

Clinic / Doctor:



Patient data:

englisch

Procedure scheduled to take place on (date):

Dear patient, dear parents,

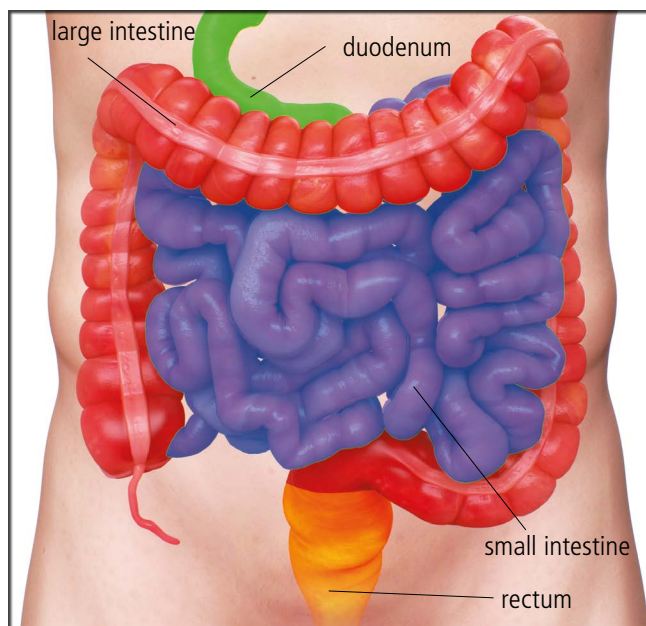
you have/your child has been diagnosed with an illness of the small intestine (jejunum or ileum), the large intestine (colon) and/or the lower part of the large intestine (rectum), and your doctor has recommended surgery.

This form will serve 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 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 procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

FUNCTION OF THE SMALL AND LARGE INTESTINE AND THE RECTUM

The intestines connect directly to the stomach with the first portion of the small intestine (duodenum) followed by the small intestine itself (jejunum and ileum). The small intestine then connects to the large intestine with the appendix (caecum) on the right side of the abdomen. Here, the so-called Bauhin valve is located, which keeps food mass from flowing back into the small intestine. The large intestine connects to its final portion (rectum), ending with the anus.

Digestion and absorption of nutrients and water mainly take place inside the small intestine. The large intestine contains bacteria (the so-called intestinal flora), which split up dietary fibres so they can be processed.



The lower part of the large intestine serves as a reservoir in which stool can remain for several days before it is discharged through the anus.

The large intestine and its lower part are non-essential parts of the digestive tract. If the large intestine is surgically removed in part or even as a whole, the remaining sections of the intestinal tract can take over most of its functions.

ILLNESSES OF THE INTESTINES

Certain illnesses of the intestines require surgical removal of intestinal sections or the complete removal of the large intestine and/or the rectum in order to treat your symptoms effectively or to prevent other complications. Surgery is planned in your case due to the following illness:

- diverticular disease** (diverticulosis/diverticulitis)
Divertikelkrankheit
- intestinal rupture** (perforation)
Darmdurchbruch (Perforation)
- intestinal obstruction** (stenosis)
Darmverschluss (Stenose)
- bowel polyps** (polyposis) Darmpolypen (Polyposis)
- Crohn's disease** Morbus Crohn
- ulcerative colitis** Colitis ulcerosa
- decreased blood flow to the intestines** (intestinal ischaemia) Minderdurchblutung des Darms (Darmischämie)
- congenital spasticity of the colon** (Hirschsprung's disease) Angeborene Darmspastik (Morbus Hirschsprung)
- acute inflammation of the colon** (toxic megacolon) Akute Dickdarmentzündung (Toxisches Megakolon)
- Other:** Sonstiges:

AVAILABLE TREATMENT METHODS

Surgical removal of parts of the intestines can basically be carried out in two different ways:

Laparoscopy Bauchspiegelung (Laparoskopie)

With this minimally-invasive operation method, larger skin incisions are unnecessary and smaller incisions are made to access the abdominal cavity. First of all, a needle is inserted through the abdominal wall via a small incision in the navel area or the first sheath (trocar) is inserted immediately. Through it, carbon dioxide gas is then injected into the abdominal cavity (pneumoperitoneum). This will lift the abdominal wall from the internal organs. Through additional small incisions, further sheaths, an optical instrument with a camera and surgical instruments (scissors, grasping forceps, instruments for ablation) can then be inserted to be used during the procedure. Any tissue that has been cut out can be removed through the small incisions, which may have to be widened a little for this purpose.

