

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

┌ Patient data: [Patientendaten:]



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:]

**left arm**  
linker Arm

┌ on (date): [am (Datum):]

**right arm**  
rechter Arm

### Dear Patient,

in the interests of eliminating pain during the above invasive medical procedure on your shoulder / arm / hand, your anaesthetist recommends use of one of the following regional anaesthesia procedures.

By providing the explanations below we wish to inform you and your family of the most frequent local / regional anaesthesia procedures for the arm, 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 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. The anaesthetist will mark the anaesthetic procedure selected for you and discuss it with you in detail.

#### **Local Anaesthesia:** (Lokalanästhesie)

In some cases it suffices to inject an anaesthetic agent directly into and/or around the site in which the medical procedure will be performed (the site of the medical procedure) in order to eliminate the sensation of pain in this small, restricted area.

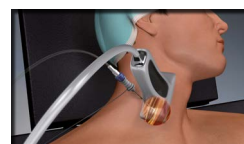
**Regional anaesthesia** anaesthetizes (numbs) the nerves which serve the site of the medical procedure but lie at a distance from it. Then, sensitivity to pain at the site of the medical procedure is eliminated for a fairly longer period of time and the arm is temporarily restricted in its movements or temporarily not able to move at all.

Here we describe the most frequently used regional anaesthetic procedures for surgery on the upper extremities. If a procedure (not explained below) or one of the supplementary measures is suitable for you, your anaesthetist will explain it to you.

**Brachial Plexus Block:** The brachial plexus is a network of nerves that runs from your neck (cervical spinal) and passes under the collar bone into the armpit to serve the shoulder region, the arm, and the hand all way to the tips of your fingers. This network of nerves can

be blocked by injecting an anaesthetic agent at any one of various places, depending on the site of the medical procedure.

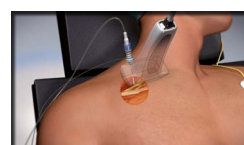
#### **Interscalene brachial plexus block** (Interskalenäre Plexusanästhesie)



(injection between muscles in the region of the neck). This procedure is especially suitable for eliminating pain during medical procedures on the shoulder or upper arm.

#### **Supraclavicular brachial plexus block**

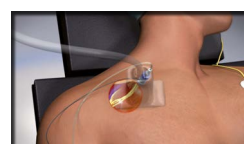
(Supraklavikuläre Plexusanästhesie)



(injection above the collar bone): This procedure is used for medical procedures on lower arm, elbow and parts of the upper arm.

#### **Vertical Infraclavicular brachial plexus block**

(Vertikal infraclavikuläre Plexusanästhesie)



(injection below the collar bone): This procedure causes the entire arm from the shoulder region downward to be anaesthetized.

#### **Axillary brachial plexus block** (Axilläre Plexusanästhesie)



(injection into the armpit): Here, the anaesthetic agent is injected inside a sheath of tissue that surrounds the nerves and blood vessels. In this way, pain can be eliminated from the shoulder region downward, especially with invasive medical procedures on the hand, lower arm and parts of the upper arm.

The particular puncture point area will be first thoroughly disinfected, covered with a special sterile drape and then the skin will be numbed with a local anaesthetic. It is important that you do not move during the puncture.

The anaesthetist locates the puncture point and searches for the brachial plexus nerve bundle, using an injection needle. A brief feeling of "pins and needles" is quite normal and no reason at all for you to worry. The search can also be supported by ultrasound control or by 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 indicates to the anaesthetist the proper position for the injection needle. The anaesthetic solution is then injected into the direct vicinity of the nerve bundle. This injection is hardly ever painful. There is just a temporary feeling of pressure and warmth. The anaesthetic agent takes effect after 10 to 30 minutes, depending on the injection point and the agent and quantity used.

#### □ Intravenous regional anaesthesia of the arm

(Intravenöse Regionalanästhesie am Arm)



(anaesthetization of arm nerves through a vein). This procedure is used to anaesthetize the arm nerves from the elbow to the fingertips. It is especially suitable for invasive medical

procedures on the lower arm and the hand. It requires that the arm not contain any blood. To achieve this, a tourniquet is applied as follows. First a blood pressure cuff is placed on the upper arm and the arm is raised and wrapped tightly in an elastic band from the hand to the upper arm. Then the blood pressure cuff is inflated sufficiently to prevent any blood from entering the arm and it is kept inflated until the medical procedure is over. When there is virtually no more blood left in the lower arm, the elastic band is removed. Then the anaesthetist slowly injects a local anaesthetic agent into a vein through a vein cannula that has been placed on the arm to be operated on, usually on the back of the hand. The anaesthetic agent slowly leaves the vein to enter the surrounding tissue and thus blocks transmission of pain in the sensitive nerves. It takes about 5 to 10 minutes for this to work, at which point the medical procedure begins.

