

┌ Clinic / Doctor's Practise: [Klinik / Praxis:]

┌ Patient data: [Patientendaten:]

englisch



Goldener Steig 43
94116 Hutthurm

┌ Anaesthetization has been planned for the following operation / treatment / examination:
[Die Betäubung ist für die folgende Operation/Behandlung/Untersuchung vorgesehen:]

┌ on (date): [am (Datum):]

Dear Patient,

In the interests of eliminating pain during the above medical procedure, your anaesthetist recommends use of one of the following anaesthetic procedures.

By providing the explanations below we wish to inform you and your family of the various anaesthetic procedures, the possible complications, and what you should do before and after the anaesthetization. You might be shown a short film. This form and the film are designed to prepare you for the pre-operative explanatory appointment with your anaesthetist. Your anaesthetist will describe the advantages and disadvantages of the anaesthetic procedure selected for you relative to those of alternative methods and explain and clarify the risks that apply to your case and the complications that can ensue. Please read the following explanations and fill in the questionnaire with care. Of course, the information you provide will be treated as strictly confidential.

Your anaesthetist will also answer all of your questions to help relieve you of worry and fear. At the end of your pre-operative explanatory appointment you can grant or refuse your consent to use of the anaesthetic procedure proposed for you. Your physician will give you a copy of the completed, signed form at the end of your explanatory appointment.

THE VARIOUS ANAESTHETIC PROCEDURES

ABLAUF DER VERSCHIEDENEN VERFAHREN

The anaesthetic procedure to be proposed to you will be selected on the basis of a number of factors. These include the level of difficulty, type and anticipated duration of the medical procedure to be performed as well as your general state of health and any diseases, illnesses or disorders that you already have.

During anaesthetization and the entire medical procedure your anaesthetist will continually monitor your vital functions (e.g. blood pressure, heart beat, oxygen saturation) and take immediate action (countermeasures) if there are any problems. It will be possible for your anaesthetist to administer infusions and medications at any time through an indwelling venous cannula that has been inserted in the back of one of your hands or lower arms (venous access).

The anaesthetist will mark the anaesthetic procedure selected for you and discuss it with you in detail.

General Anaesthesia Allgemeinanästhesie (Narkose)

With general anaesthesia medications are administered to the patient to induce and maintain a state that is similar to a deep sleep until the medical procedure being performed is over. The patient loses consciousness and all sensation of pain is eliminated in the patient's entire body.



Before general anaesthesia begins, your anaesthetist will ask you to breathe in oxygen through a mask. Then the anaesthetist will start anaesthetization by injecting a rapidly effective anaesthetic agent into a vein. This anaest-

hesia lasts long enough for short medical procedures (**short intravenous anaesthesia**). For longer medical procedures, the anaesthetist continues the anaesthesia by repeated administration of anaesthetic agents and possibly other medications such as, for example, pain killers and agents for relaxing muscles (**total intravenous anaesthesia**). Sometimes it is necessary to administer gaseous anaesthetic agents or apply artificial respiration (breathing) to the patient after the patient has entered the anaesthetic state. This is done either through a **mask** placed over the patient's mouth and nose, or through a respiration tube that is passed through the mouth or nose and inserted into the wind pipe (**tracheal intubation**), or through a special mask that is passed through the mouth to lie over the entrance of the voice box (**laryngeal mask**).

The anaesthetist will discontinue administration of anaesthetic agents as soon as the medical procedure is over. You will then wake up as if from a deep sleep. The mask, laryngeal mask or respiration tube can be removed as soon as you are able to breathe on your own again. As a rule you will be monitored in the recovery room for a while until it is clear that all of your important organ functions are stable and you are sufficiently alert.

Local Anaesthesia Lokalanästhesie

With some medical procedures it suffices to inject an anaesthetic agent directly into and/or around the site of the procedure in order to eliminate the sensation of pain in this small, restricted area.

Regional Anaesthesia Regionalanästhesie

Regional anaesthesia anaesthetizes (numbs) the nerves which serve the site of the procedure but lie at a distance from it. Then, sensitivity to pain in an entire region of the body is eliminated for

a fairly long period of time. During regional anaesthesia you stay awake and are responsive but do not feel any pain.