After the procedure is finished, the gas will be released and the incisions will be sutured. The advantages of laparoscopy are speedier wound healing and sometimes also better visual control for the doctor thanks to the enlarged view provided by the camera and optical instrument. The procedure may also be robot-assisted.

Abdominal incision (laparotomy) Bauchschnitt (Laparotomie)

A vertical abdominal incision is usually made. The doctor then carries out the planned procedure. At the end of the surgical procedure, the abdominal wall will be sutured.

Procedure carried out through the anus
(Transanal endoscopic microsurgery (TEM))

Behandlung über den After (TEM)

With this method, growths of the mucous membranes or preliminary stages of cancer such as polyps can be removed through the anus. This type of procedure is relatively gentle and makes use of the natural body orifice of the anus as an access route for surgery. During this procedure, the anal canal is widened and the special TEM instrumentarium is inserted via a rectoscope. The affected area of mucous membrane can be removed extensively with this technique.

Depending on the type of disease and its extent, the affected sections of the intestines will be operated on. In some cases, a colostomy may be required temporarily or permanently. Your doctor will discuss this in more detail with you. The following procedure is planned in your case:

Removal of a part of the intestines (segmental resection) Entfernung eines Darmabschnittes

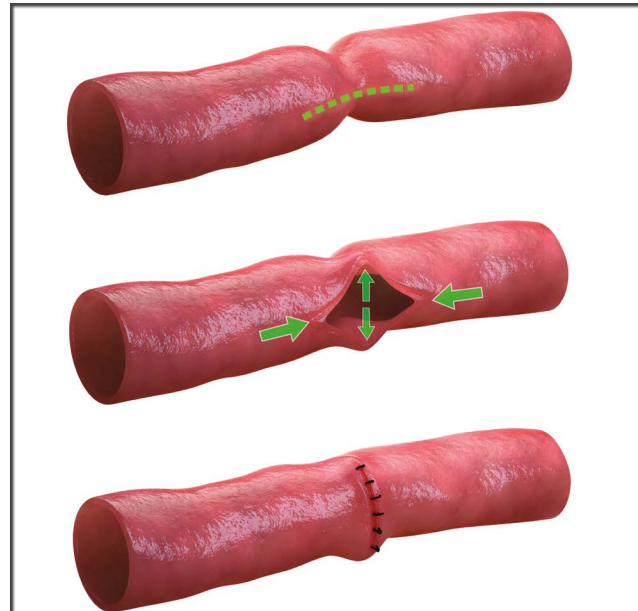
If an isolated area of the intestines is affected by an illness, it will often suffice to only remove the affected segment and reconnect the severed ends with each other.

Removal of the transitional area between large and small intestine (ileocaecal resection) Entfernung Übergang Dick-/Dünndarm

With this procedure, the final section of the small intestine as well as the first part of the large intestine including the transitional area with the Bauhin valve are removed. The two severed ends can usually simply be reconnected, colostomy will rarely be required.

Opening of strictures (stricturotomy) Beseitigung von Engstellen

Inflamed narrowed areas of the intestines (so-called strictures) in particular can be widened using this procedure. The affected area of the intestines is opened vertically and then sutured horizontally, allowing for a widening of the internal section of intestines in this location. No intestinal tissue is removed in this procedure.



Excision of half of the colon (hemicolecotomy)

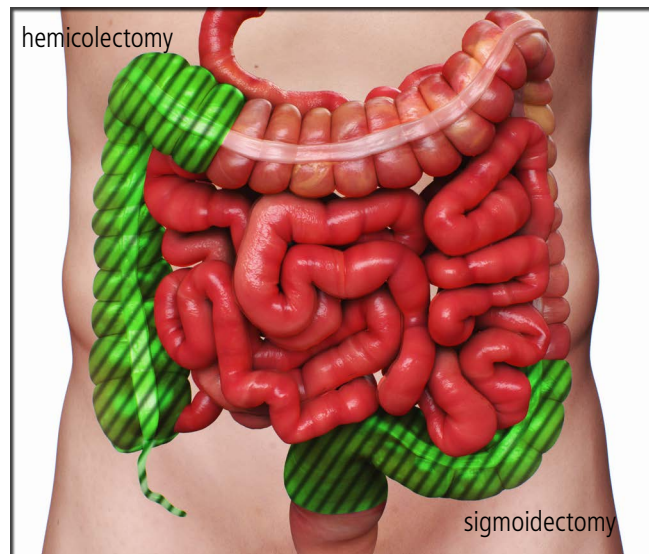
Entfernung des halben Dickdarms

Either the right or the left part of the colon including parts of the transverse colon are removed in this procedure. The two severed ends can usually simply be reconnected.

