

Hospital / Clinic / Practice: [Klinik / Praxis:]



Patient data: [Patientendaten:]

englisch

A Caesarean section is scheduled for (date):
[Ein geplanter Kaiserschnitt findet statt am (Datum):]

Dear Expectant Mother,

for the purpose of alleviating labour pains or eliminating sensation of pain during the impending birth, your anaesthetist (hereinafter physician) recommends one of the following anaesthesia procedures.

By providing the explanations below we wish to inform you of the various anaesthesia procedures, the possible complications, and what you will be expected to do. You might be shown a short film. This form and the film are designed to prepare you for the explanatory appointment with your physician. Then your physician 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 physician will answer all your questions to allay your anxieties and fears. At the end of your explanatory appointment you will be able to grant or refuse your consent to use of the anaesthesia procedure proposed for you. Your physician will give you a copy of the completed, signed form at the end of your explanatory appointment.

OBSTETRIC ANAESTHESIA PROCEDURES GEBURTSHILFLICHE ANÄSTHESIE-VERFAHREN

A normal birth is frequently possible without use of any pain killers at all. But a birth can also proceed slowly over many hours and be accompanied by very severe pain. This can generally not be predicted in advance. That is why we would like to inform you here in advance of the possibilities for alleviating pain while you are giving birth.

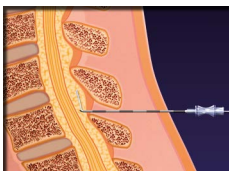
If you wish to give birth without any pain, you can decide in advance on epidural analgesia (PDA) for suppressing pain. PDA can also be advisable for certain health problems of the mother or child or for other reasons such as, for example, a multiple pregnancy.

Even if a Caesarean section becomes necessary, today it can be carried out under epidural or spinal anaesthesia, rather than general anaesthesia, to eliminate pain.

COURSE OF THE VARIOUS PROCEDURES ABLAUF DER VERSCHIEDENEN VERFAHREN

In the following sections we inform you of the various anaesthesia procedures available. Please discuss with your physician the question of which one would be best for you and your child.

Epidural Analgesia *Periduralanalgesie (PDA)*



Epidural analgesia is a very effective, safe method for alleviating severe labour pains. A small amount of a local anaesthetic is injected through a thin plastic tube (epidural catheter) into the space near the spinal canal (epidural space). This numbs the nerves that lead from the spinal cord to the lower abdomen, thus alleviating the labour pains.

The epidural catheter is inserted while the expectant mother is sitting or lying on her side. You will be asked by your physician to make your back round. Your physician will palpate your back and mark the puncture point at the level of your waist. First the puncture point area will be thoroughly disinfected, covered sterilely and locally anaesthetised. It is important that you do not move during the puncture procedure. Your physician will push a hollow needle between two vertebrae into the space near the spinal canal. A very thin, flexible catheter (PDA catheter) will be inserted carefully through this needle. The hollow needle will be taken out and an anaesthetic agent will be administered through the catheter.

After about 15 to 30 minutes you will notice that your labour pains have eased significantly. In most cases feeling in the legs and their ability to move are not restricted. The catheter will be secured so that it cannot slip, and covered with a dressing. The catheter is so thin that it will not disturb you even when you are lying on your back. If the anaesthetic effects wear off, the period of pain reduction can be prolonged by injecting more anaesthetic until your child is born. Also, under certain circumstances you yourself will be able to determine the doses of the anaesthetic agent by means of an infusion pump.

If labour stalls when an epidural catheter is already in place, or if a Caesarean section becomes necessary for other reasons, then the complete elimination of pain that will be required can be achieved by administering a larger dose of the anaesthetic agent through the catheter.

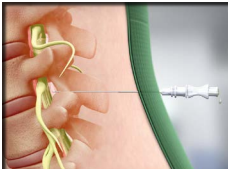
Epidural Anaesthesia *Periduralanästhesie (PDA)*

Epidural anaesthesia can be used for a scheduled Caesarean section. The PDA catheter is inserted in the same way as with epidural analgesia. A somewhat larger quantity of anaesthetic agent is administered to ensure complete elimination of pain.

