

REMOVAL OF ABDOMINAL FLUIDS (ASCITIC TAP PROCEDURE)

ENTNAHME VON BAUCHWASSER (ASZITESPUNKTION)

Information and medical history for adults and young patients for preparation of an informative interview with the doctor

┌ Clinic / doctor [Klinik / Praxis]



┌ Patient data: [Patientendaten]

englisch

└┘ └┘
└┘ on (date): [Datum] └┘
└┘ └┘

Dear patient,

due to your illness, fluids have collected inside your abdominal area (ascites). In order to determine the cause of the ascites or to alleviate the pressure, a puncture procedure to remove the abdominal fluids is planned in your case.

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.

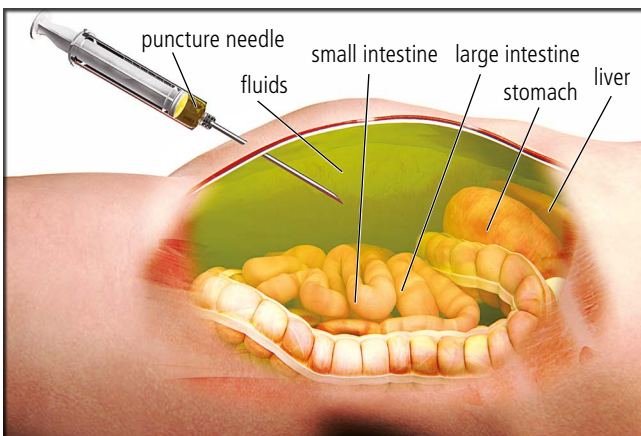
CAUSES OF ASCITES URSACHEN EINES ASZITES

There can be various reasons for fluids collecting inside the abdominal cavity (ascites). In all of these cases, fluids travel from the blood vessels into the abdominal cavity. This is most common in cases where the drainage of blood is obstructed, for instance in patients with a weak heart or liver disease, but inflammations, kidney disease, tumours or malnutrition can also lead to ascites.

COURSE OF EXAMINATION

ABLAUF DER UNTERSUCHUNG

You should empty your bladder prior to the procedure. The puncture is usually carried out on the left side of the abdomen. First, the puncture site is disinfected and a local anaesthetic is applied. The puncture procedure is usually ultrasound-guided in order to prevent injury of blood vessels or other organs.



Now, a small amount of fluid can be removed using a syringe and can be sent into a laboratory for further examination.

If a large amount of fluid has gathered, a thin plastic tube is inserted into the abdominal wall and connected to a drain. Through the tube and the drain, the ascites can drain off.

Once the drainage procedure has been completed, the syringe or the plastic tube, respectively, is removed and a tight adhesive dressing is applied to the site.

Since ascites commonly recurs, the puncture procedure may have to be repeated.

ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

Ascites can also be treated with medication such as diuretics. This is often done in addition to the puncture procedure in order to prevent a new gathering of fluids.

If ascites tends to recur and has to be removed frequently, a permanent catheter can be inserted into the abdominal wall. The abdominal fluid can then be drained off through the catheter without the puncture procedure having to be repeated.

In patients suffering from liver disease with portal hypertension, the portal vein can be connected to the inferior caval vein via a so-called shunt (TIPS) in order to alleviate the blood stasis in front of the liver. In patients suffering from advanced cirrhosis of the liver, a liver transplant may have to be considered in the long term.

Please note that all of the aforementioned alternative methods are also accompanied by risks of their own. Your doctor will explain to you why he deems ascitic tap to be the most effective method in your particular case.

DIRECTIONS FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please follow the instructions of the doctor and of the nursing personnel closely.

Preparation:

Medication: It is important for you to 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®, etc.) or have taken over the course of the past eight days prior to the procedure. This includes any over-the-counter

medication and herbal remedies. Your doctor will let you know if and for how long you need to stop taking your medication.

Your doctor will let you know whether the ascitic tap procedure requires **pre-procedure fasting**.

Aftercare:

Please do not get up on your own after the procedure, as requested.

If the procedure is performed **on an out-patient basis**, it is necessary for an adult to come and collect you. Please also make sure there will be an adult at home to supervise you for the period of time recommended by your doctor.

Please inform your doctor immediately or come to the clinic if you experience symptoms such as **abdominal pain, fever, severely reduced urine production, nausea, vomiting** or other symptoms after the puncture procedure. These symptoms may require immediate medical attention. They may occur even days after the procedure.

COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

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.

Post-procedure **bleeding** is usually noticed immediately and can then be stopped. If the bleeding is severe, it may require surgical treatment. Should severe blood loss occur, the use of donor blood/ blood components (**transfusion**) may be required. This can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

Bruising (haematomata) sometimes occurs at or around the puncture site. This may lead to firm, painful swelling. Most of the time, this will disappear after a few days or weeks even without treatment. If **ascetic fluid is leaking** from the puncture site (leakage), the site may have to be sutured.

Infections at the puncture site, including syringe abscess or tissue death (necrosis), rarely occur. They will lead to swelling, redness, pain, warm skin and a temperature. In extremely rare cases, an **inflammation of the abdominal lining** may occur. In most cases, infections can be treated successfully with antibiotics. In rare cases, germs may be introduced into the bloodstream, leading to **life-threatening blood poisoning** (toxaemia) or inflammation of the endocardium (endocarditis) as a result.

Injury of neighbouring organs cannot be ruled out entirely. If injuries are severe, surgical intervention may become necessary, and a dangerous infection can result. In extreme cases, loss of the affected organ may result.

Nerves are rarely **damaged** in the course of a puncture procedure. Numbness, paralysis and pain may then result. They are usually temporary. On rare occasions, these symptoms may persist even after treatment.

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

If large amounts of ascetic fluid are removed, it may lead to a **drop in blood pressure** and even to **circulatory failure** or to acute, life-threatening kidney failure. For this reason, the loss of fluid and protein is counteracted through intravenous infusion.

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 your: [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]

Questions about Your Medical History

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

yes=ja no=nein

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: _____

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 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 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, 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:

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:

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.

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 Alternativ-Methoden, mögliche Konsequenzen, wenn der Eingriff verschoben oder abgelehnt wird) habe ich den Patienten im Gespräch näher aufgeklärt:

Capability of making an independent decision: Fähigkeit der eigenständigen Einwilligung:

The patient is capable of making an independent decision regarding the recommended puncture procedure and giving his/her consent to the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über die empfohlene Punktion zu treffen und seine/ihre Einwilligung in das Verfahren zu erteilen.

The patient is represented by a custodian or legal guardian with a custodian's card. This person is capable of making a decision in the best interest 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.

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

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

Refusal by the patient Ablehnung des/der Patienten/in

Dr. _____ informed me in detail about the suggested surgery and the resulting negative effects due to my rejection. I understood the information relating to this and could discuss my insights on this information with the surgeon. I hereby declare that I reject the suggested ascitic tap procedure.

Die Ärztin/Der Arzt hat mich umfassend über die vorgeschlagene Punktion und über die sich aus meiner Ablehnung ergebenden Nachteile informiert. Ich habe die diesbezügliche Aufklärung verstanden und lehne die Aszitespunktion ab.

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

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

Statement and consent of the patient

Erklärung und Einwilligung des/der Patienten/in

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

I hereby confirm that I have understood all the parts of this explanation for patients. I have read this explanatory document in its entirety (four pages). During my explanatory appointment, Dr. _____ has given me a comprehensive explanation of the planned procedure, its risks, complications and side effects in my specific case, and the advantages and disadvantages of the alternative methods.
Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe. Diesen Aufklärungsbogen (4 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf des geplanten Eingriffs, dessen Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I hereby deliberately waive my rights to more detailed explanations. However I also confirm that I have been informed by the treating physician of the necessity of this puncture, of its type and extent, and of the fact that this puncture has its risks.
Ich verzichte bewusst auf eine ausführliche Aufklärung. Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit der Punktion, deren Art und Umfang sowie über den Umstand, dass die Behandlung Risiken birgt, informiert wurde.

I hereby assure that I have no further questions and do not need additional time for consideration. I consent to the suggested ascitic tap procedure. I have answered all questions to my anamnesis completely and to my best knowledge.
Ich versichere, dass ich **keine weiteren Fragen** habe und **keine zusätzliche Bedenkzeit** benötige. **Ich stimme der vorgeschlagenen Aszitespunktion zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet. 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 patient / legal guardian(s)
[Unterschrift Patientin / Patient / Betreuer / Vormund]

Copy/Kopie: received/erhalten
 waived/verzichtet

Signature Copy received/waived
[Unterschrift Kopie erhalten/verzichtet]