The anaesthetic agent can be administered in either just one dose or through a catheter (plastic tube) in two or more doses or continually. In certain cases these procedures are combined with each other or with general anaesthesia. A catheter is also inserted if it will be useful for treating pain effectively after the medical procedure.

Here we describe the most frequently used regional anaesthetic procedures. If a procedure not described here is suitable for you, your anaesthetist will explain it to you.

Spinal Anaesthesia (SPA) Spinalanästhesie (SPA)

This procedure is suitable for anaesthetizing the nerves that lead from the spinal cord to the site of the medical procedure. Nerve segments located in the spinal canal, which is filled with spinal fluid, are blocked by injection of an anaesthetic agent.



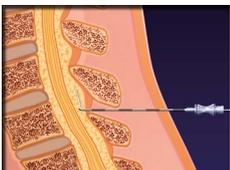
The puncture is usually performed while the patient is sitting. In some cases the patient is asked to lie on one side. Either way, you will be told by your anaesthetist to arch your back. The anaesthetist will palpate your back and mark the puncture point (at about waist height). The puncture point area will be thoroughly disinfected and the area around it will be covered sterilely. Then the puncture point area will be locally anaesthetized. It is important that you do not move during the puncture. The anaesthetist will use an introducer needle to insert a very thin spinal needle through the space between two vertebrae into the spinal space next to the spinal cord. The anaesthetist can tell that the tip of this needle has reached the right position when spinal fluid drips out of the needle opening. Then the anaesthetic agent can be injected.

The anaesthetic usually takes effect after a few minutes. First you will experience a feeling of warmth in your legs. Then your sensitivity to pain in the entire lower half of your body will be eliminated and your ability to move your lower body will be restricted or completely suspended.

Epidural Anaesthesia (PDA) Periduralanästhesie (PDA)

lumbular lumbal **thoracic** thorakal

With this procedure the nerves that lead from the spinal cord to the site of the medical procedure are anaesthetized. Nerve segments that pass through the epidural space, which is near the spinal canal, are blocked by injection of an anaesthetic.



The puncture is usually performed while the patient is sitting. In some cases the patient is asked to lie on one side. Either way, you will be told by your anaesthetist to arch your back. The anaesthetist will palpate your back and mark the puncture point. Depending on the site of the medical procedure, this can be at waist height (lumbular epidural anaesthesia) or the chest spinal column (thoracic epidural anaesthesia). The puncture point area will be thoroughly disinfected and the area around it will be covered sterilely. Then the puncture point area will be locally anaesthetized. It is important that you do not move during the puncture. The anaesthetist will carefully push a hollow needle between two vertebrae into the space near the spinal canal and then use it to carefully introduce a very thin, flexible catheter (epidural catheter). The hollow needle will be removed and an anaesthetic agent will be administered through the catheter.

The anaesthetic agent usually takes effect after 15 to 30 minutes. First you will experience a feeling of warmth in your legs. Then your sensitivity to pain in the area of your chest and/or your

abdomen, your lower abdomen and your legs will be eliminated and your ability to move these parts of your body will be restricted or completely suspended.

If the catheter will be needed for treatment of pain after the medical procedure, it will be secured so that it cannot slip and covered with a dressing.

Axillary Brachial Plexus Block Axilläre Plexusanästhesie

The anaesthetist blocks with this procedure the nerve bundle (brachial plexus) that runs from your neck (cervical spine) down to your arm. Here with, the anaesthetist shuts off pain in your entire arm. This anaesthetic procedure is especially suitable for medical procedures on the hand, lower arm or parts of the upper arm.



The puncture is performed while the patient is lying down. Upon positioning the arm, the anaesthetist will palpate the puncture point in your armpit and mark it. The puncture point area will be thoroughly disinfected, covered with a special sterile drape, and then numbed with a local anaesthetic. It is important that you do not move during the puncture. The anaesthetist will use an injection needle to search for the brachial plexus nerve bundle, which, together with blood vessels, is surrounded by a sheath of tissue. A brief feeling of "pins and needles" is quite normal and no reason at all for you to worry. In order to locate with certainty the bundle of nerves to be anaesthetized, the anaesthetist generally uses a nerve stimulator attached to the needle. The stimulator transmits weak electric impulses to the nerves. These impulses stimulate the nerves and trigger involuntary muscle twitches. This will indicate to the anaesthetist the proper position for the injection needle. The anaesthetic solution will then be injected into the direct vicinity of the nerve bundle. The search for the nerve bundle can also be supported by an ultrasound control.