Removal of final part of the colon (sigmoidectomy)

Entfernung Endstück des Dickdarms

The s-shaped part of the colon on the left side of the abdomen is removed in this procedure. The two severed ends are reconnected if possible.



Removal of the colon (colectomy) Dickdarmentfernung

Extensive illnesses of the colon such as polyposis often require the removal of the entire colon. The two severed ends are reconnected if possible.

Removal of the rectum (proctectomy) Enddarmentfernung

The rectum is removed in whole or in part in this procedure. The two severed ends are reconnected if possible. A colostomy may be required (usually temporarily).

Removal of the colon and rectum (proctocolectomy)

Entfernung Dick- und Enddarm

Extensive illnesses of the colon such as ulcerative colitis require the removal of the entire colon and rectum. The small intestine is connected with the anal canal. In order to create a reservoir for stool, a so-called pouch will be constructed from the small intestine if possible in order to allow the patient to have control over defecation and help reduce the frequency

of defecation. This usually calls for temporary colostomy to protect the sutured connection.

Colostomy (stoma) Künstlicher Darmausgang

temporary vorübergehend **permanent** dauerhaft

Colostomy is the construction of an artificial anus on the abdominal wall which allows for intestinal contents to be removed from the body.

Either an end colostomy or a double-barrel transverse colostomy will be constructed, meaning that only one end of the intestine will be brought to the surface of the body or two openings will be brought to the surface. A double-barrel transverse stoma is usually constructed on a preceding section of the colon in order to allow for the affected area to heal and can often be moved back after the healing process is completed.

Other: _____

POSSIBLE ADDITIONAL MEASURES

Difficult conditions in the surgical area (e.g. adhesions) or complications such as severe bleeding will sometimes render a laparoscopy procedure impossible, calling for a switch to open surgery with a larger abdominal incision.

Even if it was not planned to begin with, it may become necessary to create a temporary or even permanent colostomy. This applies in particular to cases in which the extent of the illness affecting the intestines cannot be precisely assessed prior to the surgical procedure. Complications may also require subsequent colostomy construction.

ALTERNATIVE METHODS

Inflammation of the intestines can often be treated with antibiotics and a dietary regimen or with medication suppressing the inflammatory response. Relieving the strain on the colon and intensive medical care including electrolyte and fluid balancing can be attempted in certain cases.

In the case of strictures, influencing the stool consistency through a diet, ingestion of fluids and medication can be used to improve passage. However, if conservative treatment methods are unsuccessful and inflammation or complications occur repeatedly, surgery will be required. Your doctor will explain to you why he would recommend the removal of a part of the intestines in your particular case.

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

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 irregularly 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.

Aftercare:

Post-surgical **pain** can usually be **alleviated with medication**. Shoulder pain may occur as a result of the gas used for laparoscopy or the drains inserted to facilitate the draining of wound secretion.

After surgery, you will have to **refrain from food and drink for only a short period of time**. After that period of time, diet progression can commence swiftly in accordance with your doctor's instructions.

You may receive **antibiotics as a precautionary measure** for a certain period of time. If you are to take medication after the operation, please take it conscientiously.

To prevent incisional hernia, please refrain from **lifting loads** heavier than 5-10 kilos. The **suture material** can either **remain** or the stitches will be **removed** after 10-14 days. Sometimes absorbable suture materials are used.

For the purpose of **stool regulation**, you may have to keep a **diet** or take **medication** or **dietary supplements**.

If you receive a **colostomy**, we will instruct you regarding its **handling** and **care**.

Please inform your doctor immediately should you experience **fever, intense abdominal pain, nausea, unusual diarrhoea, blood in your stool, constipation** or other irregularities.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

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. 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. 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.

Injuries of neighbouring organs such as the pancreas, spleen, diaphragm, gall bladder, bladder or stomach are very rare. If **severe bleeding**, occurs as a result of an injury of the spleen, the **spleen** may have to be **removed**.

Bleeding is usually noticed immediately and can then be stopped. On very rare occasions, postoperative bleeding may occur, requiring an additional surgical intervention at worst. 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.

Injuries of any **nerves** in the surgical area may result in temporary or rarely permanent bladder emptying disorder or erectile dysfunction (less firm erection).

Injury of a seminal duct can result in a **loss of fertility in men** if the other seminal duct was already no longer intact. If a couple still wants to have children later on, sperm can be conserved through freezing prior to the operation. Please consult your doctor regarding this matter.

