sore Throat

- The patient will have a tube in his/her airway to breathe for him/her and it may give him/her a sore throat. The discomfort or pain lasts from a few hours to days.

Dizziness, Blurred Vision:

- The anesthetic or loss of fluids may lower blood pressure and make the patient feel faint.

Shivering

- This may be due to getting cold during the surgery, to some drugs, or to stress.

Headache

- This may be due to the effects of the anesthetic, to the surgery, to lack of fluids, or to anxiety. More severe headaches may occur after a spinal or epidural anesthetic.

Bleeding

- Surgery involves incisions and cutting that can result in bleeding complications, from minor to massive, that can lead to the need for emergency surgery, transfusion or death.

Blood Clots

- In addition, Deep Vein Thrombosis (DVT) and Pulmonary Embolus can sometimes cause death. In the 5,500, people that have had the Mini-Gastric Bypass 0.01% have developed clots in their legs (Deep Vein Thrombosis) and 0.03% have had a pulmonary embolus. This is lower than seen in other series of gastric bypass surgery, but it can still happen. I understand that the patient needs to get out of bed the evening after surgery, move, and flex his/her feet and legs to try to help prevent clots from forming in the legs. I also know that although other surgeons routinely use “blood thinners” to prevent clots that they can cause bleeding complications and are not used by Dr. Peragle for the Mini-Gastric Bypass.

Infection

- Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to death.

Leak

- I know that after weight loss operations on the stomach the new connections can leak. The leak can allow stomach acid, bacteria and digestive enzymes to escape into the abdomen causing a severe and potentially lethal infection and or abscess. I am aware that the surgical complication most commonly related to an increased morbidity and mortality is a suture line leak. I am well aware that this is a technically demanding operation and that a leak rate of 2 to 5% for gastric bypass surgeries and 0.5% for banding procedures is frequently reported. I know that if a leak is suspected, patients may need to undergo x-ray testing or emergency surgery. I am aware that emergency surgery may be needed and that multiple drains may need to be placed. I know that patients with a leak may also need to be in the intensive care unit for an extended period of time, sometimes weeks or months, and I and my family clearly understand that the complication can be lethal. In the series of over 5,500 patients treated by

Narrowing (stricture)

- Narrowing (stricture), inflammation and/or ulceration of the connection between the stomach and the small bowel can occur after the operation this can require emergency operation, intensive care and can sometimes lead to death. To protect the new stomach from ulcers the patient must never again take aspirin, or aspirin like drugs such as Motrin, Ibuprofen, Naproxen, Relafen or other similar drugs.
### Indigestion, Acid/Bile Reflux or Ulcers

The operation can sometimes lead to severe nausea, vomiting, indigestion, abdominal pain, gastritis or ulcers. This can be severe and can last for days, weeks and possibly even longer. This is especially likely if the patient has had previous problems with nausea, abdominal pain or ulcers. Nausea is much more common in women than men. Women that have been treated with any type of hormone therapy (Premarin, Estrogen or Birth Control Pills) are much more likely to have nausea and vomiting after surgery. Chronic gastritis has been found in many patients years after the Billroth II. Biliary duodeno-gastro-esophageal reflux can be injurious on the mucosa of the stomach and the esophagus. Bile reflux if it occurs and causes problems can be treated and if necessary can be revised. However in most cases, revision is not necessary.

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>If you agree and understand initial here:</th>
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<tr>
<td>I know that the patient may develop an ulcer after surgery. I know he or she needs to avoid ulcer causing foods, habits and medications. I know in some cases the ulcer may require surgery or reversal of surgery. Studies of patients that have had partial removal of their stomach (Post gastrectomy) can have a variety of different complications. In one study ulcers occurred in 2% of patients. Diarrhea (16%), Dumping (14%), Bilious vomiting (10%), Iron deficiency anemia (12%), B12 deficiency (14%) and Folate deficiency (32%).</td>
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### Post-gastrectomy Problems

Numerous problems can gastric bypass surgery. These “post-gastrectomy” problems may occur early after surgery or many months or years later. The early problems relate to the surgery itself. There are many late post-gastrectomy syndromes; these may be more disabling than the dyspeptic symptoms that led to the surgery in the first place. Complications of gastric surgery: Esophagus; Gastroesophageal reflux; Dysphagia Stomach; Delayed gastric emptying, Bezoars, Outlet obstruction, Stomatitis, Recurrent ulcers, Stump carcinoma, Afferent loop syndrome, Small intestine Diarrhea, Dumping syndrome, Bacterial contamination syndrome, Unmasked celiac disease, unmasked pancreatic insufficiency or unmasked lactase deficiency, weight loss and malabsorption, (Iron, Folate, Vitamin B12, Thiamine (vitamin B1), Calcium, Fats, and Anemia.) Gallbladder Cholelithiasis