The anaesthetic agent will take effect after about 10 to 15 minutes. You will first experience a feeling of pressure and warmth in your arm. Then pain will be eliminated from the shoulder region downwards and the ability of your arm to move on its own will be restricted or completely suspended.

For some medical procedures it can be appropriate to apply the anaesthetic above or below the collar bone or at your neck. If one of these procedures is suitable for you, the anaesthetist will explain it to you.

POSSIBLE SUPPLEMENTARY MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

If you feel disturbed by the atmosphere in the operating room during local or regional anaesthesia, or if the anaesthetist considers this to be necessary, you will be given a light sedative through the venous access. This will cause you to dose off so that you might not be able to remember the entire medical procedure or maybe you won't remember any of it all.

In some cases, the effort to completely eliminate the sensation of pain by means of local or regional anaesthesia is not completely successful. Then, in addition, a strong pain killer can be administered or another regional anaesthetic procedure can be employed. If, despite all efforts, sufficient anaesthetic effects still cannot be achieved for the anticipated duration of the medical procedure, or if there are other problems, the medical procedure will have to be continued under general anaesthesia.

PREPARATION AND POST-ANAESTHESIOLOGICAL CARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please strictly follow the instructions of the anaesthetist and his or her assistants. These instructions can vary, depending on the type of anaesthesia and medical procedure.

Preparation:

Medications: It is important that you tell your anaesthetist which medications you take on a regular basis or are injected (especially blood thinning medications like Aspirin® [ASS], Marcumar®, heparin, Plavix®, etc.) and which other medications you have taken in the 8 days before the medical procedure (e.g. pain killers like ibuprofen, paracetamol, etc.). You should also include all non-prescription medications and herbal preparations. You will then be told which medications, if any, must be discontinued for which period of time before the medical procedure.

Eating, Drinking and Smoking: As part of your preparation for anaesthesia, please have only light meals on the day before the medical procedure is scheduled to be performed. As a matter of principle, nothing should be ingested after 6 hours, if possible 8 hours, before the medical procedure. This prohibition covers not only solid foodstuffs but also soups, sweets, candy and chewing gum as well as beverages such as juices with pulp (fruit or vegetable particles), milk, broths and alcohol. In addition, you may not smoke. Small amounts of clear fluids (e.g. one or two glasses of water or unsweetened tea) are allowed until 2 hours before the start of anaesthesia. Your anaesthetist will give you more precise instructions.

These restrictions must be strictly observed in order to prevent contents of the stomach from passing into the lung. **That is why it is very important that you tell your anaesthetist before the medical procedure starts if you were not able to observe any of these prohibitions (eating, drinking, smoking) during the period stated above.**

Please do not forget to remove: Contact lenses, hearing aids and any other objects that can be removed from your body such as eyeglasses, necklaces, bracelets and earrings. Please do not use makeup or facial cream. Ask your anaesthetist whether loose dental pieces such as dentures, piercings, hair pieces, and polish on the finger nails or toe nails must be removed.

Post-Anaesthesiological Care:

After the medical procedure, you will be monitored until your vital functions are stable. Nausea and vomiting caused by the anaesthetic or pain killers are temporary and can generally be treated effectively.

If general anaesthesia was applied, you will still be tired and sleepy or temporarily disoriented for quite some time after you wake up. This is normal and no reason for worry.

If regional anaesthesia was applied, its effects will generally last for quite some time. During this time, sensations in the anaesthetized region and this region's ability to move on its own will be restricted. Consequently, you must take care to protect this region of your body from harm that might be caused by pressure, cold, heat or injuries.

If you were treated as an **outpatient**, an adult must pick you up when the procedure is over. You should also arrange for an adult to be with you at home to watch over you for 24 hours or for the time recommended by your physician. Your abilities to react will be severely limited after the anaesthetic. For this reason you must not participate actively in road traffic, not even on foot as a pedestrian, and you must also refrain from doing anything that might be dangerous for you, especially anything that might allow you to lose your balance. During this recovery period, you should also refrain from taking decisions that are important for personal or financial reasons.

