

REMOVAL OF APPENDIX (APPENDECTOMY) ENTFERNUNG DES WURMFORTSATZES (APPENDEKTOMIE)

Information and medical history for patients in order to help them prepare for an talk with the doctor

Klinik / Praxis:



Data about the patient: Patientendaten:

englisch

The procedure is planned for (date): Der Eingriff ist vorgesehen am (Datum):

Dear patient, dear parents,

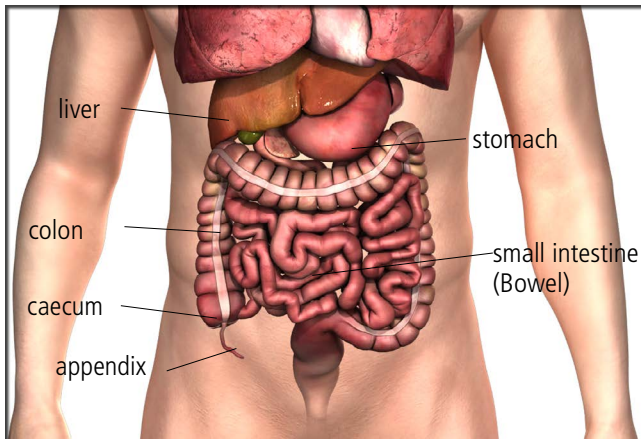
your symptoms/your child's symptoms point to an acute or chronic inflammation of the appendage of the caecum, generally known as appendicitis. Since there is a risk of rupture we recommend to have a surgical removal of the appendage of the caecum. The following information is meant to prepare you for the information talk with your physician. During this talk your physician will explain to you all the advantages and disadvantages of the planned measures versus alternative methods and inform you about the risks. He will answer your questions to reduce fear and worries. Finally, you can give consent to the suggested surgery or refuse it. After the talk you will receive a copy of this completed and signed information sheet.

POSITION AND FUNCTION OF THE APPENDIX

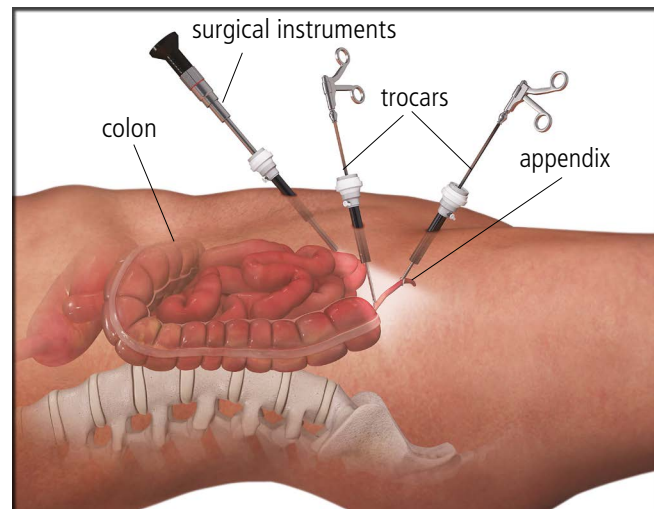
LAGE UND FUNKTION DES WURMFORTSATZES

The appendage of the caecum (appendix) is a 5-10 cm long eversion of the caecum and is positioned in the lower right abdomen (belly). It mainly consists of lymphatic tissue and supports the immune regulation. According to latest knowledge, this function of the appendix has become obsolete due to good hygienic conditions. Nevertheless, it is now known to function as a niche for the bacterial enteric flora in case of bad diarrhea. If the appendix is inflamed, it will lead to an appendicitis.

In rare cases, a malign tumor of the appendix (appendix carcinoma) may occur. The surgical removal of the appendix is called appendectomy. The removal has no negative effects on the immune system or the digestive system.



is inserted for the laparoscopy camera. Then, your belly will be filled with carbon-dioxide gas and the interior will be looked over via a small video camera. Then, 2-3 further trocars are inserted through further little cuts. Through these, any instruments needed for the surgery will be inserted.



For the removal of the appendix the respective blood vessels will be staunched and cut, then its base near the caecum will be exposed and clipped. After removal of the appendix from the abdominal cavity, the area of surgery will be thoroughly rinsed and potential bleeding spots checked. In cases of extensive inflammation or rupture of the appendix a further rubber tube might be placed to ensure complete drainage of the rinsing liquid. This tube is usually removed the day after surgery.

In specific situations, a minimally invasive surgery can not be performed (e.g. in case of adenoids after previous surgeries). In such a case, open surgery with an abdominal incision has to be undergone.

PROCEDURE OF SURGERY ABLAUF DER OPERATION

The surgical removal of the appendix can be done in two ways: the conventional way is by a small cut of the abdomen (usually the right abdomen) or the minimally invasive way by laparoscopy. Nowadays, the standard procedure is surgery by laparoscopy. Through a 1-2 cm small cut near the navel, a small tube (trocar)

POTENTIAL EXTENSION MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

Complications, such as severe bleeding or difficult situations in the surgical area, render surgery by laparoscopy impossible and request the change to an open surgery with a larger abdominal incision.

