

ANÄSTHESIOLOGISCHE VERFAHREN (KOMBINATIONEN)

ANAESTHETIC PROCEDURES

Information and patient history for adult and adolescent patients in preparation of the required pre-operative explanatory appointment with the anaesthetist.

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



Patient data: [Patientendaten:]

englisch

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, dear parents,

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

The following text is intended to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled anaesthesia procedure compared with alternative methods available, and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the anaesthesia procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

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).

In certain cases, various regional procedures can be combined with each other. A catheter (thin plastic tube) can be laid, if necessary. This makes it possible for the physician to administer the anaesthetic agent several times or continuously, such as for medical procedures that take an especially long time. This catheter can also be used to administer treatment of pain after the medical procedure is over. In certain cases, various regional procedures can be combined with each other.

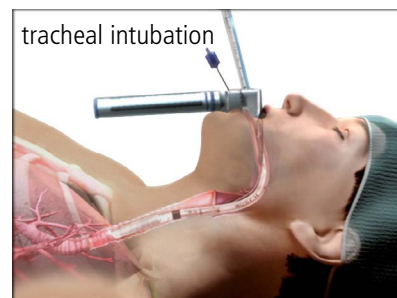
The doctor will mark the procedure/s planned in your case in the following and provide you with further information regarding the procedure/s. Procedures not marked were not shown and discussed.

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 anaesthesia 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**).



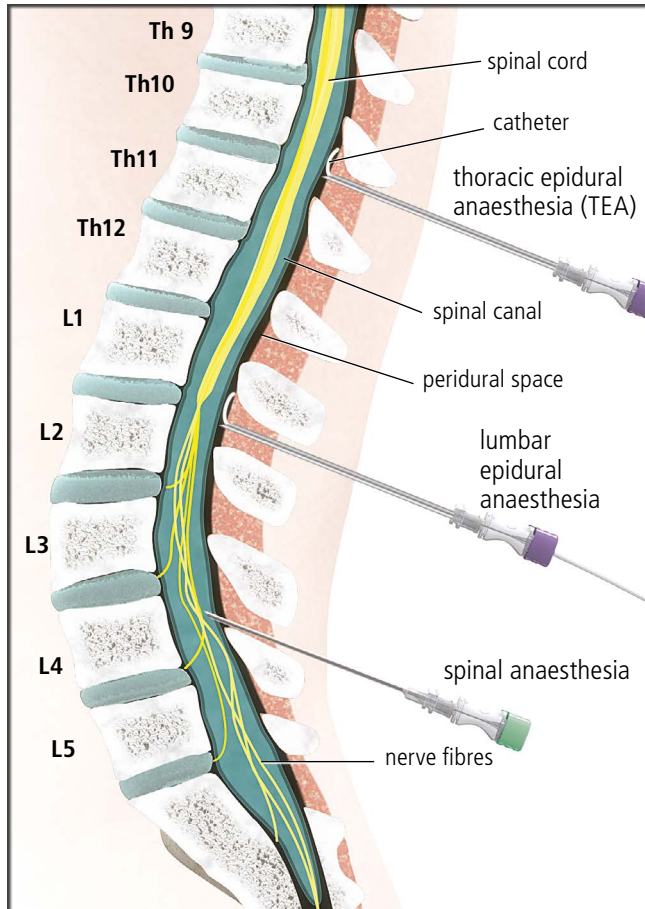
The anaesthetist will discontinue administration of anaesthetic agents as soon as the medical procedure is over. You will then wake up as if from a deep sleep. The mask, laryngeal mask or respiration tube can be removed as soon as you are able to breathe on your own again. As a rule you will be monitored 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.

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.

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)

lumbal 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.

Brachial Plexus Block Armplexusanästhesie

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.

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.

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

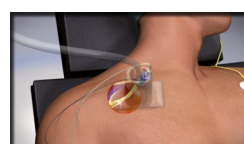
(Supraklavikuläre Plexusanästhesie)



(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 infraklavikuläre 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.

Intravenous regional anaesthesia of the arm



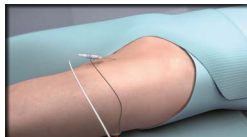
(injection into the armpit) (Intravenöse Regionalanästhesie am Arm) This procedure is used to anaesthetize the arm nerves from the elbow to the fingertips. It is especially suitable for invasive medical procedures on the lower arm and the hand. It

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.

Regional Anaesthesia of the leg (Regionalanästhesie am Bein)

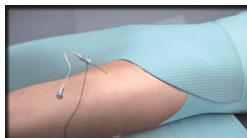
First the puncture points are thoroughly disinfected, covered sterilely and locally anaesthetized. It is important that you do not move during the puncture procedure. The physician locates the puncture point and searches for the nerve bundle using an injection needle. A brief feeling of "pins and needles" 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 the proper position for the injection needle to the physician, who then injects the local anaesthetic into the immediate vicinity of the nerve trunks of the leg. This injection is generally not painful. There can only be a temporary feeling of pressure and warmth. The anaesthetic agent takes effect after approximately 10 to 30 minutes, depending on the injection point, type and quantity of the anaesthetic agent used. The leg or foot will have no feeling and will not be able to move for several hours.