Please be sure to inform your physician immediately, call up the clinic, go there or have yourself brought there in the event of complaints such as pain while breathing, severe backache or hea-

dache, heart problems, laboured breathing, circulatory disorders, hoarseness, fever, stiff neck, cramps, tingling or numbness in the hands or feet (paraesthesia), signs of paralysis or restrictions in movement, constipation or retention of urine. Such complaints are also possible several days after the medical procedure and must be treated immediately.

In respect to other activities such as eating and drinking, taking medications and physical exertion, you must follow the instructions of your physician. Please do not smoke or drink alcohol during the first 24 hours after the anaesthesia.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is generally known that **every medical procedure has its risks**, that under certain circumstances these risks require additional treatment or even operations, and that some of these can be **life threatening**, even after the passage of quite some time. The frequency of side effects and complications depends on several factors such as, for example, age, general state of health, underlying disease, life style, and the type and difficulty of the procedure. Serious incidents are very rare even if there is a history of severe health problems or the patient is very old. Please appreciate the fact that for legal reasons we must advise you of all the risks specific to the procedure scheduled for you even though many of them only occur in very exceptional cases. For example, sensations of pain cannot be prevented with absolute certainty despite careful administration of anaesthesia. The same applies to the possibility that you will wake up from the anaesthesia before the procedure is over. But experience has shown that if you do, you will most likely not remember this later on. During your explanatory appointment, your physician will go into the risks that apply to your case in greater detail. If you prefer not to hear these detailed explanations, please confirm this in the appropriate space near the end of the explanatory form.

General Risks

Damage to the skin, soft tissue, or nerve irritations (e.g. caused by injections, insertion of a catheter, disinfectants or caused despite proper bedding) are rare. These may result in impaired sensations, disturbed feeling, numbness, paralyses, pain or scars. These complaints are generally temporary and go away by themselves or can be treated with good effect. In very rare cases they may become permanent despite appropriate efforts to treat them.

Allergic reactions, such as to anaesthetic agents or other medications are rare. They may result in reddening of the skin, rashes, hives, itching, and swelling as well as nausea and coughing. These symptoms usually go away by themselves without treatment. Serious allergic reactions like swelling of the laryngeal mucous membrane, disturbances of the cardiovascular system or of the functioning of the lungs are very rare. The resulting laboured breathing, cramps or circulatory shock require intensive medical care. Temporary or even permanent damages to organs such as brain damage, impaired vision, impaired sensations, or even paralyses, impaired kidney function or kidney failure can occur despite the best of treatment.

Injury of major blood vessels near the puncture point is very rare.

In the case of **major bleeding**, a **transfusion** of foreign blood or blood components can be necessary in exceptional cases. This can lead to infections with pathogens such as: in very rare cases, hepatitis viruses (cause of dangerous liver infections); in extremely rare cases, the HIV virus (cause of AIDS), BSE (cause of a variant of the Creutzfeld-Jakob or mad cow disease) or other dangerous, possibly still unknown pathogens. A blood

donation by the patient for later use if a transfusion is needed is only appropriate in certain exceptional cases. After a blood transfusion, a blood test can be considered a few weeks later so that the possibility of infection with HIV or hepatitis viruses can be excluded with absolute certainty.

Circulatory disorders (disturbances of blood flow) or formation of blood clots (**thromboses**) can lead to damage to neighbouring tissue (with painful swelling) and the organs affected. A blood clot can also be carried along to block the blood vessels of other organs (**embolism**). This can lead to permanent damage to the affected organ (e.g. lung embolism, stroke with permanent paralyses, kidney failure) despite immediate intensive medical or surgical treatment.

Infections, such as with an abscess at the place where the injection needle, cannulas or catheters are inserted, as well as **necroses** (death of tissue), **formation of scars**, and **phlebitis** (vein inflammation) are rare. They result in swelling, reddening, pain, excessive warmth in the skin and fever. In most cases such infections can be treated effectively with antibiotics. In extreme cases the germs can enter the bloodstream (bacteraemia) and cause dangerous blood poisoning (sepsis) or even an infection of the inner lining of the heart (endocardium). Then intensive medical treatment is required. In extremely rare cases an infection can lead to death despite the best of efforts to treat it.