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<tr>
<th>Bile Reflux</th>
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<tr>
<td>Reflex of bile acids into the esophagus may contribute to injury of the esophageal lining. Bile is a component of digestive juices normally present in the small intestine. Bile can reflux from the small intestine into the stomach and does so normally. However, in a subset of people who have severe GERD (backwashing of acid and bile into the esophagus), including in those who have Barrett's esophagus, there is an increase for back washing into the esophagus. Although acid plays a primary role in the development of Barrett's esophagus, there is evidence that bile reflux adds to the effect of acid injury to the esophagus and therefore may contribute to the development of Barrett's esophagus and possibly esophageal adenocarcinoma (cancer).</td>
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<tr>
<th>Dumping Syndrome</th>
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<tr>
<td>Dumping Syndrome (Symptoms of the dumping syndrome include cardiovascular problems with weakness, sweating, nausea, diarrhea and dizziness) can occur in some patients after gastric bypass. This can be so severe that the surgery may have to be reversed or revised.</td>
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<tr>
<th>Bowel Obstruction</th>
<th>If you agree and understand initial here:</th>
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<tr>
<td>Any abdominal operation can leave behind scar that can put the patient at risk for later bowel blockage or obstruction. The bowel can twist, obstruct and even perforate leading to serious complications and even death.</td>
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<thead>
<tr>
<th>Laparoscopic Surgery Risks</th>
<th>If you agree and understand initial here:</th>
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<tbody>
<tr>
<td>Laparoscopic surgery uses punctures to enter the abdomen and this can lead to abdominal organ and/or blood vessel injury, bleeding and even death.</td>
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<tr>
<th>Side Effects of Drugs</th>
<th>If you agree and understand initial here:</th>
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<tbody>
<tr>
<td>All drugs have inherent risks and complications and in some cases can cause a wide variety of side effects, reactions and in some cases including death.</td>
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<tr>
<th>Loss of Bodily Function</th>
<th>If you agree and understand initial here:</th>
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<tbody>
<tr>
<td>The performance of surgery and anesthesia can stress the body’s systems leading to a variety of complications including nerve damage, stroke, heart attack, limb loss and other problems related to operation and anesthesia.</td>
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<tr>
<th>Risks of Transfusion</th>
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<tr>
<td>Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components. These illnesses are serious and can be fatal.</td>
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<tr>
<th>Hernia</th>
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<tbody>
<tr>
<td>Cuts and incisions in the abdominal wall can lead to hernias after surgery. Hernias can lead to pain, bowel blockage, obstruction and even perforation and death in some cases. Treatment of hernias usually requires another operation.</td>
<td></td>
</tr>
<tr>
<td>Hair Loss</td>
<td>Many patients develop hair loss for a period after operation. When this occurs it usually starts around 3-4 months after surgery and resolves at 7-9 months after operation. This usually responds to increased oral intake of protein and vitamins but it may be permanent.</td>
</tr>
<tr>
<td>Vitamin and Mineral Deficiencies</td>
<td>After gastric bypass there is a malabsorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems. I know that the patient also needs to have yearly blood tests to measure the blood levels of these vitamins and minerals. Common deficiencies that can occur after gastric bypass include iron and calcium deficiency, B12, Thiamine and Folate deficiencies. *** I know there is a risk of Wernicke's encephalopathy and other rare nerve and brain damage if the patient does not carefully follow these instructions. Wernicke's encephalopathy is a severe syndrome characterized by loss of short-term memory. It is linked to brain damage and is the result of inadequate intake or absorption of thiamine (Vitamin B1) coupled with continued carbohydrate ingestion. *** I know that this is very important: Patients must take vitamin and mineral supplements continuously and forever. In some cases the deficiencies are so severe that they can lead to nerve and brain damage and the operation must be reversed.</td>
</tr>
<tr>
<td>Inadequate Weight Loss</td>
<td>WARNING: Remember that the patient might not lose weight after the operation. The patient might gain weight and experience all kinds of problems with weight after surgery. * * * There are patients that will fail any type of surgery. Inadequate weight loss is a risk of all types of weight loss surgery and indeed of all types of weight loss treatment. * * * I recognize that the Mini-Gastric Bypass is not by any means a perfect treatment and that one of the risks the patient faces is a real possibility of inadequate weight loss following Mini-Gastric Bypass surgery.</td>
</tr>
<tr>
<td>Excessive Weight Loss</td>
<td>I clearly understand that there is a risk that the patient might suffer malnutrition and lose too much weight. I am well aware that some patients sustain excessive weight loss after weight loss operations. I understand that excessive weight loss may require surgical revision or reversal of the bypass to prevent severe malnutrition, nausea or vitamin and mineral deficiencies or even death. I understand that almost 1% of patients lose too much weight following weight loss surgery and need to have surgery to reverse the excessive weight loss. As part of this agreement, I promise and agree to be carefully mindful of the patient's weight and health and if excessive weight loss occurs, I will encourage early and appropriate treatment. I hereby formally and unequivocally state that I am prepared for the possibility that the patient may experience malnutrition and excessive weight loss and I believe the patient can afford to see Dr. Peraglie and CLOS to pay for and receive the appropriate surgical treatment of a revision if necessary. I understand and expect that the costs of surgery to reverse or revise surgery will be roughly the same as the initial surgery.</td>
</tr>
<tr>
<td>Complications of Pregnancy</td>
<td>I understand that obese pregnant women are at high risk for adverse perinatal outcome. I am also aware that there are well known risks to the patient and the baby after surgery for morbid obesity. Vitamin and mineral deficiencies can put the newborn babies of gastric bypass mothers at risk. No pregnancy should occur for the first one to two years after operation. Gastric Bypass has been shown to cause multiple types of vitamin and mineral deficiencies including: iron, B12, Folate, Thiamine, calcium and many others. Many of these deficiencies have been shown to cause birth defects or are suspected that they could cause birth defects. We also know that many patients who lose weight feel that they are well after surgery and forget to take their vitamins. I understand that the patient has agreed to take full responsibility to be certain not to miss any of her vitamins and obtain obstetric consultation if she decides to go ahead with pregnancy following surgery. I understand all of these risks fully and request that Dr. Peraglie proceed with surgery.</td>
</tr>
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</table>
### Unplanned Pregnancy

