

REMOVAL OF THE UTERUS (HYSTERECTOMY) GEBÄRMUTTERENTFERNUNG (HYSTEREKTOMIE)

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

Clinic / Doctor:



Patient data:

englisch

Procedure scheduled to take place on (date):

Dear patient,

in order to determine the cause of your symptoms or as a therapeutic measure, the **removal of the uterus** (hysterectomy) 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 treatment suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

REASONS FOR REMOVAL OF THE UTERUS

There are various reasons as to why a woman's uterus may have to be removed:

- menstrual disorders which cannot be treated otherwise
Blutungsstörungen, die anderweitig nicht behandelt werden können
- benign muscle tissue tumours of the uterus (uterine myoma)
Gutartige Muskelknoten an der Gebärmutter (Uterusmyome)
- descensus of the uterus Senkungsbeschwerden
- pain, for instance caused by endometriosis (uterine lining tissue growing outside of the uterus), if the woman does not want to have children any more and if other treatment methods have been exhausted
Schmerzen, z. B. bei Endometriose (Gebärmutter-schleimhaut außerhalb der Gebärmutter), wenn kein Kinderwunsch mehr besteht und andere Methoden ausgeschöpft wurden
- malignant tumours or preliminary stages of cancer of the uterus itself or of the cervix
Bösartige Erkrankungen oder Vorstufen bösartiger Erkrankungen des Gebärmutterkörpers oder des Gebärmutterhalses
- Other Sonstiges: _____

There are various methods for removing the uterus: through the vagina, via a minimally-invasive access within the context of a laparoscopy or through an abdominal incision. Combinations of these procedures are also possible - planned beforehand or if anything unusual occurs during the operation.

The uterus may be removed entirely (total hysterectomy) or in part. If it is to be removed only in part, the cervix will be left in place.

Your doctor will let you know which procedure is to be carried out in your case.

COURSE OF PROCEDURE

Removal of the uterus is usually carried out under a general anaesthetic; in exceptional cases, epidural anaesthesia may

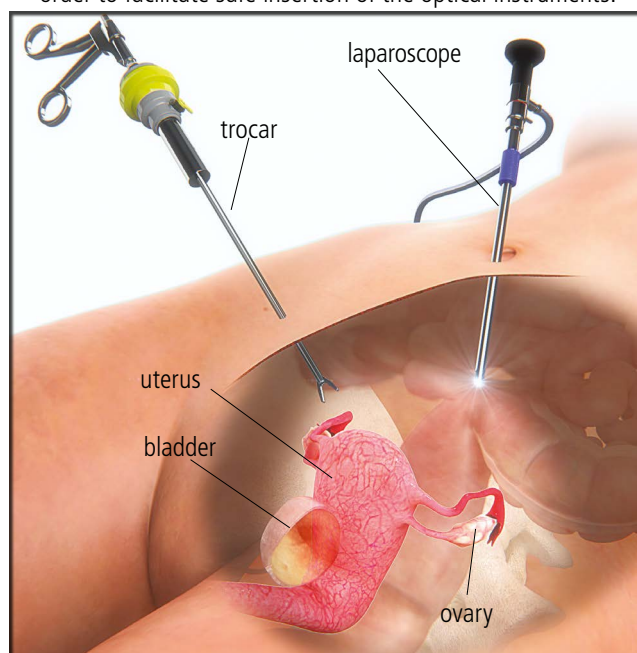
also be an option. You will receive a separate information sheet regarding the anaesthesia.

A urinary catheter is usually inserted prior to the procedure in order for the urine to be able to pass without any difficulties during and after the operation.

Removal of the uterus via laparoscopy

Gebärmutterentfernung mittels Bauchspiegelung

Prior to the procedure, a thin needle is usually inserted through a small incision in the abdominal wall near the navel. Gas is then injected through the needle into the abdominal cavity in order to facilitate safe insertion of the optical instruments.



Especially if previous operations may have led to adhesions, a slightly larger incision will sometimes be made, through which the

adhesions can be detached directly, reducing the risk of injuries of the intestine. After insertion of the optical instruments or a camera, the doctor can view the internal abdominal organs as well as the female reproductive organs (uterus, ovaries, fallopian tubes) and the abdominal lining on a screen.