Sometimes there are **bruises (haematomas)** at or near the puncture point. These can cause formation of hard, painful swellings. Most of them vanish by themselves without treatment after a few days or weeks.

Special Risks of General Anaesthesia

If contents of the stomach find their way into the lung, then in very rare cases there can be a life-threatening **lung infection** and possibly permanent damage to lung tissue or even **respiratory failure**. This is particularly true if the instructions on not eating, drinking or smoking before the medical procedure are not strictly followed.

The following complications can arise when the respiratory tube or laryngeal mask is inserted: occasional **sore throat, hoarseness** or **problems with swallowing**, which usually go away by themselves without treatment; very rare are **injuries to the throat, voice box, vocal cords** or **windpipes** with impaired sensations, laboured breathing, permanent problems with swallowing or hoarseness; **damage to or even loss of teeth** that require treatment by a dentist, especially with loose teeth, cavities, paradontosis or fixed dentures (e.g. prostheses, bridges, implants, etc.).

Occlusion of the respiratory tract caused by muscle cramps of the voice box (laryngospasms) is rare and can generally be treated immediately with good effect.

In extremely rare cases, with genetically disposed persons the body temperature can rise to a life-threatening level (**malignant hypothermia**) when medications are administered. The result can be cardiovascular and respiratory failure and functional loss of several organs. In such cases intensive medical care is started at once to ward off these threats.

Special Risks of Regional Anaesthesia

Impaired sensations such as, for example, **feelings of heaviness or numbness, trembling muscles**, and **itching** in the anaesthetized limbs generally go away after a few weeks.

Injury of the brachial artery when the arm is anaesthetised and a resulting extension (false aneurysm) are very rare and can result in impaired sensations or even paralysis of the arm.

If an anaesthetic manages to enter the bloodstream by mistake, there can be **seizures, cardiac and/or circulatory problems** or even **loss of consciousness and respiratory failure**. In addition, there can be temporary paralyses if, with spinal anaesthesia, the anaesthetic has spread too far or, with peridural anaesthesia, the anaesthetic has gotten into the spinal canal. Then immediate intensive medical treatment is required in order to prevent permanent damage to the brain.

Further Possible Complications with Epidural or Spinal Anaesthesia

A sharp **drop in blood pressure, pulse rate** and **laboured breathing** with nausea are usually temporary but must sometimes be treated with medication.

There are frequently cases of temporary **urine retention, impotence** and **impairment of the rectal function**. It can be necessary to insert a bladder catheter to empty the bladder or to take other action.

Occasionally there are **severe back pains** that can last for several days. These can mostly be treated well with medication.

Sometimes there are strong **headaches** caused by the loss of cerebrospinal fluid through the puncture point at the spinal canal. In many cases these headaches go away after a while, when the patient drinks lots of fluids, takes medications and/or rests in bed. In some cases it can be necessary to inject some of the patient's own blood into the epidural space ("blood patch"). In extremely rare cases these head-aches can last for years. In extreme cases there can be an accumulation of blood in part of the brain (**subdural haematoma**), an accumulation of fluids (**hygroma**) or impairment of cranial nerves. Long-lasting malfunctions such as, for example, im-paired sight and hearing, are very rare.

Damages to the spinal cord (with epidural or spinal anaesthesia) **or to nerves** caused by injections, inserting or removing a catheter, haemorrhages, bruises or infections are very rare. This leads to temporary functional disorders of the organs affected in almost all cases, but in very rare cases these disorders can be permanent. The results can range from pain, over-sensitivity, feelings of numbness and motor disturbances in the affected limbs to paralysis or even paraplegia.

In exceptional cases **meningitis** might develop and even result in permanent damage to the brain.