**Warning to women using Oral Contraceptives (Birth Control Pills):** More than 80 million women worldwide take "the pill" to prevent pregnancy. Typical failure rates among pill users are as high as 12% to 20% in some surveys. Other factors have been shown to increase the risk of pill failure: smoking, diarrhea and/or vomiting drug interactions, systemic illness, psychological stress, and menstrual disturbances. Therefore, it is important to recognize that Birth Control Pills may not be an effective method of birth control after the Mini-Gastric Bypass until those factors have resolved. We have found on several occasions that in many cases the hormonal methods of birth control fail after Mini-Gastric Bypass. Couples need to plan another form of non-hormonal birth control for 6-12 months after surgery. Depo-Provera has also been associated with marked cases of nausea in post MGB patients. An unplanned pregnancy can be one of life's most difficult experiences.

If you agree and understand

### Other

Major abdominal surgery, including the Mini-Gastric Bypass, is associated with a large variety of other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.

If you agree and understand

### Depression

Depression and anxiety are common medical illnesses and have been found to be particularly common after weight loss operations.

If you agree and understand

### Osteoporosis

There is growing appreciation that weight loss procedures may be associated with the development of osteoporosis and bone disease. Osteomalacia (soft bones) and secondary hyperparathyroidism can occur in obese individuals who have not undergone any kind of gastric surgery. There is a long-standing recognition of a relationship between gastrointestinal surgery and the development of bone diseases (osteomalacia, osteitis fibrosa cystica, and osteoporosis.) In a study patients who had undergone Roux-Y gastric bypass had lost 8% of Bone Mass Density 9 months. Similar results were found in other studies. Gastric surgery and weight loss in morbidly obese individuals cause increased bone resorption and increased bone loss. Treatment and prevention includes calcium and vitamin D supplementation and increased physical activity

If you agree and understand

### Cancer

Cancer can occur in anyone. Many cancers are more common in obese as compared to thin patients. Overweight men have a significantly higher rate of prostate cancer. Obese women have higher risks of developing breast cancer and cancer of the uterus and ovaries. It is expected, but not certain, that with weight loss you will have an overall decrease in your risk of cancer. The Billroth II connection used in the Mini-Gastric Bypass has been used for almost 100 years and is performed over 16,000 times a year in America to connect the stomach to the bowel. Some studies have suggested that the Billroth II connection used in the Mini-Gastric Bypass can increase the risk of stomach cancer while others do not show this. The studies showing increase risk of stomach cancer are in Billroth II patients that had the surgery for ulcers and since ulcers can cause an increased risk of stomach cancer it may be the stomach ulcer not the Billroth II that causes some studies to show increased risk of stomach cancer after the Billroth II. Diet seems to be much more important as a cause of stomach cancer. Eating processed meats has a much greater effect on increasing stomach cancer risk that the Billroth II. Conversely fresh fruits and vegetables seem to protect against stomach cancer. In the end no one knows what will happen in the patient's case or in anyone's case and if you are concerned about the patient developing stomach cancer then he or she could either 1) Not have the Mini-Gastric Bypass, 2) Have the Mini-Gastric Bypass and avoid processed meats and eat more fresh fruits and vegetables. In either case stomach cancer is an unlikely event.

If you agree and understand

### Death

This is a major and serious operation. It may lead to death from complications. There has been a death in the first week after this surgery in one patient.

If you agree and understand

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**Risks and Complications from General Anesthesia**

Do you agree that the patient understands the following: “Serious side effects of general anesthesia are well known to occur but fortunately are uncommon. This is not true in people who are unhealthy including people that are obese. Because general anesthesia affects the whole body, it is more likely to cause side effects than local or regional anesthesia. Fortunately, most side effects of general anesthesia are uncommon, minor and can be easily managed. But others can be serious or deadly. To decrease the serious and life threatening risks of anesthesia that lead to death Dr. Peragl and the physicians and surgeons of the Centers for Laparoscopic Obesity Surgery have chosen a very special kind of anesthetic technique that they believe improve your chances of safely recovering from surgery but may increase the chance of awareness during surgery. By your initials and comments below you agree to proceed with
surgery and anesthesia with the full knowledge of the risk of awareness under this anesthesia and by your specific request that this form of anesthesia be used to improve your overall chances of safety."

In Plain English: Anesthesia is necessary for the surgery but has serious risks.