ALTERNATIVE PROCEDURE ALTERNATIV-VERFAHREN

In case of minor inflammation of the appendix a therapy with antibiotics can be tried. In case of a major inflammation of the appendix surgery can not be avoided. Your surgeon will explain to you why he recommends the appendectomy as the best suited procedure in your case.

ADVICE CONCERNING PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please, follow the surgeon's and assistant's advice strictly. If nothing else is arranged, please note the following advice:

Preparation:

Intake of medication: it is important to inform your surgeon about the medication you take on a regular basis or inject (especially anticoagulants such as Aspirin® (ASS), Marcumar®, Heparin, Plavix® etc.) as well as the drugs you took on an irregular basis in the 8 days before surgery. This includes all over-the-counter drugs and herbal medication. Your surgeon will inform you if and for how long you should discontinue the intake of these drugs.

Aftercare:

Pains after surgery can be eased off by medication. Pain in the shoulder can be due to the inserted gas and the drainage, but will diminish soon. The drainage is usually removed the following day.

During the 4 hours following surgery, you should not eat or drink anything. Then the gradual intake of food and drink will be started according to the surgeon's advice.

Depending on the severeness of the inflammation you will get antibiotic prophylaxis for a certain time. Should this be in form of pills, please make sure you take them according to instruction.

To avoid incisional hernia, avoid lifting things heavier than 5-10 kilos for the 3-4 weeks following surgery. Stitches can either remain or be removed after 10-14 days.

After removal of the appendix no further specific diet has to be followed.

RISKS, POTENTIAL COMPLICATION AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND

It is generally known **that any medical procedure**, such as the removal of the appendix entails some risks. Should any complication arise, additional measures or surgery might be necessary. In the extreme case it could be **life-threatening** or cause permanent damage. Please, bear with us that for legal reasons we have to inform you about any risks concerning the surgery, even if they occur only in exceptional cases. Your surgeon will inform you in more detail about your potential risks. Nevertheless, you can renounce detailed information. In that case, you may skip the chapters on risks and confirm this at the end of the information talk.

General risks:

Allergic reactions (intolerance reactions) e.g. towards medication (antibiotics, painkillers) or disinfectant are seldom. Rash, itching, swelling and also nausea and coughing may arise. These usually disappear without treatment. Serious reactions, such as breathlessness, cramps, rapid heartbeat or circulatory shock are rare. Due to reduced circulation – in spite of intensive medical care – there might occur temporary or permanent damage to organs, such as e.g. brain damage, paralysis and kidney failure.

Bleeding is usually detected immediately and then staunched.

In rare cases, there might be later bleeding which would require surgery anew in the worst case. Should there be **intense bleeding, blood transfusion** might be required. Thereby, infections due to germs such as e.g., in rare cases, hepatitis-virus (causer of harmful liver inflammation), very seldom HIV (causer of AIDS), BSE (causer of a variant of Creutzfeldt-Jakob) or other dangerous – possibly unknown – germs may occur.

During or after surgery, a blood clot (**coagulum**) may occur and cause vascular occlusion. A blood clot can also be shifted and thereby block the blood vessels of other organs (**embolism**). Despite treatment, embolism of the lungs, stroke or kidney failure with permanent damage might occur. If anticoagulants are administered as a precaution, the risk of bleeding increases. When administering Heparin, the likelihood of a **serious disorder of coagulation** (HIT) is higher. That means, the risks of thrombosis and thereby vascular occlusion rise.

Infections, e.g. around the surgical wound or around the insertion point of injection needles with necrotizing of tissue (necrosis) and scar formation, syringe abscess or vein inflammation (phlebitis) occur rarely. In most cases, infections can be successfully treated with antibiotics. In cases of prolonged inflammation of the appendix the risk of infection is higher and a peritonitis or pus formation might occur, which could require a further surgery or a discharge of the pus by means of a drainage. Should there be a spreading of germs into the blood vessels, blood poisoning (sepsis) or inflammation of the inner tissue of the heart (endocarditis) could be caused. Intensive medical treatment would then be necessary. In very rare cases an infection can lead to death despite treatment efforts.

Damaging of the skin, soft tissue resp. nerves (e.g. due to injections, disinfectant, use of electrical surgical tools or despite correct positioning) are rare. Disorder of sensation, numbness, paralysis and pain can occur. They are in most cases temporary. Permanent damage to nerves or scars are extremely rare.

Small nerves of the skin, clipped during surgery may lead to temporary, in rare case **permanent numbness** around the surgery scar.

In case of **delayed healing of the wound**, especially with people who tend to have impaired wound healing, cosmetically troubling scar formation and growth (keloids) may occur. A correcting surgery may then be necessary.

Specific risks:

Injury to **neighbouring organs** such as the colon or small intestines are rare, to the pancreas, spleen, diaphragm, liver, gall bladder, urinary bladder or stomach are extremely rare.

The gas passed into the abdomen can – in extremely rare cases – enter the chest cavity, press on the lungs (**pneumothorax**) or cause breathlessness. The gas will be aspirated by means of a puncture or drainage.

Should gas enter the blood vessels, there might occur a **gas embolism**.