With anaesthetization in the area of the thoracic spine there have been very rare cases of **injury** to the **pleura** (the double-layered membrane that surrounds the lungs) with the consequence that air enters the chest and the lung is displaced so that the lung function is impaired, possible even permanently (pneumothorax). There can be pain in the chest, coughing, disquiet, outbreaks of sweat, elevated pulse and laboured breathing. The air must be sucked out through puncture or laying drainages.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your explanatory appointment. **Please tick true!** The information you provide will help the physician to better assess the risks of anaesthesia in your particular case, to advise you of the complications that could result, and to take any steps needed to prevent complications and side effects. **yes=ja no=nein**

Gender: M / F, **age:** _____ **years, weight:** _____ **kg, height:** _____ **cm, occupation** _____
Geschlecht: m / w, **Alter:** _____ **Jahre, Gewicht:** _____ **kg, Größe:** _____ **cm, Beruf** _____

Do you normally use corrective lenses (eyeglasses, contact lenses, etc.)? yes no
 Verwenden Sie normalerweise eine Sehhilfe (Brille, Kontaktlinse, etc.)?

Do you usually wear a hearing aid? yes no
 Tragen Sie gewöhnlich ein Hörgerät?

Have you recently been given medical treatment? yes no
 Wurden Sie in der letzten Zeit ärztlich behandelt?
 If so, why? _____
 Wenn ja, weswegen?

Have you been operated on before? yes no
 Wurden Sie bereits früher operiert?
 If so, when and why? _____
 Wenn ja, weswegen und wann?

Were there complications with anaesthesia or treating pain? yes no
 Ergaben sich damals bei der Anästhesie oder Schmerzbehandlung Komplikationen?
 If so, which ones? _____
 Wenn ja, welche

Have any blood relations (parents, brothers, sisters) ever experienced an unforeseen incident in connection with an anaesthetic procedure? yes no
 Kam es bei Blutsverwandten (Eltern, Geschwister) zu Zwischenfällen im Zusammenhang mit einer Anästhesie?

Have you ever received a blood transfusion? yes no
 Haben Sie schon einmal eine Bluttransfusion erhalten?
 If so, when? _____
 Wenn ja, wann?
 Were there any complications? yes no
 Ergaben sich dabei Komplikationen?
 If so, which ones? _____
 Wenn ja, welche?

Are you pregnant? not certain *nicht sicher* yes no
 Besteht eine Schwangerschaft?

Are you currently breast feeding a baby? yes no
 Stillen Sie?

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no
 Aspirin® (ASS), Heparin, Marcumar®,
 Plavix®, Ticlopidin, Clopidogrel.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel.

Other: _____
 Sonstiges:

When did you take the last dose? _____
 Wann war die letzte Einnahme?

Do you take any other medications? yes no
 Nehmen Sie andere Medikamente ein?

If so, which ones: _____
 Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)
 (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Do you have or have you ever had any of the following diseases or symptoms thereof?
 Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no
 increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no
 Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no
 Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons) pollen (grass, trees), drugs that depress consciousness, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Other: _____
 Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure, stroke, varicose veins, inflammation of a vein, thrombosis, embolism.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelerkrankung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.

Other: _____
 Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs? yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (heavy

snoring), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen), Stimmband-Zwerrchfelllähmung.

Other: _____

Sonstiges: _____

Metabolic diseases? yes no

Diabetes (sugar sickness), fructose malabsorption.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Fruchtzuckerunverträglichkeit.

Other: _____

Sonstiges: _____

Thyroid diseases? yes no

Underactive thyroid, overactive thyroid, nodules, thyroid swelling (goitre).

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Knoten, Kropf.

Other: _____

Sonstiges: _____

Kidney diseases? yes no

Kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Other: _____

Sonstiges: _____

Liver diseases? yes no

Jaundice, cirrhosis.

Lebererkrankungen? Gelbsucht, Leberzirrhose.

Other: _____

Sonstiges: _____

Gastrointestinal diseases? yes no

Stricture in digestive tract,

ulcer, heartburn.

Magen-Darm-Erkrankungen? Engstelle im Verdauungstrakt,

Geschwür, Sodbrennen.

Other: _____

Sonstiges: _____

Diseases of the muscles / skeleton system (you or blood relatives)? yes no

Congenital or acquired changes in the chest,

diseases of the joints (possibly with artificial joint),

shoulder-arm syndrome, problems with the

backbone (spine), muscle diseases, muscle

weakness, tendency to elevated body temperature.