If you agree that everything in the above paragraph is correct, initial here ________________

**The use of Total Intravenous Anesthesia (TIVA)**

Do you agree that the patient understands the use of Total Intravenous Anesthesia (TIVA) as detailed below: For the purpose of improving safety and avoiding respiratory complications of anesthesia Dr. Peraglie and the physicians and surgeons of C.E.L.O.S advocate the use of total intravenous anesthesia (TIVA). TIVA stands for Total Intravenous Anesthesia: all the medications the patient will receive will be administered through an IV catheter and will not receive anesthetic gas. Gas anesthetics, while often good choices, are deemed more dangerous than TIVA in the patient's case. In summary, the patient will receive TIVA because Dr. Peraglie and the physicians and surgeons of CLOS believe it is the safest choice. The patient will have a risk of awareness during surgery (about 1-2/1,000.) The BIS electronic brain monitoring system will be used to help protect against awareness.

In Plain English: General anesthesia depresses breathing and can be deadly, TIVA depresses breathing less and is chosen by Dr. Peraglie. TIVA has a risk of waking up during surgery.

If you agree that everything in the above paragraph is correct, initial here ________________

**Other Risks of Gastric Bypass Surgery**

Do you agree that the patient understands particular risks associated with the Mini-Gastric Bypass and do you also understand that there are particular risks associated with the Mini-Gastric Bypass procedure proposed for the patient and that these risks include, but are not limited to: bleeding, leak, abscess and serious intra-abdominal infection and blood clots all of which can lead to repeated operation, admission to the intensive care unit and sometimes death. I realize that Dr. Peraglie plans to perform the operation laparoscopically, and that this approach has special risks including injury to the abdominal contents such as blood vessels, the bowel and other organs."

In Plain English: There are many serious risks of the Mini-Gastric Bypass.

If you agree that everything in the above paragraph is correct, initial here ________________

**Importance of Follow Up**

Do you agree that the patient has been fully informed and understands the importance of follow up care and that the patient recognizes that an operation upon the patients stomach and upper digestive tract is a serious undertaking with known long term risks that Dr. Peraglie and The Centers for Laparoscopic Obesity Surgery educational program have described to the patient such things as hair loss, serious vitamin and mineral deficiencies and other known and unknown problems. I believe the patient is committed to fulfilling Dr. Peraglie’s and The Centers for Laparoscopic Obesity Surgery’s instructions for long term follow up. I promise I will make every effort to encourage the patient to follow Dr. Peraglie's directions to protect themselves from these and other problems associated with the bypass. The patient will not leave the area following surgery for 7 days after surgery and until the patient has been seen in Dr. Peraglie’s clinic and has been approved for discharge from the area.

The patient will return to Dr. Peraglie’s clinic at 1, 3 and 6 months following surgery and every year thereafter for evaluation and further education. In extraordinary circumstances in which the patient cannot reach Dr. Peraglie’s clinic he or she will be encouraged to go to his or her local medical doctor’s clinic and with his/her approval complete that follow up visit with the patients local medical doctor. In that event the
patient will make certain that their medical doctor forwards copies of their clinic visit to Dr. Peraglie the Centers for Laparoscopic Obesity Surgery. I understand and agree that Dr. Peraglie and The Centers for Laparoscopic Obesity Surgery expects the patient to return to his clinic for follow up and it is only in unusual circumstances that the patient will miss these appointments.

I promise that I will encourage the patient to fill out and email, fax or mail any follow-up forms provided to him or her at the intervals stated on the forms. As part of the patients commitment to careful follow up, I promise to encourage the patient to alert The Centers for Laparoscopic Obesity Surgery office of any changes in address, telephone numbers, and email address or health status."

In Plain English: Follow up care is critical and could mean life or death. I understand that the patient is expected to, and promises to follow up. I understand that should the patient not follow up, it could result in very serious and devastating medical problems perhaps even death. If the patient chooses to ignore the responsibility to follow up with Dr. Peraglie, and there are serious medical consequences or even death, I understand that Dr. Peraglie is not to blame.

If you agree that everything in the above paragraph is correct, initial here__________

Warning about the Risk of Seeing Other Surgeons That Perform the Roux-en-Y Surgery

Do you agree that the patient understands the risk of seeing other surgeons that perform the Roux-en-Y Surgery: Recently several Roux-en-Y surgeons have written a paper saying that they have seen over 30 Mini-Gastric Bypass patients and 19 were operated on and converted to Roux-en-Y gastric bypass surgery. The patient and I both know that if I see a non-MGB surgeon that I may get advice to have surgery.

In Plain English: The patient knows they can see any doctor they want to. RNY doctors prefer the RNY over the MGB. An upset stomach in an MGB patient can lead a RNY Doctor to operate. Dr. Peraglie recommends to see him first for medical therapy rather than surgery.

If you agree that everything in the above paragraph is correct, initial here__________

The Doctor-Patient Relationship:

Do you agree that the patient understands the importance of The Doctor-Patient Relationship:

Follow up is critical for safe long-term health after gastric bypass and for adequate maintenance of a doctor patient relationship. The follow up requirements have been described above and the patient has agreed to meet these requirements. These requirements are very important for his or her safety, are not onerous or unreasonable.