During anaesthetization and the entire surgical operation, the anaesthetist continually monitors your vital functions (e.g. blood pressure, heart beat, oxygen saturation) and takes immediate action if there are any problems. It will be possible for the anaesthetist to administer infusions and medications at any time through an indwelling venous cannula that has been inserted in the other arm, either in the back of the hand or the lower arm (venous access).

#### POSSIBLE SUPPLEMENTARY MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

As needed, or in case you feel disturbed by the atmosphere in the operating room, 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 at all.

The anaesthetic effects of a single injection generally last for several hours. If necessary, a catheter (a thin plastic tube) can be laid for all brachial plexus block procedures. This makes it possible for the anaesthetist to administer anaesthetic agents several times or continuously, for example with medical procedures that take an especially long time. This catheter can also be used to administer effective treatment of pain management after the procedure is over.

In some cases, the effort to eliminate the sensation of pain is not completely successful. Then, in addition, a strong pain killer can be administered or another regional anaesthesia 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 the anaesthetic effects spread to other parts of the body, then the procedure will have to be continued under general anaesthesia.

General anaesthesia can often be introduced by just injecting a rapidly effective anaesthetic agent into a vein (intravenous anaesthesia). In most cases this will suffice to eliminate the sensation of pain in the entire body and cause the patient to lose consciousness and enter a state that is similar to a deep sleep. If, however, the invasive medical procedure is likely to continue for a fairly long time, this state will be maintained as far as possible by administering further doses of the anaesthetic agent and possibly other medications too. Sometimes it is necessary to administer gaseous agents and oxygen or apply artificial respiration (breathing) to the patient, who is already sleeping. This is done either through a mask that is placed over the patient's mouth and nose (**mask anaesthesia**), or a respiration tube that is either passed through the mouth to lie over the entrance of the voice box (**laryngeal mask**) or through the mouth inserted into the wind pipe (**tracheal intubation**).

#### ADVANTAGES OF LOCAL AND REGIONAL ANAESTHESIA PROCEDURES

VORTEILE DER ÖRTLICHEN BETÄUBUNGSVERFAHREN

Local and regional anaesthesia procedures eliminate pain at and near the site of invasive medical procedure without subjecting the entire body to anaesthetic agents. You remain awake and are responsive, but you do not feel any pain. This absence of pain often lasts for several hours after the procedure.

In certain cases, various regional procedures can be combined with each other or with 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:** Although just a local or regional anaesthesia procedure has been planned for the medical procedure to be performed, your anaesthetist might advise you to comply with the rules on eating, drinking and smoking before an operation under general anaesthesia. This means that as a matter of principle nothing should be ingested after 8 to 6 hours before the medical procedure. This prohibition covers not only solid food but also soups, sweets, candy and chewing gum as well as liquids such as juices with pulp (fruit or vegetable particles), milk, broths, and smoking. Small amounts of clear fluids (e.g. one or two cups of water or unsweetened tea) are allowed up to 2 hours before the start of anaesthesia. Your anaesthetist will give you more precise instructions.

These instructions will be issued if it might be necessary to switch to general anaesthesia because local or regional anaesthesia does not provide sufficient elimination of pain. These restrictions must be

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

**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. The effects of the anaesthetic generally last for quite some time so that your arm is not yet entirely able to act on its own. For this reason you must take care to protect your arm from harm that might be caused by pressure, cold, heat or injuries. 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 you are being 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 or have yourself brought there in the event of complaints such as pain, heart problems, laboured breathing and circulatory disorders, fever, cramps, tingling or numbness in the arm (paraesthesia), signs of paralysis or restrictions in movement of the anaesthetized arm. Such complaints must be treated immediately and are also possible several days after the medical procedure.

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.

## POSSIBLE RISKS, COMPLICATIONS AND SIDE EFFECTS

### MÖGLICHE RISIKEN, KOMPLIKATIONEN UND NEBENWIRKUNGEN

**Every medical procedure has its risks.** The frequency of possible side effects and complications depends on several factors such as age, general condition, underlying diseases and lifestyle as well as on the type and severity of the medical procedure performed. In exceptional cases, perception of pain or waking up from general anaesthesia during the medical procedure cannot be prevented by proper, careful anaesthetization with absolute certainty. However, virtually all such patients do not remember this later on. Here we list the possible problems that might require subsequent treatment or operations or even, possibly much later on, become **life-threatening**. During your preoperative explanatory appointment, your anaesthetist will explain the risks that apply to you in greater detail. If you do not wish to receive these detailed explanations of risks and complications, you can confirm this wish with your signature in a section of the patient consent form at the end of this document. Impaired

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

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.

