

Klinik / Praxis:



Data about the patient: Patientendaten:

COLO

englisch

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

## Dear patient,

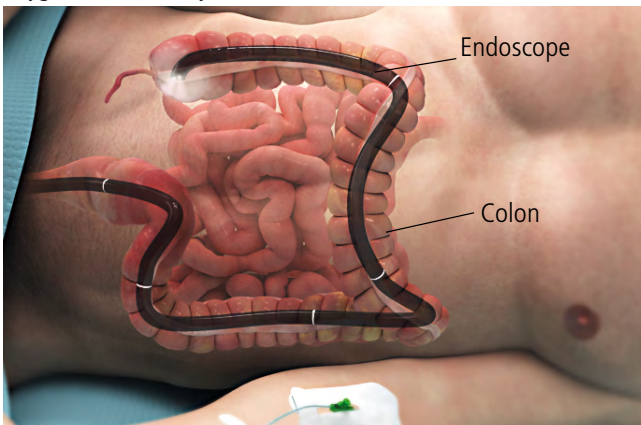
In order to clarify your discomforts, treat your disease or as a preventive examination, we recommend a colonoscopy to you. By application of a high-resolution video endoscope, this examination is uncomplicated nowadays. Changes such as polyps (usually benign growths of mucosa), narrowing, baggy enlargements (diverticulum), inflammation and growths can be diagnosed early and often treated immediately.

These form sheets are meant to prepare you for the information talk with your surgeon. During the talk, the surgeon will answer all your questions in order to reduce your fears and concerns. Then you can give or refuse consent to the proposed colonoscopy. The surgeon will give you a copy of the completed and signed form after the interview.

### COURSE OF EXAMINATION ABLAUF DER UNTERSUCHUNG

Examination is conducted by means of endoscope. It is a flexible, controllable narrow tube at the top of which is a tiny camera and a light source. Small instruments can be inserted through the working channel in the endoscope's tube.

A venous cannula is placed on your forearm, through which a sedative and / or pain killer is administered, if necessary. Oxygen may be additionally provided through a nasal tube. An anaesthetic (e.g. Propofol or Dormicum®) may be injected through the venous cannula during the procedure, which will put you in a state similar to sleep. Via the nasal tube you will get extra oxygen, if necessary.



Through the anus, the endoscope tube is carefully inserted into the intestine. A tiny camera transmits the image continuously on the monitor, so that the surgeon can monitor the insertion and thoroughly assess the various parts of the intestinal mucosa. Sometimes it is enough to examine only the end of the colon and lower part of the colon, so-called sigma. Normally, the entire colon and lower parts of the small intestine (ileum) are examined. By inserting air the image can be improved. Using a filter

or spraying colours (chromoendoscopy) changes in the mucosa can be made more visible.

Taking samples of tissue, so called biopsy, allows more detailed identification of not yet visible changes.

### COURSE OF TREATMENT ABLAUF DER BEHANDLUNG

One advantage of the colonoscopy is that any changes can be immediately treated.