I explicitly agree to encourage the patient to comply with the clearly stated need to follow the medical advice for follow up after surgery. For example, if the patient were to sustain excess weight loss following surgery and not return to clinic to perform the agreed upon follow up, that such an action would be a breach of the doctor patient relationship and Dr. Peraglie could in no way be responsible for any untoward or bad outcomes or complications. That is to say that the patient must return to clinic for follow up if Dr. Peraglie is to have any chance of taking care of the patient. The patient has to come back to clinic for follow up for Dr. Peraglie to care for him or her. I understand that Dr. Peraglie does want to take care of the patient but that he cannot do it if the patient does not want to fulfill his or her part of the bargain. The patient needs to be responsible for follow up for Dr. Peraglie to provide medical care. This bond is the Doctor Patient relationship. The patient is willing to enter into this special bond with Dr. Peraglie and I also agree that if he or she breaks it that Dr. Peraglie cannot be held responsible for bad outcomes problems or complications.
I know and agree that in the event that the patient fails to complete his or her follow up responsibility that such actions will terminate the Doctor patient relationship. It is absolutely and unquestionably the patient's responsibility to stay in touch with the doctor after surgery. I know it is important. I know it is a life and death commitment and I am sure the patient will stay in touch and complete his or her follow up.

In the event that the patient does not comply with the advice and directions of Dr. Peraglie then I understand that Dr. Peraglie would no longer be able to serve as the patient's physician.

I know and agree that noncompliance in meeting the agreed upon follow up requirements prevents the Doctor from providing adequate care.

Dr. Peraglie has explained to the patient the critical need for continuous follow-up after surgery. If he or she declines to follow the Doctor’s advice then I agree and understand such an action would sever the doctor patient relationship between Dr. Peraglie and the patient and would relieve the doctor of any responsibility he would have to me.

I agree that I am aware and agree that the physician-patient relationship depends on mutual rapport. In the event that the patient no longer follows Dr. Peraglie's advice and directions then I agree that this would terminate the relationship and any patient care responsibilities, Dr. Peraglie would be responsible for. This would mean that Dr. Peraglie would then no longer be the patient's physician.

Follow up care is critical and could mean life or death. I understand that the patient is expected to, and promises to follow up. I understand that should the patient not follow up, it could result in very serious and devastating medical problems perhaps even death. If the patient chooses to ignore the responsibility to follow up with Dr. Peraglie, and there are serious medical consequences or even death, I understand that Dr. Peraglie is not to blame.

If you agree that everything in the above paragraph is correct, initial here ________________

Unexpected Outcomes:

Do you agree that the patient understands there can be unexpected outcomes:

I understand that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee has been made about the results that may be obtained from this procedure. I am aware that in the practice of medicine, other unexpected problems, risks or complications not discussed may occur. I also understand that during the course of the proposed procedure unforeseen conditions may be revealed requiring the performance of additional procedures. I further acknowledge that no guarantees or promises have been made to the patient concerning the results of any procedure or treatment.

In Plain English:  I know Dr. Peraglie has done all that is reasonable to educate the patient about the risks of the MGB surgery (over 17 pages in the manual on this topic alone) but no one can see the future and other bad things could happen.

If you agree that everything in the above paragraph is correct, initial here ________________

Danger of Leaving the Area:

Do you agree that the patient understands Danger of Leaving the Area:

I recognize the serious nature of this Mini-Gastric Bypass surgery. I am well informed about the risk and potential for unforeseen complications and even death. I am aware that the patient needs to stay in the area near the hospital to allow Dr. Peraglie to be able to diagnose and treat any unexpected problems or complications. I therefore confirm that I am aware that the patient must stay in the area for at least 7 days or until Dr. Peraglie releases him or her to return home so that he or she can be available for treatment and
appropriate care. I recognize that other procedures might need to be performed and I confirm that I will encourage the patient to remain in daily contact with Dr. Peraglie and CLOS for the first 2 weeks after my surgery.

Follow up care is critical and could mean life or death. I understand that the patient is expected to, and promises to follow up. I understand that should the patient not follow up, it could result in very serious and devastating medical problems perhaps even death. If the patient chooses to ignore the responsibility to follow up with Dr. Peraglie, and there are serious medical consequences or even death, I understand that Dr. Peraglie is not to blame.

If you agree that everything in the above paragraph is correct, initial here______________

**Support of Patient's Consent to Procedure and Treatment:**

Having read this form and talked with the patient, my signature below acknowledges that I agree that the patient is voluntarily giving authorization and consent to the performance of the Mini-Gastric Bypass procedure described above (including the administration of blood and disposal of tissue) by Dr. Peraglie, assisted by hospital personnel and other trained persons as well as the presence of observers.

If you agree that everything in the above paragraph is correct, initial here______________

Family Member of Patient Signature:  
________________________________________ Date:

Parent or other person authorized to sign for patient:

________________________________________ Date:

Witness:

________________________________________ Date:

Notary
SECTION 7: PHOTOGRAPHS

You will need two pictures of yourself. Wear something that will show your body shape clothed, so that the doctor will know before he meets you where your weight is concentrated. Please also submit a photo of your abdomen if you have had an open abdominal surgery such as gallbladder. Hystectomy or C-Section does not count as an abdominal surgery. Note, all photos are only reviewed and placed in your private medical chart of the CLOS office. There will be NO publication of these photos unless you were to submit or display them online or any other means of publication. We prefer 4X6 color prints.
USE THIS FORM **ONLY IF YOU INTEND TO FILE A CLAIM WITH YOUR INSURANCE COMPANY AND YOU ARE REQUESTING A LETTER FROM CLOS HELPING YOU TO ESTABLISH MEDICAL NECESSITY.** WE DO NOT FILE INSURANCE AND WE CANNOT APPEAL DECISIONS OF INSURANCE COMPANIES. **PLEASE DO NOT MAIL THIS FORM WITH YOUR PACKET IF YOU ARE REQUESTING AN INSURANCE LETTER. KINDLY MAIL IT SEPARATELY.**

### SECTION 8: Insurance Letter Request

Request for an insurance letter:

Please note the paragraph in the consent agreement wherein you stated that you understand that Dr. Peraglie and CLOS do not accept insurance and have no staff to handle insurance matters or claims.