Further surgical instruments can then be inserted under visual guidance through two or three further small incisions in the lower abdomen.

First, the uterus is detached from surrounding structures and organs. Depending on the findings and the size of the uterus, it is then either removed via the vagina or through a small abdominal incision, or it is first cut up and then removed (so-called morcellation).

After the procedure is finished, the gas will be released, the instruments will be removed and the incisions will be sutured. Sometimes surgical drains will be inserted into the abdominal cavity to drain any secretion from the wound for the first few days after surgery.

Removal of the uterus via the vaginal route

Hysterektomie über die Scheide

The uterus is detached from neighbouring organs with surgical instruments via the vagina and is then removed through it.

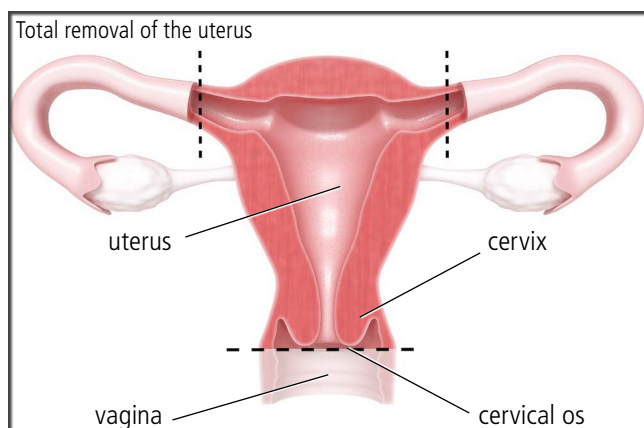
This type of procedure leaves no visible incisions and scars. This method is therefore also preferred in particular cases with regard to complications and the healing process. It will have to be determined beforehand whether the size of the uterus will allow for its vaginal removal. This method is particularly useful for women who have previously given birth vaginally.

A special type of vaginal removal procedure combining vaginal removal of the uterus with laparoscopy is also available (laparoscopy-assisted vaginal hysterectomy [LAVH]).

Removal of the uterus via abdominal incision

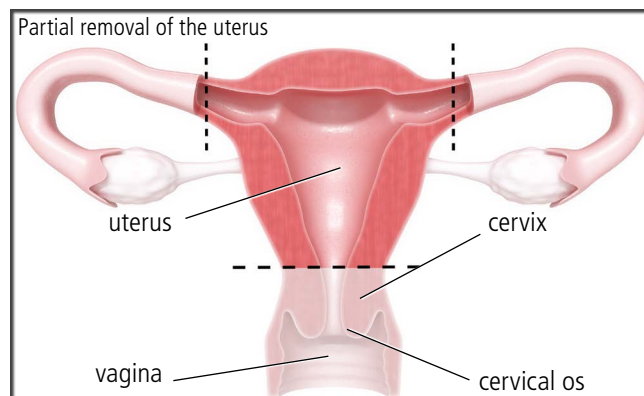
Hysterektomie mittels Bauchschnitt

With this method, the doctor will usually make an abdominal incision of about 10-14 centimetres just above the pubic region. In exceptional cases, a vertical incision will be made. The uterus is then detached from its surrounding structures and removed through the abdominal incision. At the end of the surgical procedure, the abdominal wall will be sutured in layers. Drains may also be inserted with this procedure in order to facilitate the draining of wound secretion.



Partial removal of the uterus

Gebärmutter-Teilentfernung



With this method, only the actual uterus itself is removed, usually using the laparoscopy or abdominal incision methods, while the cervix is left in place (supracervical hysterectomy).

POSSIBLE ADDITIONAL MEASURES

Some illnesses or changes are not discovered until the procedure has commenced, for instance anomalies of the ovaries or the fallopian tubes, the appendix or the abdominal lining. These as well as adhesions in the abdominal cavity can possibly be treated during the same procedure.