Erkrankungen des Muskel- und Skelettsystems

(auch bei Blutsverwandten)? angeborene oder erworbene Veränderungen des Brustkorbs, Gelenkerkrankungen (ggf. künstliches Gelenk), Schulter-Arm-Syndrom, Wirbelsäulenbeschwerden, Muskelerkrankungen, Muskelschwäche, Neigung zur überhöhten Körpertemperatur.

Other: _____

Sonstiges: _____

Diseases of the nervous system? yes no

Brain disease or brain injuries,

paralysis (anywhere), epilepsy.

Erkrankung des Nervensystems? Gehirnerkrankungen oder -verletzungen, Lähmungen, Krampfanfälle (Epilepsie).

Other: _____

Sonstiges: _____

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Other: _____

Sonstiges: _____

Damages to teeth / dental prostheses? yes no

Cavities, paradontosis, loose teeth,

crown, bridge, implant, pivot tooth,

removable artificial teeth.

Zahnschäden/Zahnersatz? Karies, Parodontose, lockere Zähne, Krone, Brücke, Implantat, Stiftzahn, herausnehmbarer Zahnersatz.

Other: _____

Sonstiges: _____

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben: _____

Habits: Lebensgewohnheiten:

Do you smoke? yes no

If so, what and how much daily: _____

Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you drink alcohol regularly? yes no

If so, what and how much daily: _____

Trinken Sie regelmäßig Alkohol? Wenn ja, was und wie viel täglich:

Do you take or have you ever taken drugs? yes no

If so, which ones: _____

Nehmen oder nahmen Sie früher Drogen? Wenn ja, welche:

Important Questions for Outpatient Procedures

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are ready to leave the clinic / doctor's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: Name und Lebensalter des Abholers

Where will you be able to be reached during the 24 hours after the procedure? Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, [Straße, Hausnummer] postcode, place [PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Lebensalter der Aufsichtsperson]

Who is your physician (the one whose care you are in / who referred you / family doctor)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name] Street, house: [Straße, Hausnummer]

postcode, place: [PLZ, Ort] Telephone: [Telefonnummer]

Medical Documentation of the Pre-Operative Explanatory Appointment

Ärztl. Dokumentation zum Aufklärungsgespräch

To be filled in by the physician Wird vom Arzt ausgefüllt

Über folgende Themen (z.B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativ-Methoden, mögliche Konsequenzen, wenn die Anästhesie verschoben oder abgelehnt wird) habe ich den Patienten im Gespräch näher aufgeklärt:

I have proposed: Vorgeschlagen habe ich:

- General anaesthesia Allgemeinanästhesie
 local anaesthesia Lokalanästhesie
 lumbular epidural lumbale PDA thoracic epidural thorakale PDA
 spinal anaesthesia SPA
 axillary brachial plexus block (armpit) Axilläre Plexusanästhesie

Pre-operative food and drink: Anweisung zum Nüchternheitsgebot:

- no solid food after _____ o'clock on the day before the procedure keine feste Nahrung ab ____ Uhr am Vortag des Eingriffs
 no food, beverages or alcohol after _____ o'clock on the day of the procedure keine Nahrung, Getränke, Alkohol ab ____ Uhr am Tag des Eingriffs
 nothing, not even clear liquids, after _____ o'clock on the day of the procedure keine klare Flüssigkeit ab ____ Uhr am Tag des Eingriffs

Patient's ability to take an independent decision on granting consent: Fähigkeit der eigenständigen Einwilligung:

- The patient is able to take an independent decision on the recommended anaesthetic procedure and to grant his or her consent to this procedure. Der Patient besitzt die Fähigkeit, eine eigenständige Entscheidung über das empfohlene Anästhesie-Verfahren zu treffen und seine Einwilligung in den Eingriff zu erteilen.
 The patient was represented by a custodian or other legal guardian who is evidently in a position to take a decision in the interests of the patient. Der Patient wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.

Place, Date and Time [Ort, Datum, Uhrzeit]

Anaesthetist's signature [Unterschrift der Ärztin/des Arztes]

Patient's Refusal Ablehnung des Patienten

Dr. _____ has given me a full explanation of the anaesthetic procedure proposed for the medical procedure in question and of the disadvantages that will result from my refusal. I have understood this explanation. We were also able to discuss my knowledge and understanding of the information given to me. I hereby refuse the anaesthetic procedure that has been proposed for me. Frau/Herr Dr. hat mich umfassend über die mir für den bevorstehenden Eingriff vorgeschlagene Betäubungsart und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich das mir vorgeschlagene Betäubungsverfahren ab.