This letter is provided to you simply as a courtesy.

You will need to print out the form that follows this page and sign it in front of a notary public. Send it, along with a check for $25 made payable to CLOS-Florida and mail to Centers for Laparoscopic Obesity Surgery, 40124 Highway 27, Suite 203, Davenport, FL 33837.

Once we get your request, we can generate the insurance letter for you. It should be mailed to you within ten business days from the time we receive your request.

The information contained in your letter comes directly from the patient application you filled out on line. If you left out medical history details, they will not be included in your insurance letter. The letter is usually 9-10 pages long.

If you have any questions, please call Flo Ballengee at 863-899-3463.
CERTIFICATION AFFIDAVIT

RE: Submission of Medical Information to The Center for Laparoscopic Obesity Surgery
Affirmation of Truth and Accuracy of the Submitted Medical Information
Request for Letter of Medical Necessity for Insurance Purposes

Dr. Cesare Peraglie:

I, hereby declare, swear, and affirm, under the penalty of law, that the contents of the "Patient Information" form submitted by me to the Center for Laparoscopic Obesity Surgery and all the information contained therein is true and correct, and includes all material information to identify and explain the details of my medical history.

I authorize on the basis of this document this affidavit release of my medical information.

1. That I have read and understand the requirements of the Mini-Gastric Bypass Preoperative Preparation Program.
2. That I will provide any additional information requested by Dr. Peraglie and/or the Center for Laparoscopic Obesity Surgery.
3. That I will provide information about any significant changes affecting my health or any other information contained in this affidavit or the patient information form in writing and by e-mail.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any patient contract which may be created.
5. That I, undersigned, swear that the foregoing statements, including statements and data provided in attachments hereto, are true and correct. This includes all material information provided to Dr. Cesare Peraglie.
6. That I recognize and acknowledge that if the patient is covered by Medicare that the MGB is a not a covered service under Medicare and that the patient must consent to sign a form acknowledging that the surgery will not be covered by Medicare. I will not be able to bill Medicare for the doctor or hospital fees and I understand that Dr. Peraglie is not a Medicare associated doctor.
7. That I understand that if I am covered by any type of military insurance such as Champus, Champva, Tricare, TriWest, Humana or any other type of insurance that takes the place of military insurance that this is a non-covered procedure and I understand that the patient will have to sign a statement agreeing that there is no coverage with any of those insurance companies.

By my signature on this document, I am formally recognizing that Dr. Peraglie does not accept insurance or any kind of third-party billing as payment for services. I also recognize that Dr. Peraglie’s office will not submit claims to my insurance carrier. This document is designed to clearly state that I am aware of the fact that Dr. Peraglie does not accept insurance and that I will pay the bills for any and all treatments by Dr. Peraglie. I acknowledge that if I choose to file an insurance claim that all issues dealing with the insurance claim will have to be handled by myself or my representatives.

I am planning on having MGB Surgery at the Center in Davenport, Florida with Dr. Peraglie.

My phone number is:______________________________

I understand that insurance reimbursement following treatment will be between my
insurance company and me.

**Patient’s Printed Name and Address**

**Printed Name:** ______________________________

**Date of Birth:** __________________

**Address:** ________________________________

______________________________________________

**Patient Signature:** __________________________________________ Date: __________

**Parent or other person authorized to sign for patient:**

__________________________________________ Date: __________

SWORN TO AND SUBSCRIBED before me, Notary, this ________day of __________, 20__
(Notary Seal)

______________________________________________

Notary Public

Send completed form to Cesare Peraglie, MD, FACS, FASCRS 40124 Highway 27, Suite 203 Davenport, Florida 33837 Phone: 863-899-3463 Fax: 1-800-489-1793
SECTION 9: Medications and Allergies

Place the completed form behind this page.

Complete the following sheet/form:

List each and every medication you take

Give both the *generic* and *proprietary* Brand names (call your pharmacy) With tens of thousands of brand name and generic drugs currently on the market, the potential for error due to confusing drug names is significant. In March, 2001, the USP released "Use Caution, Avoid Confusion," an updated list highlighting hundreds of confusing drug name sets and identifying more than 750 unique drug names that have been reported to the Medication Errors Reporting program. For example:

Accolate . . . . . . . . . Accupril
Accolate . . . . . . . . . Accutane
Accupril . . . . . . . . . Aciphex
Accupril . . . . . . . . . Aricept
Accupril . . . . . . . . . Monopril
Acebutolol . . . . . . . . Albuterol
Acetazolamide . . . . Acetohexamide
Acetazolamide . . . . Acetylcysteine

Give accurate spellings. Errors can be deadly.

When / Dosage / How long you have been taking this medication

Include both prescription as well as over the counter medications:

Please list each and every allergy and reaction

In addition to allergies to medication make sure to include such allergies as latex, shellfish, etc.