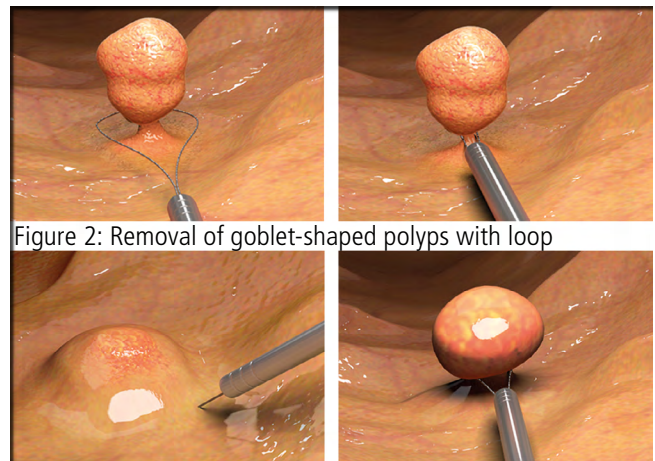


Figure 2: Removal of goblet-shaped polyps with loop

Figure 3: Underneath injection removal of flat polyps

Polyps can be removed with an electric loop (Figure 2). Bleeding or diseased tissue can be scraped by so-called Plasma coagulation at the surface. Flat growths on the mucosa can be removed directly or by injection of medicines (Figure 3). Bleeding, e.g. after removal of polyps can be stopped by injection of medicines, by metal clips or a gluing technique. In case of extensive narrowing, the passage is extended and possibly held open by insertion of grid tubicle, the so-called stent.

### ALTERNATIVE PROCEDURE ALTERNATIV-VERFAHREN

Examination of the patient by non-invasive methods, e.g. using ultrasound, X-ray, computed or nuclear spin tomography, as well as virtual endoscopy, cannot replace a direct assessment of the intestines by an endoscopic camera. Apart from that, direct treatment of changes and a taking of tissue samples are not possible in the above-mentioned examination method. Therefore, these examinations are not a real alternative to colonoscopy and they are used only in specific cases.

As a rule, an operation is not an alternative to colonoscopy, because it puts higher strain on the body. Your surgeon will explain to you why he recommends colonoscopy in your case.

### CHANGES OF SUCCESSFUL TREATMENT ERFOLGSAUS-SICHTEN

Today colonoscopy and endoscopic techniques are routine procedures. A large number of pathological changes can be treated easily and without any risk. However, in case of anatomical specificities, such as narrowings or after previously undergone surgery, it may be possible that the examination is not carried out, or is carried out only partially, i.e. pathological changes are not seen. During the therapy of changes it may be possible that the treatment does not succeed according to plan and that a repetition of the procedure or some other treatment methods will be necessary.

Nowadays colonoscopy is recommended as a standard procedure as a preventive measure against intestinal cancer. Polyps detected during examination are removed and examined, if possible. This is a preventive measure, because intestinal cancer can arise from these benign growths on the mucosa after several years. In order to detect and treat polyps in time, check-ups are recommended, depending on the findings as to the tissue samples.

### ADVICE FOR PREPARATION AND AFTERCARE

#### HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please respect the surgeon and medical staff's advice. Unless otherwise specified, please note the following items:

#### Preparation:

Your colon must be clean **for colonoscopy**. If only examination of the lower part of the colon is planned, it can be cleaned with the enema. Basically, it is necessary to clean the colon with the help of a strong laxative and the drinking of 2-3 litres of special rinsing solution. We kindly ask you not to eat grains or nuts 2-3 days before the colonoscopy. The surgeon will give you detailed information for your colon cleaning.

Laxatives can reduce the effect of taken medicines, as well as e.g. "the contraceptive pill". Additional contraceptive methods are therefore necessary until the next menstruation.

It is important to tell the surgeon which medicines, i.e. injections you have to take regularly (especially anti-clotting remedies, such as Aspirin® [ASS], Marcumar®, Heparin, Plavix®, Xarelto®, Predaxa® tec.). Your surgeon will inform you whether and for which period you should stop taking those drugs.

#### Aftercare:

Pain due to residual air in the colon is temporary and is no reason for anxiety. However, tell your surgeon immediately if you have a **temperature, severe abdominal pain, nausea, cardiovascular problems or blood-stained diarrhea**. Problems may occur several days after the procedure and require urgent intervention.

If you received painkillers and / or sedatives and you are an outpatient, it is necessary for an adult to pick you up. Make sure that someone is staying with you at home for 24 hours,

i.e. during the period recommended by the surgeon. Your ability to react is limited due to the administering of painkillers and sedatives. Therefore, you must not actively participate in road traffic (not even as a pedestrian) or do any risky activities for **24 hours after the intervention**. Furthermore, during this period you should not consume alcohol and not take any important decisions.