The anaesthetic agent likewise takes effect after some 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 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. Sometimes the catheter for treating pain is left in place after the Caesarean section.

Spinal Anaesthesia Spinalanästhesie (SPA)

Most scheduled Caesarean sections are carried out under spinal anaesthesia. Then the anaesthetic agent is not injected into the epidural space but through a very thin needle into the spinal canal, which is filled with spinal fluid. The advantage is that the anaesthetic agent takes effect in just 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 legs will be restricted or completely suspended.

General Anaesthesia Narkose

A scheduled Caesarean section can also be carried out under general anaesthesia.



With this procedure medications are administered to induce and maintain a state that is similar to a deep sleep until the operation is over. Consciousness and all sensation of pain are eliminated in the entire body.

General anaesthesia starts with injection of a rapidly effective anaesthetic agent into a vein. As soon you have fallen asleep, you will be forced to breathe artificially. This will be done through a respiration tube that is passed through the mouth and inserted into the windpipe (tracheal intubation).

When anaesthesia is being administered your vital functions (especially blood pressure, heart rate, oxygen saturation) are monitored continually. Infusions and medications can be administered at any time through an indwelling venous cannula that has been placed on the back of your hand or in your lower arm.

POSSIBLE SUPPLEMENTARY MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

Some Caesarean sections are carried out with a combination of spinal and epidural anaesthesia. The fast-acting effect of spinal anaesthesia is supplemented by the good, long-term controllability of epidural anaesthesia.

If an attempt to completely eliminate pain through epidural or spinal anaesthesia does not succeed or if it becomes necessary to perform a Caesarean section at once, then the Caesarean section will have to be carried out under general anaesthesia.

ADVANTAGES OF THE REGIONAL ANAESTHESIA

VORTEILE DER REGIONALEN BETÄUBUNGSVERFAHREN

With a normal delivery, PDA generally makes it easier to give birth. This has a positive effect on mother and child.

With a Caesarean section, under regional anaesthesia, in contrast to general anaesthesia, you will experience the birth of your child while you are awake. In addition, epidural and spinal anaesthesia entail fewer serious risks than general anaesthesia.

ALTERNATIVE ANAESTHESIA PROCEDURES

ALTERNATIV-VERFAHREN

With a normal delivery, direct injection of a local anaesthetic can be sufficient to eliminate the sensation of pain in a narrowly limited area (e.g. directly in the cervix or the perineum (between the vulva junction and the anus).

With a vaginal delivery, other pain killers can be administered as an alternative to the PDA, mostly through an infusion. These agents have side effects of their own. Your obstetrician or midwife will be glad to inform you of these alternative methods for alleviating pain and of the attendant risks.

PREPARATION AND POST-ANAESTHESIA CARE

HINWEISE ZUR VORBEREITUNG- UND NACHSORGE

Please strictly follow the instructions of your physician and his or her assistants. What you will be expected to do can vary, depending on the type of anaesthesia.

Preparation:

Medication: Please tell your physician whether you need any medication on a regular basis or have taken any during the last 8 days before delivery. This also includes all non-prescription medications and herbal preparations.