Include all over-the-counter vitamins and supplements
### Your Name:

### Email:

### Phone #:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>When Taken/ Frequency</th>
<th>How Long taken</th>
<th>Why/What for</th>
<th>Comment</th>
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**Allergies:** I have the following allergies:

__________________________

**Allergy Reaction:** to this

Allergy__________________________
SECTION 10: Communication Information

Complete all information regarding:

Primary Care Physician Information
Where planning to stay week following surgery
Support Person Information
Contact Numbers for week following surgery

<table>
<thead>
<tr>
<th><strong>Contact Information</strong></th>
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<tbody>
<tr>
<td>What are the name, address, and fax number of your primary care physician?</td>
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<tr>
<td>Where are you staying after surgery?</td>
<td></td>
</tr>
<tr>
<td>Who is your support person and how can we reach that person in an emergency when you leave the hospital?</td>
<td></td>
</tr>
<tr>
<td>At what phone numbers can we reach you during the week following surgery?</td>
<td></td>
</tr>
</tbody>
</table>

Fill out the next page which is a fax transmittal we will use to send your operative report to your primary care doctor. This must be returned with your packet.
The Centers for Laparoscopic Obesity Surgery
40124 Highway 27, Suite 203
Davenport, Florida 33837

The Mini-Gastric Bypass

Cesare Peraglie, MD, FACS, FASCRS
863-899-3463 – Office
407-922-3424 – Private Cell
800-489-1793 – Fax
derp@clos.net - Email

FAX TRANSMITTAL

TO: (PRIMARY CARE DOCTOR) FAX NUMBER:

Your Name and Date of Birth:

Cesare Peraglie, MD, FACS, FASCRS
863-899-3463 – Office
407-922-3424 – Private Cell
800-489-1793 – Fax
derp@clos.net - Email
Please bring these directions to Orlando with you. There are instructions and directions you will need while here.

**PRE-OPERATIVE INSTRUCTIONS**

*Please become very familiar with these instructions. It will save us all a lot of stress. Please keep these and do not return them with your packet.*

- We want you to be in the best possible health prior to surgery. It will make your surgery safer and improve your chances for a better surgical outcome, and a better overall experience. Here is the information that you will need to be aware of in preparing for surgery:

- **TWO WEEKS BEFORE SURGERY:**
  - **Stop Smoking! If you do not, your surgery WILL BE CANCELLED!**
    - Clinical studies have shown that smoking cessation at least two weeks prior to surgery significantly reduces your risks of serious lung problems after surgery. Your primary medical doctor will be happy to start you on a nicotine patch or other program to help with your transition to a healthy lifestyle.
  - **Warning:** Do not start or stop any medicine without the explicit advice of your doctor.
  - **Stop taking Aspirin and NSAIDS (Motrin, Advil, and many other arthritis medicines).**
    - These medicines can cause serious problems for the stomach.
  - **Stop taking any blood thinners.**
    - These medicines should be stopped only after careful review with your primary medical doctor and surgeon.
    - Aspirin, Coumadin, and Plavix are some popular blood thinners that can cause bleeding difficulties with your surgery.
    - Avoid excessive Vitamin E supplements as these may also cause bleeding difficulties. The small amount in a daily vitamin is permitted.
  - **Discuss any other prescription medicines or herbal supplements with the surgical team.**
  - **Stop caffeine intake.**
    - Coffee, tea, and sodas are not part of your new MGB diet (ever)
and you should avoid having an unpleasant caffeine withdrawal right after surgery by weaning off these items ahead of time.

- **Plan on staying within a one to one and a half hour drive of the hospital for the first week after surgery.**
  - You must have your support person with you the day before surgery, the day of surgery, as well as this first week after surgery.
  - **Warning:** Do Not Come Alone! It is critical that you have someone with you for the 7 days following your surgery. If you come alone we will have to cancel your operation.

- **Remember to bring any medical equipment you regularly use.**
  - This would include a blood pressure cuff, diabetes-testing device, and sleep apnea equipment.

- **Do not stop taking blood pressure, heart or other medications without consulting your prescribing doctor.**

- **Do not stop taking antidepressants without first talking to your prescribing doctor. Dangerous and unpleasant side effects may be experienced if you stop taking medications suddenly.**

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**SEVERAL DAYS BEFORE SURGERY**

- **Eat lightly for two to three days prior to surgery.**
  - Soups, salads, yogurt and other easily digested foods are your best choice during this time.

- **You Must Stay in the Area**
  - If you do not live within a two-hour drive of our facility, you must agree to stay in a hotel or other nearby accommodations for 7 days following your release from the hospital. This is to assure your safety, and to allow you to come back at anytime if necessary.

- **Plan Ahead for Childcare and Transportation Home**
  - You should plan for transportation home or to your hotel following surgery. You cannot drive yourself home from the hospital after surgery. If all goes well you should plan on going home on the morning or afternoon of the day after surgery (i.e. 24 hours after surgery.) Plan ahead for childcare arrangements, transportation, etc. You will need someone to be with you for the 48-72 hours following the day of your surgery. You should not drive for at least a week, and may feel like napping over the next few days. This is common following anesthesia, as the drugs work their way out of your system.

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**The Day/Night before Surgery**
No Beards or Mustaches, Shave!

