

Klinik / Praxis:



Data about the patient: Patientendaten:

englisch

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

Dear mother-to-be,

caesarean section is planned for you.

This information should help you prepare for an informative talk with the surgeon. During the talk, the surgeon will explain benefits and risks of the planned procedure in comparison to alternative methods. He will answer the questions you ask in order to reduce your fears and concerns. Then you can give or refuse consent to the proposed procedure. The surgeon will give you a copy of the completed and signed form after the talk.

REASONS FOR CAESAREAN SECTION

GRÜNDE FÜR EINEN KAISERSCHNITT

In some pregnancies, it is not always possible to deliver the baby naturally. Various reasons can lead to the fact that caesarean section is necessary (it is also called obstetric surgery). These reasons particularly include anatomical or functional particularities of the mother (e.g. large myomas, previous operations on the uterus incl. caesarean section) or severe general disorders (e.g., lung, heart disorders, or infection).

If the placenta is partially or completely in front of the inner part of the cervix (the so-called Placenta previa), if certain diseases are present in the child or premature labor is expected, then the surgeon may recommend a caesarean section.

The obstetric surgery can also be beneficial if the child is in an unfavourable position (a transverse presentation, breech presentation). During labor, the child's heart rate might change, and premature separation of the placenta or uterine rupture may require a caesarean section.

THE PROCESS OF CAESAREAN SECTION

ABLAUF DES KAISERSCHNITTS

Caesarean section is usually performed through anaesthesia in the area of the spinal cord (spinal / peridural anaesthesia). This procedure has the advantage that the anaesthetic has no influence on the child's bloodstream and you, as the mother, can observe your child's birth without pain.

In rare cases, the caesarean section can be performed in narcosis. This may be necessary if there are reasons related to the mother (e.g. disease which does not permit narcosis near the spinal cord, changes in the spinal column or discus), or if there are reasons related to the child (emergency caesarean section if the child's life is acutely threatened). The surgeon will specifically explain the type of anaesthesia / narcosis, as well as its risks.

As a rule, all patients receive the urinary catheter prior to caesarean section, so that the urine can flow smoothly during the surgery.

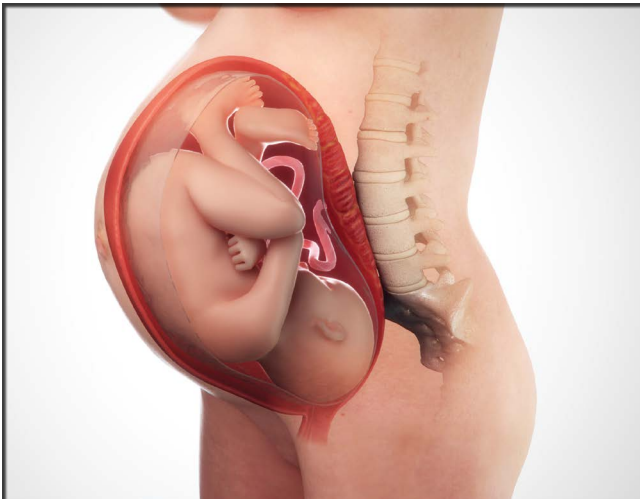
Before the procedure, a vein cannula is placed on the forearm, through which you will be given medication, if necessary. As soon as the anaesthesia / narcosis begins to have effect, the abdomen will be opened by transverse resection in the area of the upper line of pubic hair. Other layers to the uterus are opened partially without a scalpel. It may be necessary to remove adhesions from previous surgeries or inflammations of the abdominal cavity. After removal of the placenta, the uterus and individual layers of tissue will be closed. In rare cases, drains are placed into the abdominal cavity in order to ease flow of blood or secretion from the wound.

planned incision



Caesarean birth is rarely supported by auxiliary tools (vacuum, pliers). Sometimes, sites of compression or minor injuries on the scalp of the newborn can occur, which will disappear after a few days.

If your blood type is rhesus negative, then it is standard procedure to determine the blood group of the newborn. If your child is rhesus positive, then you will receive an injection (Anti-D prophylaxis), in the first hours after the birth, so that your blood does not create antibodies that could create complications in future pregnancies.