Eating, Drinking and Smoking: If a Caesarean section has been scheduled for you, please take only light meals on the day before. As a matter of principle, during the 6 to 8 hours before the anaesthesia nothing should be eaten (not even soups or sweets like candy and chewing gum), no beverages such as juice with pulp (fruit or vegetable particles), milk, broths or alcohol may be drunk, and 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 physician 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 in the event that general anaesthesia has been scheduled or becomes necessary in an emergency. For during general anaesthesia you will not only be in a state that resembles a deep sleep, your body will also lose the protection that its reflexes normally provide. Thus when general anaesthesia is used, the gate at the exit from the stomach (pylorus) might open and/or stomach contents might flow back to the gullet (oesophagus) and from there into the lung. **Therefore it is very important that you tell your physician if you were not able to comply with any of these prohibitions (no eating, no drinking, no smoking) during the periods stated above.**

Objects on your body: Contact lenses or any other objects that can be removed from your body such as eyeglasses, necklaces, and earrings must be removed before the anaesthesia is started. Please do not use any makeup or facial cream. Ask your physician whether loose dental pieces (dentures), piercing, hair pieces, and nail polish (on both fingers and toes) must be removed.

Post-Anaesthesia Care:

If regional anaesthesia was applied, its effects will generally last for quite some time. During this time, sensations in your legs and their ability to move on their own might be restricted. In this case, protect your legs from harm that might be caused by pressure, cold, heat or injuries and please do not stand up alone until the anaesthesia and its effects have completely worn off.

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.

Nausea and vomiting caused by the anaesthetic or pain killers are temporary and can generally be treated effectively.

Please be sure to inform your physician immediately in the event of complaints such as, for example, pain while breathing, severe backache or headache, heart problems, laboured breathing, circulatory disorders, hoarseness, fever, stiff neck, cramps, abnormal or impaired sensations, signs of paralysis or restrictions in movement, constipation or urine retention. Such complaints are also possible several days after the procedure and must be treated immediately.

If you give birth on an outpatient basis, please ask your physician for advice on what to do when you are back home.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

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

General Risks

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

Allergic reactions, for example to anaesthetic agents or other medications, are rare. They may result in reddening of the skin, rashes, bumps, itching, and swelling as well as nausea and coughing. These symptoms usually go away by themselves without treatment. Serious allergic reactions such as, for example, 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, excessively rapid heartbeat or circulatory shock require intensive medical care. Temporary or even permanent damage to organs such as, for example, brain damage, impaired vision, nerve damage, or even paralysis, impaired kidney function or kidney failure can occur despite the best of treatment.

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

In the case of **major bleeding**, a **transfusion** of donor blood or blood components can be necessary in exceptional cases. This can lead to infections with pathogens such as: in very rare cases, with hepatitis viruses (cause of dangerous liver infections), in extremely rare cases, with 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. After a blood transfusion, a blood test can be considered a few weeks later so that the possibility of infection with HIV or hepatitis viruses can be excluded with absolute certainty.

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

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

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

Risks with Epidural Analgesia, Epidural or Spinal Anaesthesia

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

There are frequently cases of temporary **urine retention** 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.

Damage to the spinal cord 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, oversensitivity, feelings of numbness and motor disturbances in the affected limbs to paralysis or in extremely rare cases even to paraplegia.

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

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

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.

Weakening of labour caused by epidural analgesia can make it necessary to use a vacuum extractor or delivery forceps. Your obstetrician or midwife will advise you on the risks for you and your child.

Special Risks of General Anaesthesia

If, in rare cases, contents of the stomach find their way into the lungs, this can have life threatening consequences such as **acute occlusion of the respiratory tract** (blocked airways) or even **suffocation** or **lung infection** and possibly permanent **damage to lung tissue** or even **respiratory failure**. These dangers exist especially if the instructions on not eating, not drinking and not smoking are not complied with.

The following complications can arise when the respiratory tube is inserted: occasional **sore throat**, **hoarseness** or **problems with swallowing**, which usually go away by themselves without treatment; **injuries to the throat**, **voice box**, **vocal cords** or **windpipes** with impaired sensations, laboured breathing,

permanent problems with swallowing or hoarseness (very rare); and **damage to or even loss of teeth** that require treatment by a dentist, especially with loose teeth, cavities, parodontosis or fixed dentures (e.g. prostheses, bridges, implants, etc.).

Under certain circumstances the effort to introduce a breathing tube into the windpipes does not succeed. Then a **tracheotomy** (a cut into the windpipes) can be necessary to safeguard against lack of oxygen.

