

OPERATIVE CONSENT

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

- **Write your initials next to each paragraph**
- **Check the box at the end of the paragraph**
- **Write at least two sentences** or more describing the paragraph and showing your understanding of what you have read

1. PREOPERATIVE INFORMATION AND EDUCATION - initial here _____

My initials and comments in this form are meant to demonstrate that 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 Sleeve-Gastric Bypass, also known as 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 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 this effort of this long document 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 Sleeve-Gastric Bypass procedure.

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 two sentences):

2. PROPOSED PROCEDURE - initial here _____

Sleeve gastric bypass also known as mini-gastric bypass: I understand that the procedure that my surgeon has recommended for the treatment of my obesity is the Sleeve-Gastric Bypass. My surgeon, my doctor, my family and many patients that have undergone Sleeve-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 Sleeve-Gastric Bypass. I have been provided with drawings, photographs, written and verbal descriptions of the operation and other alternative surgeries including Roux-en-Y Gastric Bypass, Billroth II, "Old Loop" Gastric Bypass, Gastric Band, and others.

I have been encouraged to talk with patients that have previously undergone the Sleeve-Gastric Bypass surgery. I have attended informational group seminars/clinics. I have been invited to support group meetings and encouraged to attend similar meetings for other types of bariatric surgery. I believe I have been well educated regarding the procedure and alternatives, including no surgery.

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 two sentences):

3. CONTROVERSY IN MEDICINE OVER THE SURGICAL TREATMENT OF OBESITY - initial here ____

I realize there are many types of weight loss surgery and the medical community has many conflicting opinions regarding surgery for obesity. There are many physicians who believe bariatric surgery should never be considered. There are many surgeons who only believe in their particular type of surgery. 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 1: Different Types of Weight Loss Surgery

➤ Sleeve gastric bypass
➤ Sleeve gastrectomy
➤ Roux-Y bypass
➤ Gastric banding
➤ Duodenal switch
➤ Laparoscopic and open versions of most surgery types
➤ Many others

No one surgery has been accepted as the best weight loss option by all physicians. I could have chosen any type of weight loss surgery and after careful consideration have decided upon a sleeve gastric bypass.

4. THE “OLD LOOP” GASTRIC BYPASS - initial here ____

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

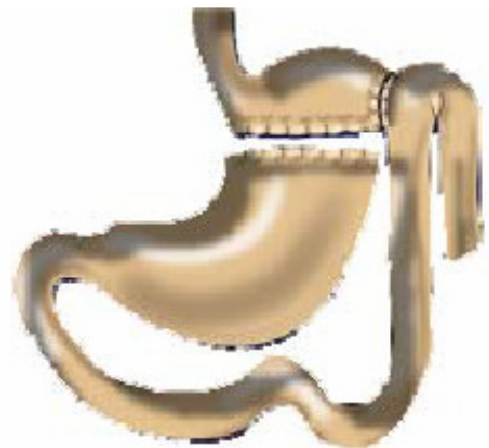
The Billroth II is the most commonly performed type of connection between the stomach and the small bowel. The Billroth II is a surgical procedure used routinely in the treatment of trauma, stomach cancer and peptic ulcers. In the usual Billroth II, the esophagus and the body of the stomach are distant 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 is often removed in the usual Billroth II surgery.



Standard Billroth II Gastrojejunostomy.

The “Old Loop”

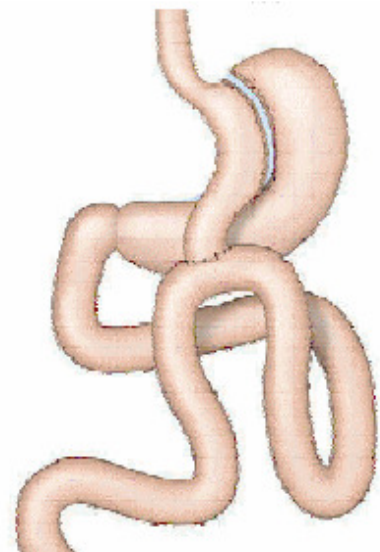
The "Old Loop" Gastric Bypass included a small high stomach pouch that was placed high up on the stomach close to the esophagus. The loop that carries bile was placed close to the esophagus **and** this led to the associated problems with esophagitis that occurred in some surgeon's experience with the "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 quite different from the Sleeve-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.