Due to the pressure of the gas, intestinal activity (bowel function) can be affected. A permanent **paralysis of the intestines**, e.g. after some **injury to the nerves**, is extremely rare.

On a longer term, there might be unnatural **faecal fistula** between the intestines and other organs or on the body surface. Surgery will then be required.

An **occlusion of vessel** stumps or the caecum can leak and thereby cause peritonitis or internal bleeding. Even years later, adhesions (growth) in the abdomen might cause discomfort, even bowel occlusion and will then require surgery.

Incisional hernia, which may occur after open surgery, in rare cases after laparoscopy, will have to be closed surgically, if necessary.

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 treatment 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** _____

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, Xarelto®, Pradaxa®.

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, Xarelto®, Pradaxa®.

Other: Sonstiges: _____
 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? Wenn ja, bitte auflisten:

If so, which ones: _____

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

Have you ever had surgery on the abdomen? yes no

Wurden Sie schon einmal am **Bauchbereich** operiert?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____
 Wenn ja, welche?

Are you pregnant? not certain *nicht sicher* yes no

Besteht eine Schwangerschaft?

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

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

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

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

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

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), 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: _____

Kidney diseases? yes no

Kidney insufficiency, kidney inflammation, kidney operations, kidney or ureter stones,

blood in the urine, plasmocytoma.
Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung, Nieren-OP, Nieren-oder Harnleitersteine, Blut im Urin, Plasmozytom.

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.

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

Other: _____
 Sonstiges: _____

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

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (heavy snoring), vocal cord/diaphragm paralysis.

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

Other: _____
 Sonstiges: _____

Metabolic diseases? yes no

Diabetes (sugar sickness), gout.
Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Other: _____
 Sonstiges: _____

Liver diseases? liver inflammation. yes no

Lebererkrankungen? Leberentzündung.

Other: _____
 Sonstiges: _____

Gastrointestinal diseases? yes no

stomach ulcer, inflammatory diseases of the bowel, duodenal ulcer.

Magen-Darm-Erkrankungen? Magengeschwür, entzündliche Darmerkrankung, Zwölffingerdarmgeschwür.

Other: Sonstiges: _____

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.
Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Other: Sonstiges: _____

Do you have a malignant tumour (cancer)? yes no
Leiden Sie an einer Tumorerkrankung (Krebs)?

Are you receiving or have you received chemotherapy? yes no

Erhalten oder erhielten Sie eine Chemotherapie?

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____
 Bitte kurz beschreiben: _____

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

Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

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

Planned surgery Vorgesehene Operation

- laparoscopic appendectomy
laparoskopische Gallenblasenentfernung
- conventionel (open) appendectomy
konventionelle (offene) Gallenblasenentfernung

Capability to give wilful consent: Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making a decision on the recommended procedure by himself/herself and issuing its consent for the procedure. Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by a carer, resp. the child by the parents/guardian. This person is capable of making a decision in terms of the patient. Der/Die Patient/in wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten/des Kindes zu treffen.

City, date, time [Ort, Datum, Uhrzeit]

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

Refusal by the patient Ablehnung des/der Patienten/in

Mrs/Mr Dr. _____ informed me in detail about the suggested surgery and the resulting negative effects due to my rejection. I understood the information relating to this and could discuss my insights on this information with the surgeon. I hereby declare that I reject the suggested surgery. Frau/Herr Dr. _____ hat mich umfassend über den bevorstehenden Eingriff 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 die mir vorgeschlagene Operation ab.

City, date, time [Ort, Datum, Uhrzeit]

Signature of the patient/guardian/tutor/possible witness
[Unterschrift der Patientin / des Patienten / Betreuer / Vormund / ggf. des Zeugen]

Statement and consent of the patient

Erklärung und Einwilligung des/der Patienten/in

Please tick the appropriate fields and confirm your statement with a signature: Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- I declare, hereby, that I have understood all parts of the information talk.** The information sheets (4 pages) I have read completely. During the talk Mr/Ms _____ informed me about the procedure of the planned surgery, the risks, complications and side effects and about the pros and cons of alternative methods.

Diesen Aufklärungsbogen (4 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. _ wurde ich über den Ablauf der geplanten Operation, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

- I renounce deliberately detailed information.** I declare that, nevertheless, the surgeon in charge informed me about the necessity of the surgery the kind and extent as well as possible risks of the treatment.

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 der Eingriff Risiken birgt, informiert wurde.

I hereby assure that I have no further questions and do not need further time for consideration. I agree with the suggested surgery. I also agree with any necessary lateral or follow-up measures. The questions to my anamnesis I have answered in all conscience.

Ich versichere, dass ich **keine weiteren Fragen** habe und **keine zusätzliche Bedenkzeit** benötige. **Ich stimme der vorgeschlagenen Operation zu.** Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen ein. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet. Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z.B. Wechsel auf die offene Operation.

I assure that I am capable of following medical advice.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

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

E-Mail-Adresse

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

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

- Copy/Kopie: received/erhalten
 waived/verzichtet

Signature of patient/legal guardian(s)
[Unterschrift Patient/in/Eltern/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.