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, given a certain genetic disposition the body temperature can suddenly rise to a life-threatening level (**malignant hyperthermia**) through the medications that 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.

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

age: _____ years, weighth: _____ kg, height: _____ cm
Alter: _____ Jahre, Gewicht: _____ kg, Größe: _____ cm

Have you given birth before? yes no

Haben Sie schon einmal geboren?

If so, when? _____

Wenn ja, wann?

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?

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®.

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®.

Other: _____

Sonstiges:

When did you take the last dose? _____

Wann war die letzte Einnahme?

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: _____

Wenn ja, bitte auflisten:

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

Do you have or have you ever had any of the following diseases or symptoms thereof?

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nosebleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

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

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

If certain answers are preselected, please correct them if anything has changed.

Allergies / Oversensitivity? yes no

Medications, Foods, Contrast media, iodine, Sticking plaster, Latex (e.g. rubber gloves, balloons) Polen (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).

Other: _____

Sonstiges: _____

Heart, circulatory or blood vessel diseases? yes no

irregular heart rhythm, high blood pressure, low blood pressure, varicose veins, thrombosis, embolism.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzrhythmusstörungen, hoher Blutdruck, niedriger Blutdruck, Krampfadern, Thrombose, Embolie.

Other: _____

Sonstiges: _____

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

asthma, chronic bronchitis, inflammation of the lungs, sleep apnoea (heavy snoring).

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

Other: _____

Sonstiges: _____

Metabolic diseases? yes no

diabetes (sugar sickness), fructose malabsorption.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Fruchtzuckerunverträglichkeit.

Other: _____

Sonstiges: _____

Thyroid diseases? yes no

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

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Knoten, Kropf.

Other: _____

Sonstiges: _____

Kidney diseases? yes no

kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Other: _____

Sonstiges: _____

Liver diseases? yes no

jaundice, cirrhosis

Lebererkrankungen? Gelbsucht, Leberzirrhose.

Other: _____

Sonstiges: _____

Gastrointestinal diseases? yes no

Stomach ulcer, heartburn.

Magen-Darm-Erkrankungen? Magengeschwür, Sodbrennen.

Other: _____

Sonstiges: _____

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

diseases of the joints (possibly with artificial joint), problems with the backbone (spine), muscle weakness (e.g. myasthenia gravis), tendency to elevated body temperature.

Erkrankungen des Muskel- und Skelettsystems (auch bei Blutsverwandten)? Gelenkerkrankungen (ggf. künstliches Gelenk), Wirbelsäulenbeschwerden, Muskelschwäche (z.B. Myasthenia gravis), Neigung zur überhöhten Körpertemperatur.

Other: _____

Sonstiges: _____

Diseases of the nervous system? yes no

brain disease or brain injuries, paralysis (anywhere), epilepsy.

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

Other: _____

Sonstiges: _____

Communicable (contagious) diseases? yes no

hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Other: _____

Sonstiges: _____

Damages to teeth / dental prostheses? yes no

cavities, paradontosis, loose teeth, crown, bridge, implant, pivot tooth.

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

Other: _____

Sonstiges: _____

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe:

Bitte kurz beschreiben:

Habits: Lebensgewohnheiten:**Do you smoke?** yes no

If so, what and how much daily: _____

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

Do you drink alcohol regularly? yes no

If so, what and how much: _____

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

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

If so, which ones: _____

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

Med. Documentation of Explanatory Appointment

Ärztl. Dokumentation zum Aufklärungsgespräch

To be filled in by the physician [Wird vom Arzt ausgefüllt]

During the expectant mother's explanatory appointment I explained the following subject matter in detail (e.g. possible complications that can result from the risks specific to the expectant mother, further information on alternative methods).

