

Clinic / Doctor:



Patient data:

englisch

on (date): \_\_\_\_\_

## Dear patient,

you are suffering from haemorrhoids and your doctor has recommended that you have them treated or operated on.

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.

### CAUSES OF HAEMORRHOIDS

Haemorrhoids are benign enlargements of the cavernous body between the rectum and the anus, an area strongly supplied with blood by arteries. The purpose of the cavernous body is to close off (flatulence and stool) the dry anus against the mucous-producing rectum. Every human has this haemorrhoidal cavernous body and needs it in order to stay continent. If a lot of pressure is used, for instance when your stool is very hard, the cavernous bodies may become larger with time. Only if these enlarged cavernous bodies cause discomfort does one refer to them as haemorrhoids. There are four levels/degrees.

**First-degree haemorrhoids** are neither palpable nor visible and can only be detected by means of an examination of the anus (proctoscopy). They are often noticed by the patient because they cause bleeding, itching or a sensation of pressure in the anus.

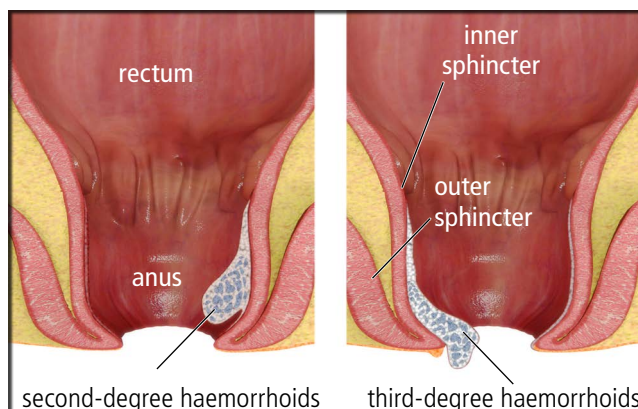
**Second-degree haemorrhoids** prolapse into the anus when pressing occurs, but retract spontaneously on their own. In addition to itching, they can also cause irritation of the skin in the anal area.

**Third-degree haemorrhoids** can protrude from the anus during defecation or even during light physical strain and can be pushed back inside. Apart from itching and irritation of the skin, they also cause the classical symptoms of stool smear and the feeling of incomplete emptying of the bowels.

**Fourth-degree haemorrhoids** permanently protrude from the anus and cannot be pushed back inside. They cause pain and incontinence in addition to the other aforementioned symptoms.

If haemorrhoids cause noticeable bleeding, an examination of the colon (coloscopy) should be carried out in order to exclude colon cancer or its preliminary stages.

Haemorrhoids have to be distinguished from other illnesses affecting the anal area, which are often wrongly called external or false haemorrhoids. Among them are varicose veins beneath the skin, painful blood clots (perianal venous thromboses) or harmless skin folds at the edge of the anus (anal skin tags).



### AVAILABLE TREATMENT METHODS

If and how haemorrhoids are treated depends on the individual symptoms of the patient as well as the degree of the haemorrhoids and must be discussed individually with the doctor. The following treatment methods are available:

#### Ablation/sclerotisation:

It involves the submucous injection of a solution near the supplying haemorrhoidal arteries, which will lead to the ablation of the haemorrhoids by causing a local inflammatory response accompanied by the formation of collagen, which will then lessen blood supply to the haemorrhoidal node, causing it to shrink. This procedure is carried out via a proctoscope, is nearly pain-free and can be done on an out-patient basis.

#### Barron's rubber band ligation:

Ligation involves the haemorrhoidal nodes or the supplying haemorrhoidal artery being pinched off elastically with a small, tight rubber band via an endoscope. As a result, the node will shrink, the dead tissue will fall off after one to two weeks and be ejected during defecation. This treatment is virtually pain-free and can be carried out on an out-patient basis without anaesthetisation.

### □ **Conventional surgery:**

These procedures are usually carried out under general or regional anaesthesia (e.g. caudal or spinal anaesthesia); in some cases, local anaesthesia may also be an option. Depending on the method used, the supplying artery is closed off and the protruding node is cut out with or without mucous membrane attached. The wounds can then remain open, be sutured, covered or plastically reconstructed. Each method has its own advantages and disadvantages, which your doctor will discuss with you.

