OPERATIONS FOR MALIGNANT DISEASE OF THE INTESTINES
OPERATIONEN BEI BÖSARTIGEN DARMERKRANKUNGEN

Information and medical history for patients for preparation of the required pre-procedure interview with the doctor

englisch

Clinic / Doctor:

Ammerland Klinik GmbH ...wir für Sie

Patient data:

Procedure scheduled to take place on (date):

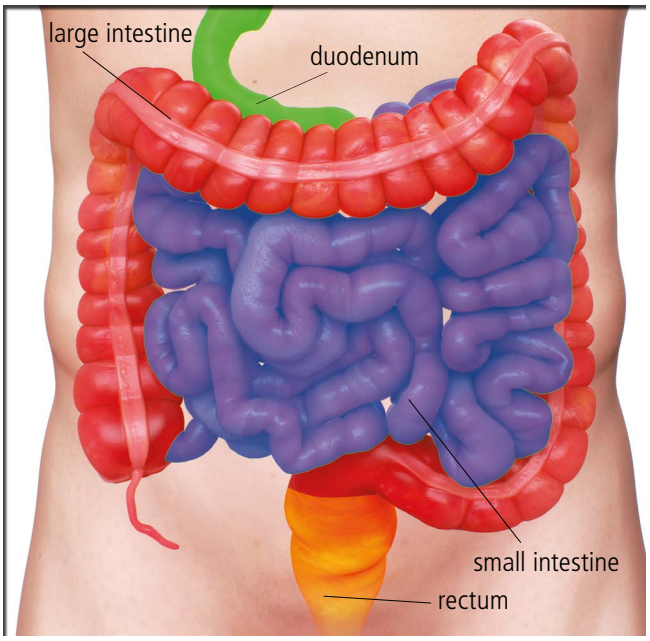
Dear patient,

you have been diagnosed with a malignant disease of the small intestine (jejunum or ileum), the large intestine (colon), the lower part of the large intestine (rectum) or the anal canal, 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.



Finding/intestinal section to be removed to be marked here

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.

MALIGNANT DISEASES OF THE INTESTINES

If the mucous membrane of the intestines is altered by a malignant disease, this tumour can have dangerous consequences. Acute dangers include obstruction of the bowels caused by the tumour, bleeding or even intestinal rupture (perforation). If a malignant tumour continues to grow unchecked, it will damage surrounding organs and form metastases in further distant organs, which can ultimately result in the patient's death.

With most malignant tumours of the intestines, surgery is the best therapy method. It is important though for the tumour and the surrounding tissue to be removed early on and with a safety margin. Local metastases spread via the lymphatic system which runs alongside the supplying arteries, which is why those arteries and lymph nodes must also be removed during the surgical procedure.

Depending on the finding, chemotherapy or radiation therapy may also have to be undergone after surgery.

In the area of the rectum as well as the anal canal, radiation and chemotherapy (neoadjuvant treatment) will be carried out prior to the actual surgery if the tumour has already reached a certain stage.

Your doctor will discuss the best options available to you in your particular case.

AVAILABLE TREATMENT METHODS

There are several surgical methods available for the removal of malignant intestinal tumours. What is most important is for a safety margin to be included as well as the supplying arteries

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and accompanying lymph nodes to be removed. This often means that even with a small tumour, relatively large sections of the intestines will have to be removed. Your doctor will select the surgical method most appropriate in your case and discuss the procedure with you.

☐ **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. The retrieval of the removed intestinal section and tissue, however, calls for a slightly larger incision (approx. 5-10 cm).

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
With this method, early-stage tumours 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 then inserted via a rectoscope. The affected area of mucous membrane can be removed extensively with this technique.

Depending on the location and size of the tumour, the neighbouring sections of the intestines will be removed along with the diseased parts. This procedure may call for temporary colostomy, also to protect the sutured connection. Sometimes, permanent colostomy may be required. Your doctor will discuss this in more detail with you. The following procedure is planned in your case:

☐ **Removal of the small intestine** (small bowel resection):
Entfernung des Dünndarms (Dünndarmresektion):
Tumours of the small intestine are very rare. If there is a tumour and surgery is necessary, the affected intestinal segment will be removed including a safety margin and the two severed ends will be reconnected.

☐ **Excision of half of the colon** (hemicolectomy)
Entfernung des halben Dickdarmes (Hemikolektomie)
Either the right or the left part of the colon including parts of the transverse colon are removed in this procedure. Depending on the location and size of the tumour, more extensive surgical intervention may be necessary; for instance the entire transverse colon or the entire colon may have to be removed.

The two severed ends can usually simply be reconnected, colostomy will rarely be required.

☐ **Removal of final part of the colon** (sigmoidectomy)
Entfernung Endstück des Dickdarms (Sigmaresektion)
The s-shaped part of the colon on the left side of the abdomen is removed in this procedure. The two severed ends can usually simply be reconnected, colostomy will rarely be required.

☐ **Removal of the colon** (colectomy)
Dickdarmentfernung (Kolektomie)
Often the removal of the entire colon will be necessary if there are several intestinal tumours or as a preventive measure in cases of familial predisposition. The two severed ends can usually be reconnected.

☐ **(Deep) removal of the rectum** (proctectomy)
(Tiefe) Enddarmentfernung (Rektumresektion)
During this procedure, part of the rectum or the whole rectum in the lesser pelvis is exposed and removed. It is very important to also remove the fatty and connective tissue along with the vessels and lymph nodes with the rectum.

The two severed ends can usually be reconnected. The deeper the surgical intervention has to enter into the lower pelvis, the more likely temporary colostomy construction will be required.