Through the surgical procedure, **the pressure inside the abdominal cavity may increase**, leading to impaired blood circulation of the abdominal organs (compartment syndrome). Surgery to relieve the pressure involving the opening of the abdomen can then be required.

A **swelling of the intestines** can lead to temporary **obstruction of stool passage**. Temporary insertion of feeding tubes into the stomach and artificial feeding may then be required.

In some cases, a temporary **paralysis of the gastrointestinal tract** may occur after surgery. Laxatives can usually help alleviate this problem.

The intestinal sutures may **leak**. If intestinal contents then leak into the abdominal cavity, **life-threatening inflammation of the**

abdominal lining (peritonitis) or **abscesses** may result. Subsequent surgery or the insertion of rinsing drains may then be required.

Impaired blood circulation can lead to the **death** of further **intestinal sections**, which will then have to be surgically removed.

If complications occur, a temporary or permanent **colostomy** may be required.

Infections can usually be treated with antibiotics. If the intestines were already inflamed, the risk of infection is increased and an inflammation of the abdominal lining (peritonitis) may result. Germs may be introduced into the bloodstream, leading to **life-threatening blood poisoning** (toxaemia).

Allergic reactions, for instance to 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, paralyses or kidney failure requiring dialyses.

Sometimes **blood clots (thromboses)** may form during or after the operation, causing obstruction of a blood vessel. Such blood clots may also travel to other parts of the body and block the vessels of other organs (**embolism**). This may then lead to e.g. **stroke**, **kidney failure requiring dialysis** or **lung embolism** and result 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.

Damage to the skin, soft tissue or nerves (e. g. through injections, disinfectants, the use of electrosurgical instruments or despite proper positioning) is rare. Sensory disturbance, numbness, paralysis and pain may then result. They are usually temporary. Permanent nerve damage or scars are very rare.

Small nerves in the skin can be severed during surgery and lead to temporary or, in rare cases, even **permanent numbness** around the surgical scar.

Bruising (haematomata) occasionally occurs. This may lead to firm, painful swelling. Most of the time, this will disappear after a few days or weeks even without treatment.

With patients predisposed to delayed wound healing or **wound healing disorder**, painful scarring and abnormal proliferation of scar tissue (keloids) may occur. This may require corrective surgery.

In the long-term, unnatural connections (**stool fistulas**) between the intestines and other organs or the body surface may form. Surgical intervention will then be required.

An **opening of the surgical wound** or **incisional hernias**, which are most likely to occur as a result of open surgery, will have to be closed surgically.

Adhesions inside the abdominal cavity or **scarred narrowing** of the suture on the intestine may lead to symptoms even years

after the procedure, sometimes even resulting in obstruction of the bowels; they will then have to be removed surgically.

Depending on how much of the intestines had to be removed, **diarrhoea** and **high bowel movement frequency** may result, which can reduce the patient's quality of life significantly. Medication can then be administered to try and normalise the bowel movements.

In particular if large sections of the small intestine were removed, a so-called **short bowel syndrome** may result. This may require permanent intravenous administration of fluids and nutrients.

If an **artificial stool reservoir** (pouch) has been constructed, it may result in **problems defecating** or in **chronic inflammation**.

Specific risks related to minimally invasive surgery

In extremely rare cases, the gas injected into the abdominal cavity during the procedure can enter the chest cavity and push aside the lungs (**pneumothorax**), leading to shortness of breath. The air will then have to be removed through puncture or insertion of a drain.

If the gas enters a blood vessel, it may lead to dangerous **gas embolism** as a result.

Intestinal function may be impaired for some time as a result of the pressure created by the injected gas. Permanent **intestinal paralysis**, however, for instance as a result of **nerve injury**, is extremely rare.

The injected carbon dioxide gas can lead to **hyperacidity of the blood** and thus to **strain on the heart**.

Specific risks related to colostomy

If **lack of blood flow** to the mucous membrane of the stoma occurs, surgery to repeat the implanting of the intestinal ends into the abdominal wall may be required.

Over the course of months or years, the stoma may become more and more narrow (**stoma stenosis**), which will often require additional surgery.

An **abdominal wall hernia** may occur around the stoma, requiring surgical intervention.

If the bowel repeatedly protrudes through the stomal opening in the skin (**stoma prolapse**), surgery may be required.

If the stoma could not be constructed as intended, its location on the abdominal wall may **not be ideal with regard to its management**.