POSSIBLE ADDITIONAL MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

Complications rarely happen, when it might be necessary to use additional operational measures. Such measures include, for example curettage / removal of the placenta from the uterus, if it does not separate by itself or accretes into the uterus. Seldom, in case of bleeding which cannot be stopped, complete removal of the uterus may be performed.

Sometimes during caesarean section, adhesions must be removed first, before the child is taken out. This may be necessary after several previous abdominal operation or infections. The more pronounced adhesions are, the more surgery will be difficult.

Concerning the caesarean section, it is possible that the surgeon notices conditions that require additional therapy or clarification. In order to avoid a surgical revision, the surgeon will perform additional measures, if possible.

ALTERNATIV PROCEDURE

ALTERNATIVMETHODEN

In some cases it is still possible that the child can be born naturally. The surgeon will explain to you benefits and risks. In breech presentation, it might be possible to turn the foetus.

CONSEQUENCES OF OBSTETRISTIC OPERATION

FOLGEN DER SCHNITTENTBINDUNG

In children who are born by caesarean section, the so-called adaptation disorders (disrupted breathing) are often noticed, which may have to be treated. In case of complete anaesthesia, there is an additional risk that the baby will be less active after the birth and have problems with spontaneous breathing. In these cases, oxygen may be administered or reanimation performed.

After the caesarean section, spontaneous birth is generally possible in a future pregnancy. However, the risk is a little bit higher here. Also, after the caesarean section, problems which require surgical revision may occur. The surgeon will inform you whether you can give birth naturally after a previous caesarean section.

If at least two obstetric operations have been performed, then natural childbirth is no longer recommended, as there is a risk of rupture of the uterus in the area of the scar during birth.

After the caesarean section, disorders occur more often in future births, when removing the placenta or placenta attachment in an unfavourable position.

ADVICE FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please carefully follow the instructions of the surgeon and medical staff. Unless otherwise specified, please note the following:

Preparation:

Administration of medication: It is important to tell the surgeon which medicines, i.e. injections you have to take regularly (especially anti-clotting drugs, such as Aspirin® [ASS], Plavix®, Xarelto®, Pradaxa®, Eliquis®, Marcumar, etc., antidiabetics containing metformin, the so-called „Biguanides“ for diabetic patients) or you took them irregularly in the last 8 days prior to the procedure. This includes any medicines without prescription and herbal remedies. The surgeon will inform you which medicines must be discontinued during this period.

Eating, drinking and smoking: Your surgeon will inform you when to stop eating and drinking. As a rule, at least 6 hours before the caesarean section, you should stop eating.

Aftercare:

Please **rest** and follow your surgeon's instructions. After administering of anaesthesia near the spinal cord, you should not stand up unsupported initially. As a rule, it takes a little time until the feeling in the legs is restored. Complete bed rest is necessary only in rare cases.

Any pain after the caesarean section can be eased off by medicine. In case you wish to breast-feed the baby, ask your surgeon which medicine you should avoid.

Please inform your surgeon or midwife immediately if **you have a temperature after the birth, as well as severe abdominal pain, chest pain, nausea, circulatory disturbance or sudden stop of lochial flow**. Problems can occur several days after the procedure and require treatment.

In order to prevent scar tearing, avoid lifting loads heavier than 5-10 kg for 6-8 weeks after the operation. Sutures may remain even if the stitches dissolve. Staples or sutures that do not dissolve, are normally removed after 5-10 days.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that **every medical procedure bears risks**. If complications occur, additional measures of treatment or operation might be necessary and in extreme cases could even be **fatal** or leave permanent damage. Please, show understanding that for legal reasons we have to mention all risks specific to the procedure, although partly they relate only to exceptions. Your surgeon will explain to you during the talk which risks are specific for you. However, you can also reject detailed explanation. In that case, skip the chapter on risk and confirm at the end of the explanation.