☐ **Removal of the rectum with the anal canal**
(rectum exstirpation, rectum amputation)
Entfernung des Enddarms mit Analkanal
If the tumour affects the anal canal or the anal sphincter or is too close to these structures, the entire rectum including the sphincter and the anal canal will have to be removed. It is very important to also remove the fatty and connective tissue along with the vessels and lymph nodes. In this case, a permanent end colostomy will be constructed and the pelvic base as well as the skin of the anus will be closed directly or covered with a skin-muscle graft. You may be informed separately regarding the skin-muscle graft procedure.

☐ **Colostomy** (stoma) Künstlicher Darmausgang (Stoma)
☐ **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:** Sonstiges

POSSIBLE ADDITIONAL MEASURES

If the tumour has already advanced and affects other organs (e.g. the bladder, prostate, ovary, uterus), they can be operated on or removed during the same procedure. Individual metastases of the liver can also be removed during the same procedure. The ultimate goal of the operation is a tumour-free state. If this cannot be achieved, the procedure will not be extended in order to enable the patient to undergo alternative therapy such as chemotherapy and radiation therapy within a short period of time.

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 tumour disease affecting the intestines cannot be precisely assessed prior to the surgical procedure. Complications may also require subsequent colostomy construction.

In order to avoid having to undergo a separate surgical procedure at a later point in time, we would ask you to already agree to any additional measures now.

ALTERNATIVE METHODS

With malignant intestinal tumours, surgery constitutes the therapeutic method with the best prospects for a full recovery. Additional therapeutic methods such as radiation or chemotherapy can improve the results. However, on their own, radiation or chemotherapy offer less favourable prospects for healing. Chemotherapy can, however, shrink a tumour which is already advanced and can not be removed entirely during surgery, so that subsequent surgery can then be useful again.

PROSPECTS OF SUCCESS

Intestinal tumours can often be healed through surgery if there were no metastases as of yet.

However, it may not always be possible to remove the tumour safely. Therefore, post-procedure check-ups are required since the tumour may reappear after some time (recurrence) despite the surgery having been successful.

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.

Prior to the procedure, the **intestines** are cleansed using an **enema**. You may be required, however, to drink a **laxative** as well as two to three litres of a special **rinsing solution** to purge your bowels. Your doctor will provide you with specific instructions regarding the purging of your bowels.

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.

Refraining from smoking will have a positive effect on the healing process.

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**. If an **injury of the bladder** occurs, the insertion of a permanent **catheter** may become necessary even if it was sutured. **Injury of the ureter** may call for **ureteral stent insertion**. If an **injury of the pancreas** occurs, it may lead to inflammation of the pancreas (**pancreatitis**) and to the formation of unnatural connections (**fistulas**).

In female patients, **injury of the uterus**, **ovary** or **fallopian tube** may occur, which can lead to **infertility**.

Injury of the **nerves** in the surgical area can lead to temporary or, rarely, permanent bladder emptying disorders, even to **incontinence**, the insertion of a permanent catheter to become necessary, to **erectile dysfunction** (less firm erection) or **disturbances of sexual sensation** in women or to ejaculation going into the bladder rather than in the direction of the penis tip (**retrograde ejaculation**).

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.

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.

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**. Insertion of feeding tubes into the stomach and artificial feeding may then be required.

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

The intestinal sutures may **leak** (anastomotic insufficiency). 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. With abscess formation, surgical treatment will be necessary. In rare cases, 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 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.

After lymph nodes have been removed, **lymphatic fluid** may **collect** in the abdominal area. Further measures (such as insertion of a drain) may then have to be taken.

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 a minimally invasive 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 injury of the mucous membrane and the sphincter, leading to **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/gespritzt? ☐ 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/Blutgerinnungsstörung? ☐ Erhöhte Blutungs-neigung (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, ☐ Herzmuskelentzündung, ☐ 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 (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, ☐ Plasmozytom, ☐ Nieren-oder Harnleitersteine, ☐ Blut im Urin.

Any other: _____
Sonstiges:

Liver diseases? ☐ Liver inflammation. ☐ yes ☐ no

Lebererkrankungen? ☐ Leberentzündung.

Any other: _____
Sonstiges:

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** (TEM)
Behandlung über den After

☐ **Removal of the small intestine** (small bowel resection):
Entfernung des Dünndarms (Dünndarmresektion):

☐ **Excision of half of the colon** (hemicolectomy)
Entfernung des halben Dickdarmes (Hemikolektomie)

☐ **Removal of final part of the colon** (sigmoidectomy)
Entfernung Endstück des Dickdarms (Sigmaresektion)

☐ **Removal of the colon** (colectomy)
Dickdarmentfernung (Kolektomie)

☐ **(Deep) removal of the rectum** (proctectomy)
(Tiefe) Enddarmentfernung (Rektumresektion)

☐ **Removal of the rectum with the anal canal**
Entfernung des Enddarms mit Analkanal

☐ **Colostomy** (stoma) Künstlicher Darmausgang (Stoma)
☐ **temporary** vorübergehend ☐ **permanent** dauerhaft

☐ **Other:** Sonstiges _____

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. These persons are capable of making a decision in the best interest of the patient.
Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitssorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten 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 patient / legal guardian / witness if applicable
[Ablehnung Patientin / Patient / Betreuer / ggf. des Zeugen]

DECLARATION OF CONSENT

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 / legal guardian(s) [Unterschrift Patientin / Patient / Betreuer]

Copy/Kopie:
☐ received/erhalten
☐ waived/verzichtet _____
Signature Copy received/waived
Kopieerhalt/-verzicht