Über folgende Themen (z.B. mögliche Komplikationen, die sich aus den spezifischen Risiken bei der werdenden Mutter ergeben können, nähere Informationen zu den Alternativ-Methoden) habe ich die werdende Mutter im Gespräch näher aufgeklärt:

I have proposed: Vorgeschlagen habe ich:

- epidural analgesia
Periduralanalgesie
- epidural anaesthesia
Periduralanästhesie
- spinal anaesthesia
Spinalanästhesie
- general anaesthesia
Narkose

Instructions on eating/drinking before anaesthesia procedure: 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
- No 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 expectant mother is able to take an independent decision on the recommended anaesthesia procedure and to grant her consent to this procedure.
Die werdende Mutter besitzt die Fähigkeit, eine eigenständige Entscheidung über das empfohlene Anästhesie-Verfahren zu treffen und ihre Einwilligung in das Verfahren zu erteilen.
- The expectant mother was represented by a custodian or other legal guardian with proof of authority, who is in a position to take a decision in the interests of the expectant mother.
Die werdende Mutter wird von einem Betreuer bzw. Vormund mit einer Betreuungskunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne der werdenden Mutter zu treffen.

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

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

Expectant Mother's Refusal Ablehnung der werdenden Mutter

Dr. _____ has given me a full explanation of the anaesthesia procedure proposed and the disadvantages that will result from my refusal. I have understood this explanation. I was also able to discuss with the physician my knowledge and understanding of the information given to me. I hereby refuse the anaesthesia procedure that has been proposed for me.

Frau/Herr Dr. _____ hat mich umfassend über die vorgeschlagene Betäubungsart und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich das mir vorgeschlagene Betäubungsverfahren ab.

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

Signature of the expectant mother / legal guardian(s)* / witness, if any
[Unterschrift der werdenden Mutter/Erziehungsberechtigte*/Betreuer/Vormund /ggf. des Zeugen]

Expectant Mother's Declaration and Consent

Erklärung und Einwilligung der werdenden Mutter

Please mark your declaration in the applicable box and then confirm it 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 document (6 pages) in its entirety and answered the questions about my medical history to the best of my knowledge and believe. During my explanatory appointment, Dr. _____ has given me a comprehensive explanation of how the anaesthesia procedure scheduled for me is carried out, its risks, complications and side effects in my specific case, and the advantages and disadvantages of the alternative methods.

Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe. Diesen Aufklärungsbogen (6 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 anaesthesia procedure that has been scheduled for me.
Den Informationsfilm über die bei mir geplante Betäubung habe ich gesehen und verstanden.

- I deliberately waive my rights to more detailed explanations.** However I hereby confirm that I have been informed by the attending physician of the type and extent of the anaesthesia and of the fact that all anaesthesia procedures have their risks. I have completely answered the questions about my medical history to the best of my knowledge.

Ich verzichte bewusst auf eine ausführliche Aufklärung. Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über Art und Umfang der Betäubung 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 have no further questions and do not need any more time in which to think the matter over. I consent to the proposed anaesthesia procedure.** I also approve all required auxiliary and follow-up measures (e.g. injections, monitoring). My approval also covers any required changes or extensions of the procedure, e.g. delivery under general anaesthesia or combination with another anaesthesia procedure.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme dem vorgeschlagenen Betäubungsverfahren zu. Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen (z.B. Einspritzungen, Überwachungsmaßnahmen) ein. Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z.B. der Entbindung in Narkose oder der Kombination mit einem anderen Betäubungsverfahren.

- I affirm that I am in a position to follow the medical instructions I have received in regard to what is expected of me.
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:

Email (E-Mail-Adresse)

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

Signature of the expectant mother / her legal guardians*
[Unterschrift der werdenden Mutter/Erziehungsberechtigten*/Betreuer/Vormund]

Copy/Kopie: received/erhalten

waived/verzichtet

Signature of the expectant mother/her legal guardians
[Unterschrift der werdenden Mutter/Erziehungsberechtigten*/Betreuer/Vormund]

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