Injuries to the intestines or other organs (uterus, bladder, ureter, fallopian tubes, ovaries, stomach, liver, kidneys, and spleen) are rare and primarily due to strong adhesions. Extension of the surgery may occur and additional resection of the abdomen (lengthwise and crosswise) may be necessary, as well as **inflammation of the peritoneum**, which may be fatal. It is possible that one of the complications may require additional surgeries. In exceptional cases of injury to intestines, inserting of stoma may be necessary. Factors that increase the risk are overweight, large adhesions, several previous operations, inflammations or unusual anatomical features. In case of injury to the ureter, it may be necessary to temporarily put one or two tubes into the ureter to enable unimpeded flow.

It is rare that after the operation a **blockage of urine** occurs (inability to empty the bladder) or a **kidney failure** (the blockage

of urine). Temporary drainage of urine is usually solved through a catheter. Injury of nerve bundles that supply the bladder and permanent disorders rarely occur.

Wound infections are usually successfully treated with antibiotics and surgical treatment is rarely needed. In extreme cases, germs may be transferred into the blood and dangerous blood poisoning (sepsis) or inflammation of the inner layer of the heart (endocarditis) may occur. Increased risk of wound infections exists in women with diabetes mellitus, women who are overweight, smokers and patients with weakened immune systems.

Disorders in wound healing occur occasionally, which may be accompanied with cosmetically disturbing and / or painful scars (keloid formation) and may require operational correction of the scar.

In some cases **inflammation of the uterus, ovaries and fallopian tubes** may occur after the caesarean section. In such cases, administration of antibiotics may be necessary. In extreme cases, it may be necessary to perform surgery with **removal of the ovaries and uterus**. Accretion of the fallopian tubes occurs very rarely after such inflammations, the consequence of which may be **infertility**.

Damage to the skin, soft tissues, i.e. nerves (e.g. by injection, application of disinfectants, application of electric operational instruments or despite correct positioning of the patient) are rare. The consequences can be discomfort, disruption of sensation, numbness, paralysis and pain. They generally disappear without treatment. Permanent damage or scars are very rare. Discomfort in the area of the abdominal incision may last for a long time.

Bleeding in the area of operation after the caesarean section, which is caused by injury of blood vessels is observed and mainly dealt with instantly. Subsequent bleeding rarely occurs, which depending on the severity requires another operation. In extreme cases of severe bleeding, removal of the uterus may be required.

There may be sometimes a large loss of **blood** and in exceptional cases receiving of donor blood / blood components (**blood transfusion**) may be necessary. This may lead to infection with germs causing diseases, such as, hepatitis viruses (the cause of dangerous inflammation of the liver), HIV (AIDS), BSE (Creutzfeldt-Jakob), or other dangerous - and sometimes unknown – germs in extremely rare cases.

During and after the surgery blood clots (thrombi) may occur and cause blockage of blood vessels (**embolism**). The risk of thromboembolism is increased in cases of overweight, smoking, long bed rest or infections with certain blood-clotting disorders. In very rare cases, penetration of amniotic fluid into the blood vessel can lead to embolism (**embolism of the amniotic fluid**). Clots can be shifted and block blood vessels of other organs. Despite emergency medical care and surgical treatment, permanent damage to the affected organ may occur (e.g. pulmonary embolism, myocardial infarction, stroke with permanent paralysis, kidney failure, which requires dialysis). If medication against blood clotting is administered, the risk of bleeding, i.e. subsequent bleeding will be increased. When heparin is administered, it may lead to blood clotting disorder (HIT) with adhesion of blood platelets (thrombocytes) and blockage of blood vessels in veins and arteries.

Allergic reactions (reactions of intolerance), for example to anaesthetics or other medication are rare. The consequences can be redness of the skin, skin rashes, itching, swelling, as well as nausea and cough. Such symptoms usually disappear. A severe reaction, such as choking, spasms, tachycardia, or cardiovascular shock are rare. Due to circulatory disturbances and despite immediate medical procedure, it may lead to temporary or permanent damages, such as brain damage, paralysis or kidney failure, which requires dialysis.

Adhesion in the peritoneum may occur in case of any surgery. The risk is increased if during this caesarean section adhesions have to be removed and larger surfaces of wounds have occurred. This may cause difficulties for up to several years, even to bowel occlusion and surgery might be necessary.