If you have a beard, mustache or other facial hair, you must shave it prior to surgery. We need to place a mask on your face as part of the pre and post anesthesia management. A beard or other facial hair interferes with the mask fit and seal on your face. If you have a beard or mustache you must shave if you want to proceed with operation.

Avoid any gas producing foods such as salads, cabbage, broccoli, beans and high fat/greasy foods.

We recommend soup, yogurt, or a piece of grilled white fish or chicken.

Pre-Op Medications

You do not need any prescription medications prior to surgery. They will be given to you IV the day of surgery and your prescriptions will be given to you at clinic.

Milk of Magnesia (Magnesia: Magnesium Hydroxide)

- When: The Morning of the day before surgery.
- Dose: 60 ml (4 tablespoons) in 1 dose the morning of the day before surgery

Chlorhexidine, (Hibiclens®):

- Shower and use only on abdominal area (NOT including your hair) twice, once the evening before surgery and again the morning of surgery. This decreases your chances of infections.
- **Warning**: avoid getting it in your eyes or ears
- **NOTE**: Any antibacterial soap (Dial) may be substituted.

Do not chew gum after midnight.

Do not eat or drink after midnight (a few small sips of water is OK) Leave all valuables at home

Do not wear any makeup, nail polish, or jewelry. If you have artificial nails, we can use your toenails to check for oxygen levels.

If you have any rings that you cannot remove, please go to a jeweler to have them removed prior to surgery.

Morning of Surgery

What to Bring to the Hospital

Pack lightly. The hospital provides you with minimal toiletries, and you will be wearing a hospital gown (don't worry, they're extra large!). You really shouldn't use your own gowns or robes because of the IV. You will want to wear loose clothing home from the hospital; nothing tight around the waist that will
irritate the bandages covering the port sites in your abdominal

- Review the informed consent document
  § At clinic, you will be given another consent agreement that meets hospital standards. The night before surgery or the morning of surgery you will fill it out and bring it with you (DO NOT SIGN IT). Your signature will be witnessed in the pre-operative prep area by a nurse.

What happens in the Hospital?

- In the Pre-Op holding area, you may have one person at a time sit with you. This process can be from a few minutes to several hours. There are televisions in each holding area.

- An IV will be started by anesthesia before your transfer to the Operating Room. You will be transferred to the Operating Room by the anesthesiologist/anesthetist and met by a surgical nurse who will be with you for the duration of the procedure.

- When you awaken, you will be in the Recovery Room. A nurse will be with you for the duration of your stay there (approximately one to three hours). Please explain to your support person that it is possible you will be in Recovery a long time if beds are not available when you are ready to be transferred. Please be assured that the care there is much more intensive than in your room so it is not a negative thing being there longer. When you are taken to your room you will be followed as you recover by the nurses and Dr. Peraglie.

- You will see Dr. Peraglie several times after surgery. He will be by in the morning after surgery to do your discharge. He will generally let you go if you are feeling up to it around noon on the day following surgery. If you live within two hours of the hospital, you can go home. If you do not, you are required to stay until the day your staples come out.

Logistics and Directions:

Closest airport: Orlando International Airport

Hospital: Heart of Florida Regional Medical Center

Heart of Florida Regional Medical Center
40100 Highway 27
Davenport, FL 33837

- Airport to Hospital
  o It’s 32 miles from the airport to the hospital
When leaving the airport follow signs for the South exit. You will be looking for the signs that say 417 south. Take the exit for Route 417. This is a toll road. It will cost you about $3 in tolls. Follow the signs on Route 417 heading towards I-4 West (to Tampa). Get on I-4 west and then exit at Exit 55 (U.S. 27/Haines City/Clermont). Go south on U.S. 27 towards Haines City. The hospital is less than five miles south on the right side of the highway.

Enter in the first driveway where you see the big white buildings. You don’t need to use the main hospital entrance.

The Day Surgery Center and the Cypress Physician Building are both attached to Heart of Florida Regional Medical Center and are best accessed by the driveway just before the main entrance (or just after if you are coming north).

As you enter the hospital campus, you will see the Cypress Physician Building where our office is located and to the right of that building is the Day Surgery Center.

Pre-Admission Appointment:

This appointment is at the Day Surgery Center.

This is when you will register and pay for your surgery. The fee is $17,000. This includes everything including any lab tests that need to be done in advance of surgery. You may pay with certified check, money order or credit cards. There is no additional fee to pay with credit cards. They no longer accept personal checks.

The nurses will tell you what time to come to the hospital on the day of your surgery.

Your appointment with Dr. Peraglie and Clinic:

These appointments are both held in Dr. Peraglie’s office, Suite 203 of the Cypress Physician Building.

Clinic lasts several hours. You may want a snack before coming.

Please turn your cell phones off for clinic.

Staple Removal

Your staples will be removed four or five days after surgery.

You will be given your appointment with your discharge instructions.

If you have surgery on Thursday or Friday, your appointment will be at 9 am of the Wednesday following surgery. You will then be free to leave the area.

Your Packet
You will be notified when your packet is approved.
Please remember it is due two weeks before surgery.
When you send it do not require a signature. Please do not send an incomplete packet unless you discuss missing items with Flo in advance.

Send to: Flo Ballengee, 528 Bluff Drive, Auburndale, Florida 33823 – send no signature required.