### POSSIBLE RISKS, COMPLICATIONS AND SIDE EFFECTS

#### RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that any **medical intervention bears risks**, even routine examinations, such as colonoscopy. If complications occur, they may require additional measures of treatment or surgery and, in extreme cases, **can be fatal** or lead to permanent damages. Please, show understanding that due to legal reasons we have to mention all risks specific to the surgery, although partly they relate only to exceptions. Your surgeon will explain to you in more detail the possible risks during the talk. However, you can also reject detailed explanation. In that case, skip the chapter on risk and confirm that at the end of the talk.

**Severe injuries** to the wall of the colon are rare, both in case of pathological changes or treatment, because the surgeon takes all measures with the help of visual control. However, should there be a penetration of the abdominal cavity, surgery may be necessary and life-threatening infections may occur. Infections can also occur at the site where the injection needle, e.g. the venous cannula, was inserted. In most cases, such infections are successfully treated with antibiotics. Shift of germs into the blood and dangerous blood poisoning (sepsis) or inflammation of the inner layer of the heart (endocarditis) rarely occur.

**Injuries of adjacent organs**, such as the spleen or the sphincter muscle occur very rarely, due to the insertion or movement of the endoscope and may, therefore, require surgical treatment.

**Damage of the skin, soft tissues, i.e. nerves** (e.g. by injection of medicines, application of disinfectants, application of electric operational instruments or despite the correct position of the patient) are rare. The consequences can be disruption of sensation, numbness, paralysis and pain. They generally disappear. Permanent damage of nerves or scars are very rare.

**Bleeding** after taking of tissue samples, measures of treatment or minor injuries, is generally immediately noticed and stopped. Sometimes, an expansion of the procedure may be necessary, if there is large loss of blood and transmission of donor blood (**transfusion**). This may lead to infection with germs causing diseases, such as, very rarely hepatitis viruses (the cause of dangerous inflammation of the liver), extremely rarely HIV (AIDS), BSE (Creutzfeldt-Jakob), or other dangerous - and sometimes unknown - germs.

**Allergic reactions** (reactions of intolerance), e.g. to medicines (pain killers, sedatives) or colours are rare. Consequences can be skin rashes, itching, swelling, as well as nausea and cough. Severe reactions, such as choking, spasms, tachycardia or cardiovascular shock are rare. Due to reduced blood flow and despite urgent medical intervention, this may lead to temporary or permanent damages, such as brain damage, paralysis or kidney failure.

Administering of anaesthetics and sedatives may cause **breathing disorders** or **cardiovascular reaction** (e.g. drop in blood pressure, slow heart rate) with **nausea and vomiting**. This is usually solved by supplying oxygen or medicines. In case of **respiratory failure**, artificial ventilation is necessary in order to prevent brain damage. In extreme cases, despite immediate

intervention, damage to organs (kidney or brain damage) may occur.

Contents of the stomach may get into the lungs, this can have life threatening consequences such as **acute occlusion of the respiratory tract** (blocked airways) or even **suffocation** or **lung infection** and possibly permanent damage to lung tissue or even **respiratory failure**.

## Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

**Information about medications:** Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days?  yes  no

Aspirin® (ASS),  Heparin,  Marcumar®,  
 Plavix®,  Ticlopidin,  Clopidogrel,  Xarelto®,  Pradaxa®.

**Angaben zur Medikamenteneinnahme:** Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?  Aspirin® (ASS),  Heparin,  Marcumar®,  Plavix®,  Ticlopidin,  Clopidogrel,  Xarelto®,  Pradaxa®.

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

When did you take the most recent dose?

Wann war die letzte Einnahme?

**Do you take any other medications?**  yes  no

Nehmen Sie andere Medikamente ein?

If so, which ones: \_\_\_\_\_

Wenn ja, bitte auflisten:

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

Have you ever had surgery on the **gastrointestinal tract?**  yes  no

Wurden Sie schon einmal am **Magen-Darm-Trakt** operiert?

