

From: John Brockman <[REDACTED]>

To: Jeffrey Epstein <jeevacation@gmail.com>

Subject: CONFIDENTIAL

Date: Tue, 22 Feb 2011 20:54:35 +0000

Inline-Images: SK_Logo_MHA.jpg

JE,

Here's the 2nd opinion from Michael Mayer, MD the best spine surgeon in Germany. (If he's good enough for [REDACTED] he's good enough for me!). He agrees completely with my doctors, so I called and got the ball rolling to have surgery by Patrick O'Leary, MD at HSS in NYC after TED.

Thanks for your support and advice.

Cheers,

JB

sent from my private email account [REDACTED]

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From: "Mayer, Michael" <MMayer@Schoen-Kliniken.de>

Date: February 22, 2011 8:33:26 AM EST

To: <[REDACTED]>

Subject: Your Spine

Dear Mr. Brockman

Your medical files incl. MRIs and CT Myelography have been transferred to me for a second opinion evaluation. As I can read from the documents, I have been recommended by Dr. Patrick O'Leary.

I have reviewed all the documents and I basically agree with the opinions of Drs. Smallberg and O'Leary.

You are obviously suffering from a cervical spinal stenosis with a so-called cervical myelopathy which contributes to your current mainly right-sided symptoms. There is mainly weakness, muscle atrophy and reflex changes (obviously without significant pain). However, your spinal cord is under presser at the levels C2-3, C3-4 and C5-6 associated with a narrowing of the nerve exit zones (foramina) at C3-C5 and C6-7 on both sides as well as at C5-6 on the right side. The C-Spine shows a kyphotic deformity and there is also a narrowing of the spinal canal at C2-4 from posterior. The bad news is, that this situation will not get better without surgery and that there will be a progression of symptoms which severity, extent, and time-course is hard to predict. This is why Dr. Smallberg pointed out the therapeutic and preventive character of surgical treatment as well as the potential hazards in case surgery is not performed.

From my point of view there is no doubt that this should be operated mainly to prevent further deterioration and to keep the chance for further improvement. There are , as always, different ways to operate this, but I agree generally agree with Dr. O'Leary that the kyphosis should be corrected, and the spinal canal and foramina should be decompressed through an anterior approach upper segments, most probably followed by a decompression of

the segments C2-4 through a posterior approach as well. We usually do this in two steps i.e. the anterior part of the operation first (I would probably do all the fusion from anterior and would only favorize a second operation from posterior in case there is still a posterior narrowing after the first part of surgery).

Not to forget your lumbar spine: There is also a considerable spinal stenosis at the levels L2-3-4, however the C-Spine has priority in your case.

I apologize for overloading you with such a lot of specific information, but I hope it helps.
Please feel free to contact me via email or on my cellphone (+49 – 170 220 9499) to discuss further details.

Kind personal regards

Prof. H. Michael Mayer, MD PhD

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Schön Klinik. Messbar. Spürbar. Besser.

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