Specific risks related to treatment via the anus

The widening of the anal canal may result in **bowel incontinence** after surgery. However, this usually disappears without treatment.

If during the removal of diseased tissue an unintended **puncturing of the intestinal wall** (perforation) occurs, it may lead to inflammation of the abdominal lining (peritonitis) and require additional surgery via an abdominal incision.

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 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.

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), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efient®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Angaben zur Medikamenteneinnahme: Werden regelmäßig blutgerinnungshemmende Mittel benötigt oder wurden in der letzten Zeit (bis vor 8 Tagen) solche eingenommen/ge-spritzt? Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efient®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Any other: _____
Sonstiges:

When was the last dose taken? _____

Wann war die letzte Einnahme?

Do you take any other medications? yes no

Werden andere Medikamente eingenommen?

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.)

Have you ever had surgery on the abdomen? yes no

Wurden Sie schon einmal im Bauchbereich operiert?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____

Wenn ja, welche?

Are you pregnant? not certain yes no
Sind Sie schwanger? nicht sicher

Do you drink alcohol regularly? yes no

Trinken Sie regelmäßig Alkohol?

If so, what and how much: _____

Wenn ja, was und wie viel:

Do you have or have you ever had any of the following diseases: Liegen oder lagen nachstehende 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/Bluterinnungsstörung? 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/Bluterinnungsstörungen?

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:

Gastrointestinal diseases? yes no

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

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

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, Herzmuskelentzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfader, 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 (intense snoring with breathing interruptions), vocal cord/diaphragm paralysis.

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

Any other: _____

Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____

Sonstiges:

Kidney diseases? yes no

kidney insufficiency, kidney inflammation, Kidney operations, Plasmocytoma, Kidney or ureter stones, Blood in the urine.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung, Nieren-OP, Plasmocytom, Nieren-oder Harnleitersteine, Blut im Urin.

Any other: _____

Sonstiges:

Liver diseases? Liver inflammation. yes no

Lebererkrankungen? Leberentzündung.

Any 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?

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Sonstiges:

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 Alternativmethoden, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

- Laparoscopy** Bauchspiegelung (Laparoskopie)
- Abdominal incision (laparotomy)** Bauchschnitt (Laparotomie)
- Procedure carried out through the anus** Behandlung über den After (TEM)
- Removal of a part of the intestines** Entfernung eines Darmabschnittes
- Removal of the transitional area large/small intestine** Entfernung Übergang Dick-/Dünndarm
- Opening of strictures** Beseitigung von Engstellen
- Excision of half of the colon** Entfernung des halben Dickdarms
- Removal of final part of the colon** Entfernung Endstück des Dickdarms
- Removal of the colon** Dickdarmentfernung
- Removal of the rectum** Enddarmentfernung
- Removal of the colon and rectum** Entfernung Dick- und Enddarm
- Colostomy** Künstlicher Darmausgang
- temporary** vorübergehend **permanent** dauerhaft
- Other:** _____

Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is **capable of making a decision** on the recommended procedure on his/her own and giving his/her consent for the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- 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, time [Ort, Datum, Uhrzeit]

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

Patient's refusal Ablehnung

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 procedure suggested to me.
Die Ärztin/der Arzt hat mich umfassend über die vorgeschlagene Maßnahme und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne die mir vorgeschlagene Maßnahme ab.

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

Refusal of the patient / parent(s)* / legal guardian(s) / witness, if any
(Ablehnung Patient / Eltern* / Betreuer / Vormund / ggf. des Kindes / ggf. des Zeugen)

DECLARATION OF CONSENT

Einwilligungserklärung

Please tick the appropriate boxes and confirm your statement with your signature below:

- I hereby confirm that I have understood all sections of this form.** I have read the entire form (6 pages). During the pre-procedure interview with the doctor _____, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (6 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I deliberately refrain from obtaining a more detailed explanation.** However, I hereby confirm that the doctor _____ instructed me regarding the necessity of the procedure, its type and scope as well as the fact that all medical 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 Maßnahme, deren Art und Umfang sowie über den Umstand, dass alle medizinischen Maßnahmen Risiken bergen, informiert wurde.

I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the procedure proposed. I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Maßnahme zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I confirm that I am capable of following the instructions given to me by my doctor.

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 address [E-Mail-Adresse]

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

Signature of the patient / parent(s)* / legal guardian(s) [Unterschrift Patientin / Patient / Eltern / Betreuer]

Copy/Kopie:

- received/erhalten
 waived/verzichtet

Signature Copy received/waived
Kopieerhalt/-verzichtet

*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.