**Damages to structures** (e.g. caused by injections, laying a catheter, bruises, infections, blood pressure cuff used as a tourniquet to keep blood out of the arm) are rare. These can lead to functional disorders of the affected organ. Most of these are generally temporary and go away by themselves or can be treated effectively. In very rare cases, the complaints that result from these disorders become permanent despite appropriate efforts to treat them. In particular, these include:

- **Injury of major blood vessels** near the puncture point. 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. 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.
- **Injury of nerves**, for example, nerves of the diaphragm, nerves of the vocal cords or facial nerves (when anaesthesia is applied near the neck) with consequences ranging from breathing disorders to shortage of breath, hoarseness and speech disorders, feelings of warmth in the face or occurrence of the Horner syndrome (hanging eyelid on the side of the puncture, contracted pupil, sinking of an eyeball into the eye socket). Injury of nerves of the arm can cause pain, impaired sensations, feelings of numbness, disorders of movement and even muscle paralysis.
- **Injury to the pleura** (the double-layered membrane that surrounds the lungs) during anaesthetization in the neck or shoulder area with the consequence that air enters the chest and the lung is displaced (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.
- **Damage to the skin, soft tissue, or nerve irritations**, e.g. caused despite proper bedding or also due to disinfectants. This may result in impaired sensations, disturbed feeling, numbness, paralyses, pain and scars.

**Infections**, such as with an abscess at the place where the injection needle, cannulas or catheters are inserted, as well as **nekroses** (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 blood poisoning can lead to death despite the best of efforts to treat it.

**Drops in blood pressure** and **pulse** as well as **temporary paralyses** can occur if the anaesthetic agent passes into the spinal cord to enter the cerebrospinal fluid space (CSF space). These effects can be mastered well with medications. If the anaesthetic agent enters the bloodstream by mistake, the result may be **cramps**, disorders of the **cardiovascular system**, or even **unconsciousness** and **cessation of breathing**. Immediate intensive treatment will be required to prevent permanent damage to the brain.

**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.

**Possible incidents in connection with general anaesthesia:** in very rare cases there can be a **lung infection** and possibly permanent damage to lung tissue or even **respiratory failure** if contents of the stomach find their way into the lung. This is particularly true if the instructions on not eating, drinking or smoking before the operation are not strictly followed.

In extremely rare cases, with genetically disposed persons the body temperature can rise to a life-threatening level (**malign 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 risks.

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 and hoarseness; **damages to or even loss of teeth** that require treatment by dentist, especially with loose teeth, cavities, paradontosis or fixed dentures (e.g. protheses, bridges, implants, etc.).

## Questions about Your Medical History Fragen zu Ihrer Krankengeschichte (Anamnese)

Please answer the following questions conscientiously before your explanatory appointment. The statements you make will help the physician to better assess the risks of surgery in your particular case. He will advise you of the complications that could result and can take any steps needed to guard against 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?** If so, why? \_\_\_\_\_  yes  no  
Wurden Sie in der letzten Zeit ärztlich behandelt? Wenn ja, weswegen?
- Have you been operated on before?** If so, when and why? \_\_\_\_\_  yes  no  
Wurden Sie bereits früher operiert? Wenn ja, weswegen und wann?  
 Were there complications with anaesthesia or treating pain?  
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 einem Anästhesie-Verfahren?