### □ **Haemorrhoidal artery ligation:**

During this procedure, the branches of the supplying artery are uncovered and pinched off directly. This will lead to the haemorrhoids shrinking slowly. The relapse rate is high with this procedure compared to conventional surgery, but it involves less pain and can be repeated several times.

### □ **Stapled haemorrhoidopexy (Longo procedure):**

Using a special surgical instrument, a stapler, a circular strip of mucous membrane of the rectum is removed and the mucous membrane is then stapled. The stapling as well as the scarring will lead to the haemorrhoids retreating to their original position and to them shrinking. This technique is especially useful with advanced haemorrhoidal disease.

## **POSSIBLE ADDITIONAL MEASURES**

During the procedure, it may become apparent that the method to be used is impossible or wouldn't bring about the desired result. A different method may then have to be used, which could also result in a larger incision or an open wound.

In order to avoid having to undergo a separate procedure at a later point in time, please agree to any necessary changes or additional measures now.

## **ALTERNATIVE METHODS**

In the early stages of haemorrhoidal disease, a change in diet, stool regulation and medication alleviating the symptoms (suppositories, creams) can achieve an improvement. It is usually possible to postpone any kind of procedure then. However, these measures only serve to treat the symptoms, not their root cause.

Any surgical procedure has its advantages and disadvantages and has to be adjusted to the individual patient. Also, not every type of procedure can be used on every patient. Other treatment methods such as laser applications, infra-red coagulation therapy and modified surgical methods are available. Many surgical procedures can be carried out with the use of a laser, yet no significant advantage of laser procedures compared to other methods has been proven thus far.

## **PROSPECTS OF SUCCESS**

The prospects of success vary, depending on the treatment method used and the individual symptoms of the patient. Nevertheless, patients are usually symptom-free or at least notice significant improvement after the aforementioned procedures. Ablation or rubber band ligation sometimes does not result in any improvement. Generally, there is always a risk of a haemorrhoid reappearing.

## **DIRECTIONS FOR PREPARATION AND AFTERCARE**

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. You will be given additional pain medication if need be.

A **sensation of pressure in the anus** or an **urge to defecate** may persist for several hours or days after the procedure.

**Minor bleeding** is normal after haemorrhoid treatment.

If the procedure is to be carried out under a local anaesthetic or without anaesthesia, you do not have to **fast** prior to the procedure. You should refrain from eating and drinking for at least 4 hours after surgery. After that period of time, diet progression can commence in accordance with your doctor's instructions.

If it is to remain open until it has healed, the **wound** will have to be **rinsed or douched** several times a day, especially after defecating. Depending on your diagnosis and your overall health, you can do this yourself or will need assistance. Wound treatment should always be discussed with your doctor.

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

Please inform your doctor immediately or come to the clinic if you experience symptoms such as **excessive bleeding, pain or fever** after the procedure. These symptoms may require immediate medical attention. They may occur even days after the examination.

If you have had an **analgesic and/or sedative** administered to you, it is necessary for an adult to come and collect you if the procedure has been performed **on an out-patient basis**. Please also make sure there will be an adult at home to supervise you for the period of time recommended by your doctor. Since your reaction capacity will be impaired through the administration of analgesics and/or sedatives, unless otherwise instructed, you **must not actively participate in road traffic for a period of 24 hours after the procedure** (not even as a pedestrian) nor participate in any risky activities. You should also refrain from drinking alcohol and from taking any important personal or economic decisions during this period.

## **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.

Generally, neighbouring tissue and organs (such as muscles, nerves, vessels) are always at risk of being injured during a surgical procedure. **Nerve injuries** may lead to numbness or unrelenting pain. **Injuries of the sphincter** may result in **problems holding back stool (bowel incontinence)** after the procedure.

**Infections** of the surgical wound or at the site where injection needles were inserted, including syringe abscess, tissue death (necrosis) and scarring, rarely occur. In most cases, infections

can be treated successfully with antibiotics. Abscesses may have to be opened. Severe inflammation can lead to the formation of  **fistulas**  (unnatural connections to the body surface or to other organs such as the bladder). In rare cases, germs may be introduced into the bloodstream, leading to dangerous  **blood poisoning**  (toxaemia) or inflammation of the endocardium (endocarditis) as a result.

**Allergic reactions**, for instance to medication or latex, 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, paralysis or kidney failure requiring dialysis.