Have you ever had a **colonoscopy?**  yes  no

Wurde bei Ihnen schon einmal eine **Darmspiegelung** durchgeführt?

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 **nicht sicher**  yes  no

Besteht eine Schwangerschaft?

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

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

**Blood diseases / blood clotting disorders?**  yes  no

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

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

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

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

After the treatment of changes, **scarred narrow passages** or **inflammatory reactions** may occur, which then require additional therapeutic measures.

Serious complications are rare and, if carefully checked, they can be usually noticed and be treated immediately.

yes=ja no=nein

**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.

**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.

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

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

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

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

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

**Metabolic diseases?**  yes  no

Diabetes (sugar sickness),  gout.

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

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

**Thyroid diseases?**  yes  no

Underactive thyroid,  overactive thyroid.

**Schilddrüsenerkrankungen?**  Unterfunktion,  Überfunktion.

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

**Contagious diseases?**  yes  no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

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 Outpatient Procedures

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

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

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 / weiter betreuender Arzt / Hausarzt?

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 surgeon Wird vom Arzt ausgefüllt

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

ASA-01  ASA-02  ASA-03  ASA-04

## Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

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

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

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

## Refusal by the patient Ablehnung des/der Patienten/in

Ms/Mr. Dr. \_\_\_\_\_ informed me in detail about the upcoming procedure and explained me the consequences arising

from my refusal. I understood the explanation and discussed with the surgeon the information he/she gave me. Hereby I decline the proposed colonoscopy. Frau/Herr Dr. \_\_\_ hat mich umfassend über den geplanten Eingriff und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden. Hiermit lehne ich die mir vorgeschlagene Darmspiegelung ab.

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

Signature of the patient/guardian/tutor/possible witness

[Unterschrift der Patientin / des Patienten / Betreuer / Vormund / ggf. des Zeugen]

## Statement and consent of the patient

Erklärung und Einwilligung des/der Patienten/in

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

**Hereby I confirm that I understood all integral parts of the information.** I read completely this form with explanations (4 pages). During an interview with Ms / Mr. Dr. \_\_\_\_\_, I was given an explanation of the course of planned colonoscopy, risks, complications and side effects in my special case and I was thoroughly informed about the benefits and risks of alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (4 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. \_\_\_\_\_ wurde ich über den Ablauf der geplanten Darmspiegelung, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I saw and understood the informative movie on the planned colonoscopy. Den Informationsfilm über die bei mir geplante Darmspiegelung habe ich gesehen und verstanden.

**I deliberately renounce a detailed explanation.** However, hereby I confirm that the surgeon whose patient I am, informed me about the necessity of the procedure, type and scope, as well as the circumstances and risks that this type of procedure entails and possible alternatives. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass der Eingriff Risiken birgt, sowie über mögliche Alternativen informiert wurde.

**I confirm that I do not have any additional questions and that I do not need additional time to make a decision. I agree with the proposed colonoscopy.** I also agree with all necessary auxiliary and subsequent measures. I answered the questions about my medical history (anamnesis) completely to the best of my knowledge. **Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkenzeit benötige. Ich stimme der vorgeschlagenen Darmspiegelung zu.** Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen ein. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also refers to necessary changes or extensions of the procedure, e.g. treatment in case of pathological findings.

Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z. B. das Behandeln von krankhaften Befunden.

I confirm that I am capable of respecting the surgeon's advice. This especially relates to the **abstaining from active participation in traffic for 24 hours after the outpatient's procedure, if pain killers and / or sedatives are given.** Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen. Dies gilt insbesondere für das **Verbot einer aktiven Teilnahme am Straßenverkehr für 24 Stunden nach einem ambulanten Eingriff, wenn Schmerz-und/oder Beruhigungsmittel verabreicht wurden.**

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

E-Mail-Adresse

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

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

Copy/kopie:  received/erhalten  
 waived/verzichtet

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