"Old Loop" Gastric Bypass

Sleeve-Gastric Bypass

Sleeve-Gastric Bypass does have a Billroth II type loop connection like the "old loop" bypass, but the loop in the Sleeve-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 Sleeve-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.



Mini-Gastric Bypass

The other advantages are that the surgery is often easily accessible in the event that the surgery needs to be revised.

If you agree that everything in the above paragraphs is correct, check **YES here.**

Write a description of the previous paragraph and comments (more than two sentences):

5. RISKS/BENEFITS OF PROPOSED PROCEDURE - initial here ____

Just as there may be some expected benefits from the Sleeve-Gastric Bypass procedure proposed in my case, I also understand that all medical and surgical procedures, including the Sleeve-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 my treatment, from minor reactions such as a rash to sudden overwhelming reactions that can cause death.	If you agree and understand, check YES <input type="checkbox"/> here 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 that can be associated with a variety of different complications up to and including death.	If you agree and understand, check YES <input type="checkbox"/> here 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 be treated with anti-vomiting drugs (anti-emetics), but it may last from a few hours to several days and rarely represent as chronic problem.	If you agree and understand, check YES <input type="checkbox"/> here 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 <input type="checkbox"/> here 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 <input type="checkbox"/> here 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 <input type="checkbox"/> here Initial here:
Headache	This may be due to the effects of the anesthetic, to the surgery, to lack of fluid, or to anxiety. More severe headaches may occur after a spinal or epidural anesthetic.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Blood clots	In addition, Deep Vein Thrombosis (DVT) and Pulmonary Embolus can sometimes cause death. In the 700 people that have had the Mini-Gastric Bypass at High Point one has developed clots in their legs (Deep Vein Thrombosis) and none have had a pulmonary embolus. This is lower than	If you agree and understand, check YES <input type="checkbox"/> here Initial here:

Complications	Description	
	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 my feet and legs to try to help prevent clots from forming in my 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 my surgeon for the Mini-Gastric Bypass.	
Infection	Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections can sometimes lead to death.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Leak	After operation to bypass the stomach, the new connections can leak stomach acid, bacteria and digestive enzymes causing a severe abscess and infection, This can require repeated surgery and intensive care and even death. In the over 700 patients that have had the Mini-Gastric Bypass at High Point, less than 1% have developed a leak.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
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, Naproxen, Relafen or other similar drugs.	If you agree and understand, check YES <input type="checkbox"/> here 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. 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. If bile reflux occurs, and it causes problems, the operation can be revised. In most cases, revision is not necessary.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Bile	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).	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
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 <input type="checkbox"/> here Initial here:
Bowel Obstruction	Any abdominal operation can leave behind scar tissue 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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Laparoscopic surgery risks	Laparoscopic Surgery uses punctures to enter the abdomen and this can lead to abdominal organ and/or blood vessel injury, bleeding and even death.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Side effects of drugs	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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Loss of bodily	The performance of surgery and anesthesia can stress the body's systems	If you agree and

Complications	Description	
function	leading to a variety of complications including nerve damage, stroke, heart attack, limb loss and other problems related to operation and anesthesia.	understand, check YES <input type="checkbox"/> here Initial here:
Risks of transfusion	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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Hernia	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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Hair loss	Many patients develop hair loss for a period after the operation. When this occurs, it usually starts around 3-4 months after surgery and resolves at 7-9 months after the operation. This usually responds to increased oral intake of protein and vitamins, but it may be permanent.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
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 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. I know that this is very important: Patients must take vitamin and mineral supplements forever. In some cases the deficiencies are so severe that they can lead to nerve and brain damage and the operation must be reversed.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Inadequate weight loss	WARNING: Remember that you might not lose weight after the operation. You might gain weight and/or have 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 that I face is a real possibility of inadequate weight loss following my Mini-Gastric Bypass surgery.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Excessive weight loss	Excess weight loss occurs in about 1% of patients and may require revisional surgery to correct. It is important to alert the medical/surgical providers EARLY if you think you may be losing too much weight.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Complications of pregnancy	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, 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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Unplanned pregnancy	Warning to women using Oral Contraceptives (Birth Control Pills): Millions of 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	If you agree and understand, check YES <input type="checkbox"/> here Initial here:

Complications	Description	
	several occasions that in many cases the hormonal methods of birth control fail after Mini-Gastric Bypass. Couples need to plan another form of nonhormonal 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.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
Depression	Depression and anxiety are common medical illnesses and have been found to be particularly common after operation.	If you agree and understand, check YES <input type="checkbox"/> here Initial here:
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 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 Sleeve-Gastric Bypass. 2) Have the Sleeve-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, check YES <input type="checkbox"/> here Initial here:
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, check YES <input type="checkbox"/> here Initial here:

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 two sentences):

6. SPECIAL WARNING ABOUT THE RISKS OF BIRTH DEFECTS AFTER GASTRIC BYPASS - initial here

Vitamin and mineral deficiencies can put the newborn babies or 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 two sentences):

7. PARTICULAR RISKS ASSOCIATED WITH THE SLEEVE-GASTRIC BYPASS - initial here ____

I also realize that there are particular risks associated with the Sleeve-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 my 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. I may also need a larger or "open" incision due to technical issues or unexpected operative findings.

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 two sentences):

8. FOLLOW UP - initial here ____

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 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 my surgeon's instructions for long term follow up. I promise to 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 my surgeon's clinic and have been approved for discharge from the area. **I will return to my surgeon's clinic at 1, 3 and 6 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. I understand and agree that my surgeon expects me to return to his clinic for follow up and it is only in unusual circumstances that I will miss these appointments. I promise that I will go to the High Point Regional Health System web site at www.highpointregional.com and complete the "Patient Follow Up Form" monthly after surgery. **As part of my commitment to careful follow up, I promise to alert my surgeon's office of any changes in my address, telephone numbers, email address or health status.**

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 two sentences):

9. FOLLOW UP EMERGENCY TELEPHONE NUMBER - initial here ____

I recognize that an operation upon my stomach and upper digestive tract is a serious undertaking with known risks that my surgeon and educational program have described to me. I understand the signs and symptoms of complications that require emergency attention: a sustained heart rate of ≥ 120 beats per minute during the first 30 days post operatively, uncontrollable vomiting, or abdominal pain for the rest of my life. I promise I will stay in the area within one hour 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.**

Write a description of the previous paragraph and comments (more than two sentences):

10. UNEXPECTED OUTCOMES – initial here ____

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.**

Write a description of the previous paragraph and comments (more than two sentences):

11. MEDICAL PROVIDERS – initial here ____

Cornerstone Surgery is composed of board certified surgeons and physician assistants as well as nurses and certified medical assistants. Any or all of these individuals may be involved in your surgical care. Other specialists/consultants may also be enlisted as needed for your medical care.

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 two sentences):

12. DANGER OF LEAVING THE AREA – initial here ____

I recognize the serious nature of this 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 my 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 seven days so I can be available for treatment and appropriate care. I recognize that other procedures might need to be performed.

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 two sentences):

13. ACKNOWLEDGEMENTS – initial here ____

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 Sleeve-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.**

Write a description of the previous paragraph and comments (more than two sentences):

14. AUTHORIZATION FOR RELEASE MEDICAL INFORMATION – initial here ____

I hereby confirm that I freely approve of the release of my 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 my personal medical information with no negative impact upon my care or treatment by the surgeons. I have had the opportunity to consider whether or not to approve this use of my 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 the surgeons to use any portions or part of my medical records and information pertaining to the medical history, mental or physical condition, services rendered, or treatment given for the purposes of future patients. I understand that this 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 New Media. This authorization shall become effective immediately.

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 two sentences):

15. CONSENT TO PROCEDURE AND TREATMENT – initial here ____

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 Sleeve-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.

If you agree that everything in the above paragraph is correct, check **YES here.**

HIGH POINT REGIONAL
HEALTH SYSTEM
Operative Treatment Consent Agreement
Mini-Gastric Bypass

Write a description of the previous paragraph and comments (more than two sentences):

16. MEDIATION, ARBITRATION AND GOVERNING LAW – initial here ____

I agree that this agreement is governed by the laws of the State of North Carolina. I agree that prior to proceeding to any court action to mediate any dispute, The mediator may be involved in more than one session and 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 North Carolina. The mediation and arbitration agreements shall be interpreted by the laws of the state of North Carolina.

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 two sentences):

Patient Signature Date _____

Patient or other person authorized to sign for patient Date _____

Witness Date _____

Physician’s Signature Date _____