Place, Date and Time [Ort, Datum, Uhrzeit]

Signature of patient/legal guardian(s)/witness [Unterschrift der Patientin/des Patienten/der Erziehungsberechtigten*/Betreuer/Vormund/ggf. des Zeugen]

Patient's Declaration and Consent

Erklärung und Einwilligung des Patienten

Please mark the applicable boxes and then confirm the resulting declaration with your signature. Bitte kreuzen Sie Ihre Erklärung im zutreffenden Kästchen an und bestätigen Sie diese anschließend mit Ihrer Unterschrift:

- I hereby confirm that I have understood all the parts

this explanation for patients. I have read this explanatory sheet (7 pages) in its entirety and answered the questions about my medical history to the best of my knowledge and belief. During my preoperative explanatory appointment, Dr. _____ has given me a comprehensive explanation of the anaesthetic procedure planned for me, its risks and possible complications and side effects in my case, and its advantages and disadvantages relative to alternative methods of anaesthesia. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (7 Seiten) habe ich vollständig gelesen und die Fragen zu meiner Krankengeschichte (Anamnese) nach bestem Wissen beantwortet. Im Aufklärungsgespräch mit Frau/Herrn Dr. wurde ich über den Ablauf des geplanten Betäubungsverfahrens, dessen Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

- I have seen and understood the film about the anaesthetic procedure that has been planned for me. Den Informationsfilm über die bei mir geplante Betäubung habe ich gesehen und verstanden.

- I deliberately refrain from obtaining a more detailed explanation.** I hereby confirm that I have been informed of the type and extent of the anaesthetic procedure to be carried out, of why this anaesthetic procedure is necessary, and of the circumstance that the anaesthetic procedure to be applied is not without its risks. I further confirm that I have answered the questions about my medical history to the best of my knowledge and belief. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass alle Betäubungsverfahren Risiken bergen, informiert wurde. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

I affirm that I do not need any more time in which to think the matter over and that I consent to the proposed anaesthetic procedure. I also approve all required auxiliary and follow-up measures (e.g. injections, monitoring, etc.). **Ich versichere, dass ich keine zusätzliche Bedenkzeit benötige und dass ich dem vorgeschlagenen Betäubungsverfahren zustimme.** Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen (z.B. Einspritzungen, Überwachungsmaßnahmen) ein.

- My approval also covers any required changes or extensions of the anaesthetic procedure, e.g. in case of regional **anaesthesia**, the continuation of the medical procedure under general anaesthesia and/or the combination with an other regional or local anaesthetic procedure. Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z.B. bei einer Regionalanästhesie die Fortführung in Narkose, Kombination mit einem anderen örtlichen Betäubungsverfahren.
 In the event that the anaesthetic effect of regional anaesthesia is not sufficient, I do not wish to be put under general anaesthesia; rather, I prefer that regional anaesthesia be tried again at a later time. Falls bei einer Regionalanästhesie die Betäubung nicht ausreichen sollte, wünsche ich keine Narkose, sondern einen erneuten Versuch zur örtlichen Betäubung zu einem späteren Zeitpunkt.

I affirm that I am in a position to follow the medical advice I have received. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

E-Mail-Adresse

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient/legal guardian(s) [Unterschrift Patient/in/Erziehungsberechtigte*/Betreuer/Vormund]

Copy/kopie: received/erhalten

waived/verzichtet

Signature of patient/legal guardian(s) [Unterschrift Patient/in/Erziehungsberechtigte*/Betreuer/Vormund]

In the event of a subsequent medical procedure that requires a repetition of the same anaesthesia method, I likewise consent to the repetition. Falls eine **Wiederholung** derselben Betäubungsmethode erforderlich ist, stimme ich der Wiederholung zu.

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient/legal guardian(s) [Unterschrift der Patient/in/Erziehungsberechtigte]

Anaesthetist's signature [Unterschrift der Ärztin/des Arztes]

*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.