Every operation involves a  **risk of bleeding** . Most  **bleeding**  can be stopped immediately during the operation. If post-procedure bleeding occurs, additional surgery may be required. 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 in extremely rare cases (causing AIDS), BSE ("mad cow 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.

**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, tissue death or scarring occur very rarely.

The operation itself or the immobilisation afterwards can lead to the  **formation of blood clots**  (thromboses) in very rare cases. Such blood clots may then travel to other parts of the body and block the vessels of other organs (embolism). This may then lead to e.g. lung embolism, stroke or kidney failure resulting in permanent damage despite proper treatment. Compression stockings, early mobilisation and anticoagulant agents (Heparin) are used to decrease the risk of thromboses. If Heparin is administered, it may result in severe coagulopathy (HIT) on very rare occasions. This means that the risk of thrombosis formation and thus obstruction of blood vessels is increased.

If any answers have already been selected, please correct them if any changes have occurred since).

## 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,  Heparin,  
 Marcumar®,  Plavix®,  Pradaxa®,  Ticlopidin,  
 Xarelto®.

**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),  Clopidogrel,  Heparin,  
 Marcumar®,  Plavix®,  Pradaxa®,  Ticlopidin,  Xarelto®.

Any other: \_\_\_\_\_  
Sonstiges:

When did you take the last dose? \_\_\_\_\_  
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 rectal surgery?**  yes  no

Wurden Sie schon einmal am After operiert?

If so, what surgery? \_\_\_\_\_  
Wenn ja, welche Operation?

**Were there any complications?**  yes  no

Ergaben sich dabei Komplikationen?

If so, what complications?

Wenn ja, welche?

**Do you have any metal implant (such as artificial hip)?**  yes  no

Haben Sie ein Metallimplantat (z. B. eine künstliche Hüfte)?

**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 smoke?**  yes  no

If so, what and how much daily: \_\_\_\_\_  
**Rauchen Sie?** Wenn ja, was und wie viel täglich:

**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:

### Heart, circulatory or blood vessel diseases?

 yes  no

Heart attack,  chest pain and/or tightness (angina pectoris),  heart defect,  irregular heart rhythm,  inflammation of heart muscle,  heart valve disease,  shortness of breath while climbing stairs,  heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator),  high blood pressure,  low blood pressure,  stroke,  varicose veins,  inflammation of a vein,  thrombosis,  embolism.

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

Any other: \_\_\_\_\_  
Sonstiges:

### Blood diseases / blood clotting disorders?

 yes  no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding),  tendency to bruise (frequent bruising possibly for no particular reason).

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

Do you have any blood relatives with signs of blood disease / clotting disorders?

 yes  no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

### Allergies / Oversensitivity?

 yes  no

Medications,  foods,  contrast media,  iodine,  sticking plaster,  latex (e.g. rubber gloves, balloons),  pollen (grass, trees),  anaesthetics,  metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

**Allergie/Überempfindlichkeit?**  Medikamente,  Lebensmittel,  Kontrastmittel,  Jod,  Pflaster,  Latex (z.B. Gummihandschuhe, Luftballon),  Pollen (Gräser, Bäume),  Betäubungsmittel,  Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: \_\_\_\_\_  
Sonstiges:

### 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-Zwerchfellähmung.

Any other: \_\_\_\_\_  
Sonstiges:

### Metabolic diseases?

 yes  no

Diabetes (sugar sickness),  Gout.

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

Any other: \_\_\_\_\_  
Sonstiges:

### Do you have a malignant tumour (cancer)?

 yes  no

Leiden Sie an einer Tumorerkrankung (Krebs)?

### 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:

## Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery?

Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

## 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:

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**planned Procedure:** geplanter Eingriff:

- Ablation/sclerotisation:** Verödung/Sklerosierung  
 **Barron's rubber band ligation:** Gummibandligatur nach Barron  
 **Haemorrhoidal artery ligation:** Hämorrhoiden-Arterien-Ligatur (HAL)

**Conventional surgery:** Konventionelle Operation nach

- Milligan-Morgan**  **Ferguson**  **Parks**  **Fansler-Arnold**  
 **Stapled haemorrhoidopexy (Longo procedure):**  
 Stapler-Hämorrhoidopexie nach Longo  
 \_\_\_\_\_

### 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 Gesundheitsorge 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 (5 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 (5 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/-verzichtet