5. **Have you ever received a blood transfusion?** If so, when? \_\_\_\_\_  yes  no  
 Haben Sie schon einmal eine Bluttransfusion erhalten? Wenn ja, wann?  
 Were there any complications? If so, which ones? \_\_\_\_\_  yes  no  
 Ergaben sich dabei Komplikationen? Wenn ja, welche?
6. **Are you pregnant?**  not certain nicht sicher  yes  no  
 Besteht eine Schwangerschaft?  
 Are you currently breast feeding a baby?  yes  no  
 Stillen Sie?
7. **Information about medications:**  
 Angaben zur Medikamenteneinnahme:  
 Do you regularly require blood thinning medications (anti-coagulants) or have you taken any or have any been injected during the past 8 days?  yes  no  
 Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?  
 If so, please check the ones that apply:  Aspirin® (ASS),  Heparin,  Marcumar®,  Plavix®,  Ticlopidin,  Clopidogrel  
 Wenn ja, bitte Zutreffendes ankreuzen: Aspirin® (ASS), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel  
 Other: \_\_\_\_\_ When did you take the last dose? \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_ Wann war die letzte Einnahme?  
 Do you take any other medications?  yes  no  
 Nehmen Sie andere Medikamente ein?  
 If so, which ones? Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.  
 \_\_\_\_\_  
 Wenn ja, bitte auflisten: (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:
8. **Blood diseases / blood clotting disorders?**  yes  no  
 Bluterkrankung/Blutgerinnungsstörung?  
 If so, please check the ones that apply:  increased tendency to bleed (e.g. frequent nosebleeds increased bleeding after surgery, minor wounds or dental treatment),  tendency to bruise (frequent blue spots in your skin, possibly for no particular reason)  
 Wenn ja, bitte Zutreffendes ankreuzen: 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?
9. **Allergies/Oversensitivity?** If so, please check the ones that apply:  yes  no  
 Medications,  Foods,  Contrast media,  Iodine,  Sticking plaster,  Latex (e.g. rubber gloves, balloons)  
 Polen (grass, trees),  Drugs that depress consciousness,  Metals (itching caused by metal spectacles frames, jewellery, jeans buttons)  
 Allergie/Überempfindlichkeit? Wenn ja, bitte Zutreffendes ankreuzen: Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metall Brillengestell, Modeschmuck oder Hosennieten)  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_
10. **Heart, circulatory or blood vessel diseases?**  yes  no  
 Herz-/Kreislauf-/Gefäß-Erkrankungen?  
 If so, please check the ones that apply:  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.  
 Wenn ja, bitte Zutreffendes ankreuzen: Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskulenzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_
11. **Diseases of the respiratory tract (breathing passages) or lungs?**  yes  no  
 Erkrankung der Atemwege/Lungen?  
 If so, please check the ones that apply:  asthma,  chronic bronchitis,  inflammation of the lungs,  emphysema,  sleep apnoea (heavy snoring),  vocal cord / diaphragm paralysis.  
 Wenn ja, bitte Zutreffendes ankreuzen: Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen), Stimmband-Zwerchfelllähmung.  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_
12. **Metabolic diseases?**  yes  no  
 Stoffwechsel-Erkrankungen?  
 If so, please check the ones that apply:  diabetes,  fructose malabsorption. Other: \_\_\_\_\_  
 Wenn ja, bitte Zutreffendes ankreuzen: Diabetes (Zuckerkrankheit), Fructoseunverträglichkeit. Sonstiges: \_\_\_\_\_
13. **Thyroid diseases?**  yes  no  
 Schilddrüsenerkrankungen?  
 If so, please check the ones that apply:  underactive thyroid,  overactive thyroid,  nodes,  thyroid swelling (goitre).  
 Other: \_\_\_\_\_  
 Wenn ja, bitte Zutreffendes ankreuzen: Unterfunktion, Überfunktion, Knoten, Kropf. Sonstiges: \_\_\_\_\_
14. **Kidney diseases?**  yes  no  
 Nierenerkrankungen?  
 If so, please check the ones that apply:  kidney insufficiency,  kidney inflammation.  
 Wenn ja, bitte Zutreffendes ankreuzen: Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_