Femoral Block (3in1 block) Femoralis-Blockade (3in1-Block)



(Puncture below the groin): This procedure is primarily suitable for eliminating pain during medical procedures on the thigh and lower leg.

Sciatic Block Ischiadikusblockade



- at the buttocks** am Gesäß (transgluteal)
- in the groin** in der Leiste (anterior)
- behind the knee** in der Kniekehle (distal)

These anaesthesia procedures are primarily used for medical procedures on the lower leg and foot.

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:

Medication: Please inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin [ASA], Marcumar®, heparin, Plavix®, ticlopidin, clopidogrel, Eliquis®, Lixiana®, Xarelto®, Pradaxa® and metformin-containing antidiabetic medicines, so-called biguanides) or have taken over the course of the past eight days prior to the procedure (for instance pain killers such as ibuprofen, paracetamol). This includes any over-the-counter medication and herbal remedies. Your doctor will let you know if and for how long you should stop taking your medication.

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.**

Your physician might also ask you to follow these instructions even if only a regional anaesthesia procedure is planned for the medical procedure. In this case local or regional anaesthesia might not be able to eliminate pain to the extent required, so that the medical procedure will have to be performed under general anaesthesia.

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 a period of **24 hours** after the operation, you **must not actively participate in road traffic** (not even as a pedestrian), refrain from any risky activities and avoid taking any important decisions.

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 headache, 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 well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. The occurrence of side effects and complications depends on several factors, such as the patient's age, overall health, previous conditions, life style and the type and the severity of the procedure. Severe complications are very rare even in patients with serious pre-existing health problems and in elderly patients. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. For instance, painful sensations felt by the patient even despite proper anaesthetization or the patient waking from anaesthesia during the operation cannot be ruled out entirely. However, most patients will not remember such occurrences later on. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

General Risks

Damage to the skin, soft tissue, or nerve irritations (e.g. caused by injections, insertion of a catheter, disinfectants, blood pressure cuff used as a tourniquet to keep blood out of the arm or caused despite proper bedding) is possible. Numbness, paralysis and pain may then result. They are usually temporary. In some cases, permanent nerve damage, tissue death or scarring may occur.

Allergic reactions, for instance to anaesthesia or other medication, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralyse or kidney failure requiring dialyses.

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

Should **severe blood loss** occur, the use of donor blood/blood components (**transfusion**) may be required. In very rare cases, this can lead to transmission of diseases, such as hepatitis (causing dangerous inflammation of the liver), HIV (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases. Lung oedema leading to lung failure, a decrease in kidney function or other dangerous immune responses can be triggered. 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.

Sometimes **blood clots (thromboses)** may form, causing obstruction of a blood vessel. Such blood clots may then travel to other parts of the body and block the vessels of other organs (**embolism**). This may then lead to e.g. **lung embolism, stroke** or **kidney failure** requiring dialyses and resulting in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may lead to a severe immune response (HIT) involving clotting of the platelets (thrombocytes) and obstruction of veins and of arteries.

Infections, for instance at the site where the injection needle or the cannula or catheter was inserted, including syringe abscess or vein inflammation (phlebitis), can usually be treated successfully with antibiotics. Surgical treatment is only necessary in rare cases. An infection that has spread beyond control can lead to **dangerous blood poisoning** (toxaemia).

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.

If an **urinary catheter** has to be inserted, it may lead to **infections** or **injury of the urethra**. Injuries can lead to a narrowing of the urethra (stricture), which may then require surgery. Infections can spread to the kidneys and lead to permanent damage.

Special Risks of General Anaesthesia

Under anaesthesia, the body loses its protective reflexes. For instance, the pylorus may open inadvertently. Stomach contents can then flow back into the oesophagus and enter the lungs from there. This risk especially applies if the order not to eat, drink or smoke prior to the procedure has not been followed. On very rare occasions, this may then lead to acute **obstruction of airways** and even **choking**, or **pneumonia** accompanied by permanent damage to the lungs, or even to **lung failure**.

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.

After general anaesthesia, you will feel **drowsy** or temporarily disoriented after waking. Especially in elderly patients, **disturbances of perception and consciousness** may continue for an extended period of time. **Permanent impairment of thinking, memory and orientation** may occur.

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.

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 la-

boured breathing. The air must be sucked out through puncture or laying drainages.

Urinary retention may occur temporarily after a sciatic block. It can be necessary to insert a bladder catheter to empty the bladder.

Further risks of spinal/epidural anaesthesia

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

During puncturing, **pain** at the puncture site may occur as well as **paraesthesia** due to nerve root irritation.

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 headaches 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, impaired sight and hearing, are very rare. A **liquor fistula** (unnatural connection with spinal fluid leak) may form, which may then have to be closed through surgery.

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.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of anaesthesia in your particular case, to advise you on the complications that could occur, 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.

Any 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 bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding), 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, verstärkte oder verlängerte Regelblutung), 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), anaesthetics, 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).

Any 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, Herzmuskulenzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.

Any 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 Schnärchen), Stimmband-Zwerchfelllähmung.