It is very rare that during the procedure **minor injuries to the child** may happen, which are then stitched in exceptional cases. It rarely occurs, in case of more difficult labor, that the musculoskeletal system of the child is damaged and, paralysis occurs in extreme cases.

In rare cases after one or more surgeries, **tearing of scars** may occur, even years after the surgery and it may have to be closed surgically. Complete rupture of the peritoneum occurs very rarely directly after the operation. In this case, renewed surgery is necessary.

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 **gastrointestinal tract**? yes no

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

Have you ever had surgery on the **abdomen**? yes no

Würden Sie schon einmal im **Bauchbereich** operiert?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____
Wenn ja, welche?

Have you given birth before? yes no

Haben Sie schon einmal geboren?

If so, when? _____
Wenn ja, wann?

Did you have problems with **earlier deliveries**? yes no

Kam es bei einer früheren Entbindung zu Problemen?

If so, what kind of problems? _____
Wenn ja, welche Art?

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?

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-Zwerchfellähmung.

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 information talk

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 bei der Patientin ergeben können, nähere Informationen zu den Alternativmethoden, Folgen der Schnittentbindung) habe ich die Patientin im Gespräch näher aufgeklärt:

Additional measures:

Zusätzliche Maßnahmen:

Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

The patient is capable of making a decision on the recommended procedure by himself/herself and consenting to the procedure.

Die Patientin besitzt die Fähigkeit, eine eigenständige Entscheidung über den Kaiserschnitt zu treffen und ihre Einwilligung in die Operation zu erteilen.

The patient is represented by the carer, i.e. guardian with a document of evidence of guardianship. This person is entitled to making a decision on behalf of the patient.

Die Patientin wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne der Patientin zu treffen.

Copy for patient:

yes no

Kopie für Patient:

ja nein

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

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

Refusal Ablehnung

Ms/Mr. Dr. _____ informed me in detail about the upcoming procedure and explained to me the consequences arising from my refusal. I understood the explanation and I decline the proposed obstetric surgery.

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 Schnittentbindung ab.

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

Refusal of the future mother/guardian/carer/possible witness
[Ablehnung der Patientin / Betreuer / Vormund / ggf. des Zeugen]

DECLARATION AND CONSENT

Einwilligungserklärung

Please tick the appropriate box and confirm your statement with your 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 talk. I read completely this form with explanations (5 pages). During an talk with Ms / Mr. Dr. _____ I was given an explanation of the course of the planned caesarean section, 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 (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/ Herrn Dr. ___ wurde ich über den Ablauf des geplanten Kaiserschnitts, dessen Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I deliberately renounce detailed explanation. However, hereby, I confirm that the surgeon whose patient I am, informed me about the necessity of the procedure, the type and scope, as well as circumstances that all types of anaesthesia entail risks.

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, informiert wurde.

I confirm that I do not have additional questions and that I do not need additional time to make a decision. I agree with the proposed caesarean section.

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 Bedenkzeit benötige. Ich stimme der vorgeschlagenen Schnittentbindung zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also refers to necessary auxiliary and subsequent measures (e.g. transfer of donor blood, thrombosis prophylaxis), as well as necessary changes or extensions of the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen (Fremdblutübertragung, Thromboseprophylaxe), sowie auf erforderliche Änderungen oder Erweiterungen des Eingriffes.

I confirm that I am capable of respecting the surgeon's advice. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

I agree that a copy of this form be sent to the following e-mail:

Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

E-Mail [E-Mail-Adresse]

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

Signature of the patient / guardian / guardian of a minor
[Unterschrift der Patientin / Betreuer / Vormund]

Presence of accompanying person: Anwesenheit einer Begleitperson:

An accompanying person, unless it is an emergency, may be present during the caesarean section. The accompanying person is informed that there is no liability for potential physical or psychological harm (e.g. black-out). Eine Begleitperson kann, sofern es sich nicht um einen Notfall handelt, beim Kaiserschnitt anwesend sein. Die Begleitperson wurde darüber informiert, dass für eventuelle Schäden körperlicher oder psychischer Art (z. B. Ohnmacht) keinerlei Haftung übernommen werden kann.

Signature of the escort [Unterschrift der Begleitperson]