15. **Liver diseases?** Lebererkrankungen?  yes  no  
 If so, please check the ones that apply:  jaundice,  cirrhosis. Other: \_\_\_\_\_  
 Wenn ja, bitte Zutreffendes ankreuzen: Gelbsucht, Leberzirrhose. Sonstiges: \_\_\_\_\_
16. **Gastrointestinal diseases?** Magen-Darm-Erkrankungen?  yes  no  
 If so, please check the ones that apply:  stricture in digestive tract,  ulcer,  heartburn.  
 Wenn ja, bitte Zutreffendes ankreuzen: Engstelle im Verdauungstrakt, Geschwür, Sodbrennen.  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_
17. **Diseases of the muscles / skeleton system** (you or blood relatives)?  yes  no  
 Erkrankungen des Muskel- und Skelettsystems (auch bei Blutsverwandten)  
 If so, please check the ones that apply:  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.  
 Wenn ja, bitte Zutreffendes ankreuzen: angeborene oder erworbene Veränderungen des Brustkorbs, Gelenkerkrankungen (ggf. künstliches Gelenk), Schulter-Arm-Syndrom, Wirbelsäulenbeschwerden, Muskelerkrankungen, Muskelschwäche, Neigung zur überhöhten Körpertemperatur.  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_
18. **Diseases of the nervous system?** Erkrankung des Nervensystems?  yes  no  
 If so, please check the ones that apply:  brain disease or brain injuries,  paralysis (anywhere),  epilepsy.  
 Wenn ja, bitte Zutreffendes ankreuzen: Gehirnerkrankungen oder -verletzungen, Lähmungen, Krampfanfälle (Epilepsie).  
 Other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_
19. **Communicable (contagious) diseases?** Infektionskrankheiten?  yes  no  
 If so, please check the ones that apply:  hepatitis,  tuberculosis,  HIV. Other: \_\_\_\_\_  
 Wenn ja, bitte Zutreffendes ankreuzen: Hepatitis, Tuberkulose, HIV. Sonstiges: \_\_\_\_\_
20. **Damages to teeth / dental prostheses?** Zahnschäden/Zahnersatz?  yes  no  
 If so, please check the ones that apply:  cavities,  paradontosis,  loose teeth,  crown,  bridge,  implant,  pivot tooth,  removable artificial teeth. Other: \_\_\_\_\_  
 Wenn ja, bitte Zutreffendes ankreuzen: Karies, Parodontose, lockere Zähne, Krone, Brücke, Implantat, Stiftzahn, herausnehmbarer Zahnersatz. Sonstiges: \_\_\_\_\_
21. **Any other acute or chronic diseases / illnesses?** Nicht aufgeführte akute oder chronische Erkrankungen?  yes  no  
 Please describe: \_\_\_\_\_  
 Bitte kurz beschreiben: \_\_\_\_\_
- Habits:** Lebensgewohnheiten:
22. **Do you smoke?** If so, what and how much daily: \_\_\_\_\_  yes  no  
 Rauchen Sie? Wenn ja, was und wie viel täglich: \_\_\_\_\_
23. **Do you drink alcohol regularly?** If so, what and how much daily: \_\_\_\_\_  yes  no  
 Trinken Sie regelmäßig Alkohol? Wenn ja, was und wie viel täglich: \_\_\_\_\_
24. **Do you take or have you ever taken drugs?** If so, which ones: \_\_\_\_\_  yes  no  
 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 your: [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

During the patient's pre-operative explanatory appointment I explained the following subject matter in detail, including, most especially, possible complications that can result from the risks specific to the patient, details on alternative methods and possible consequences if the anaesthetic procedure is postponed or refused. 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:

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**I have proposed: Vorgeschlagen habe ich:**

- local anaesthesia Lokalanästhesie  
 intravenous regional anaesthesia of the arm  
 Intravenöse Regionalanästhesie am Arm

Brachial plexus block: Armplexusanästhesie

- interscalene interskalenär  supraclavicular supraklavikulär  
 vertical infraclavicular vertikal infraklavikulär  axillary axillär

**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 Anästhesieverfahren 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.

Frau/Herr Dr. hat mich umfassend über die mir für den bevorstehenden Eingriff vorgeschlagene Betäubungsmethode 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.

- I hereby refuse the anaesthetic procedure that has been proposed for me. Hiermit lehne ich das mir vorgeschlagene Betäubungsverfahren ab.  
 While I refuse the proposed anaesthetic procedure, I would like to learn more about the possible alternatives. Ich lehne zwar das mir vorgeschlagene Betäubungsverfahren ab, jedoch möchte ich mehr über die möglichen Alternativen erfahren.

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

Signature of patient / legal guardian(s) / witness [Unterschrift der Patientin / des Patienten / 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 of 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, such as continuation of the medical procedure under general anaesthesia and/or combination with another regional or local anaesthetic procedure.

Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z.B. 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 die örtliche Betäubung nicht ausreichen sollte, wünsche ich keine Narkose, sondern einen erneuten Versuch zur örtlichen Betäubung zu einem späteren Zeitpunkt.

In the event of a subsequent medical procedure that requires a repetition of the same anaesthesia method,

Falls ein Folgeeingriff eine Wiederholung derselben Betäubungsmethode erfordert,

- I likewise consent to the repetition. stimme ich der Wiederholung ebenfalls zu.  
 I do not consent to the repetition, but prefer to discuss the matter with the anaesthetist. stimme ich der Wiederholung nicht zu und wünsche ein erneutes Gespräch mit dem Arzt.

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 Patientin / Patient / Betreuer / Vormund]

Copy/kopie:  received/erhalten

waived/verzichtet

Signature of patient / legal guardian(s) [Unterschrift Patientin / Patient / Betreuer / Vormund]