Any other: _____

Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), fructose malabsorption, gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Fruchtzuckerunverträglichkeit, Gicht.

Any other: _____

Sonstiges:

Thyroid diseases? yes no

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

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Knoten, Kropf.

Any other: _____

Sonstiges:

Kidney diseases? yes no

Kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Any other: _____

Sonstiges:

Liver diseases? yes no

Jaundice, cirrhosis.

Lebererkrankungen? Gelbsucht, Leberzirrhose.

Any other: _____

Sonstiges:

Gastrointestinal diseases? yes no

Stricture in digestive tract, stomach ulcer, heartburn.

Magen-Darm-Erkrankungen? Engstelle im Verdauungstrakt, Magengeschwür, Sodbrennen.

Any 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 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, Muskelschwäche, Neigung zur überhöhten Körpertemperatur.

Any 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).

Any other: _____

Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any 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.

Any other: _____

Sonstiges:

Any other acute or chronic diseases / illnesses? Nicht aufgeführte akute oder chronische Erkrankungen? yes no

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

Trinken Sie regelmäßig Alkohol?

If so, Wenn ja,

1-2 times, 3-5 times, 6-7 times a week

1-2 mal, 3-5 mal, 6-7 mal pro Woche

1/2 litre beer or 1/4 litre wine or 1 shot of spirits,

1/2 Ltr. Bier oder 1/4 Ltr. Wein oder 1 Schnäps,

1 litre beer or 1/2 litre wine or 2 shots of spirits,

1 Ltr. Bier oder 1/2 Ltr. Wein oder 2 Schnäpse,

more mehr

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 Alter 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 Alter 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 speziellen 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
 epidural anaesthesia PDA spinal anaesthesia SPA
brachial plexus block
 interscalene interskalenär supraclavicular supraklavikulär
 vertical infraclavicular vertikal infraklavikulär axillary axillär
 intravenous regional anaesthesia of the arm IVRA Arm
 Femoral block Femoralisblock Sciatic block Ischiadikus-Block

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 of **legal age** and is capable of making an independent decision regarding the recommended treatment/examination and giving his/her consent to the procedure. Die Patientin/Der Patient ist **volljährig** und besitzt die Fähigkeit, eine eigenständige Entscheidung über die empfohlene Maßnahme zu treffen und ihre/seine Einwilligung in das Verfahren zu erteilen.
- The **minor's** ability to reason and power of judgement are sufficient. Therefore, his/her consent/rejection and that of the parents/legal guardian are required. Die/Der **Minderjährige** verfügt über hinreichende Einsichts- und Urteilsfähigkeit, weshalb ihre/seine Zustimmung/Ablehnung und die der Eltern/des Vormunds eingeholt werden.
- The patient is represented by a **custodian** with a custodian's card which states that he/she is also responsible for the patient's healthcare, or by a trusted person with a healthcare proxy. The child is represented by a parent/both **parents** or a legal guardian. These persons are capable of making a decision in the best interest of the patient/the child. Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitsorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht bzw. das Kind von seinen **Eltern**/einem Elternteil oder einem Vormund vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten/des Kindes zu treffen.
- Custodian's card healthcare proxy advance healthcare directive has been submitted.
- Betreuerausweis Vorsorgevollmacht Patientenverfügung liegt vor.

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

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

Patient's Refusal Ablehnung des Patienten

The doctor _____ has provided me with detailed information regarding the procedure at hand and has also pointed out the disadvantages of rejecting it. I have understood the information provided to me and reject the anaesthesia procedure suggested to me. Die Ärztin/der Arzt hat mich umfassend über die vorgeschlagene Betäubungsart und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne die mir vorgeschlagene Anästhesie ab.

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

Signature of patient/legal guardian(s)/witness
 [Unterschrift Patientin / Patient / Eltern* / 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.** During the pre-procedure interview with the doctor _____ I was given 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.** Im Aufklärungsgespräch mit der Ärztin/dem Arzt 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.** However, I hereby confirm that the doctor _____ instructed me regarding the necessity of anaesthesia, its type and scope as well as the fact that all anaesthesia procedures are accompanied by certain risks. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von der Ärztin/dem Arzt über die Erforderlichkeit der Betäubung, deren Art und Umfang sowie über den Umstand, dass alle Betäubungsverfahren Risiken bergen, informiert wurde.

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 answered the questions about my medical history to the best of my knowledge and belief. 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.**

Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet. 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.

If treatment is subject to an elective service agreement (referred to as treatment by senior consultant), the patient's consent also applies to the procedures being carried out by the senior consultant's permanent representatives as specified in the elective service agreement. Im Falle einer Wahlleistungsvereinbarung (sog. Chefarztbehandlung) erstreckt sich die Einwilligung auch auf die Durchführung der Maßnahmen durch die in der Wahlleistungsvereinbarung benannten ständigen ärztlichen Vertreter des Wahlarztes.

- 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/in/Eltern*/Betreuer/Vormund]

Copy/kopie: received/erhalten
 waived/verzichtet

Signature copy received/waived
 [Unterschrift Kopierhalt-/verzichtet]