In particular cases, for example in women who are already undergoing menopause, the additional removal of ovaries, fallopian tubes and, if needed, surrounding lymph nodes may be useful measures to be taken during the procedure. Even in younger women prior to menopause, a removal of ovaries (for instance if there are suspicious findings) may be advisable in exceptional cases. In women who no longer want to have children, removing the fallopian tubes may be advisable to prevent certain types of ovarian cancer, though the ovaries will be left in place. Your doctor will let you know whether any of these measures are advisable in your case.

Sometimes the doctor will have to switch from a vaginal procedure to laparoscopy or abdominal incision. During laparoscopy, switching to abdominal incision may also become necessary.

In order to avoid the stress of another operation, the doctor will carry out any necessary additional measures right away if possible. Please agree to any necessary changes or additional measures now.

ALTERNATIVE METHODS

Treatment with medication:

In some cases, treatment with medication may be possible as an alternative method or to prepare you for the surgical procedure. Myoma (benign muscle tissue tumours), for instance, can be caused to shrink with medication in order to facilitate surgery or avoid it altogether.

Menstrual disorders can possibly be treated with hormones, as can some other illnesses (for instance if there is uterine lining growing outside of the womb, so-called endometriosis).

Alternative surgical procedures:

In certain cases, for instance in preliminary stages of cancer, a smaller surgical procedure (so-called conisation) may suffice. Menstrual disorders with benign causes can sometimes be alleviated by removing only the uterine lining. With benign muscle tissue tumours of the uterus (uterine myoma), removing the tumours alone may suffice.

Your doctor will explain to you why he would recommend a removal of the uterus in your particular case.

PROSPECTS OF SUCCESS

Uterus removal is a routine procedure nowadays. Nevertheless, carrying out the procedure may not be possible or only in part, for instance if there are adhesions or findings which are too extensive; pathological changes may also be overlooked.

Depending on the diagnosis resulting from the histological examination of the tissue samples taken, further treatment may become necessary.

After total removal of the uterus, you will no longer menstruate and therefore can no longer become pregnant. Light bleeding may still occur after partial removal of the uterus. Weight gain or a negative effect on sexual sensation after uterus removal could not be confirmed. However, psychological problems may occur after the procedure.

If both ovaries are removed as an additional measure during the operation prior to natural menopause, menopause will commence prematurely, including all of its possible symptoms (e.g. hot flashes, increased perspiration, osteoporosis). If only one ovary is removed, the other will usually take over hormone production.

Menopause symptoms can be treated with medication. Your doctor will inform you regarding the hormone therapies available as well as their advantages and disadvantages, risks and complications and will instruct you regarding the long-term consequences of hormone deficiency.

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

Preparation:

Medication: Please inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASA], Marcumar®, Heparin, Plavix®, Ticlopidin, Clopidogrel, Eliquis®, Lixiana®, Xarelto®, Pradaxa® and metformin-containing antidiabetic medicines, so-called biguanides) or have taken irregularly over the course of the past eight days prior to the procedure (for instance painkillers 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.

The surgical procedure requires **pre-procedure fasting**. Please follow the respective instructions of your anaesthetist.

Aftercare:

The procedure will usually be carried out on an in-patient basis. Your doctor will instruct you regarding any **necessary physical rest** once you have returned home as it applies to your individual case.

Pain around the surgical area can usually be alleviated with medication. Shoulder or abdominal pain or **crackling underneath the skin** may be due to the inserted gas and should disappear within a short period of time.

Please inform your doctor immediately should you experience a **fever, intense abdominal pain, nausea or circulatory problems**. These symptoms may appear even days after the procedure and must be examined immediately.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent

damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

Injuries of neighbouring organs (colon, bladder, ureter, fallopian tubes, ovaries, liver, kidneys, spleen) are rare and usually occur especially in the presence of massive adhesions. Surgical intervention may then become necessary. Injuries of the colon can lead to dangerous **peritonitis**. A colostomy may be required in extreme cases. Obesity, massive adhesions, previous operations, inflammations or anatomic anomalies increase the risks involved in this procedure. An **injury of the colon, bladder and ureter** can lead to the formation of a fistula (unnatural connection). This can then result in urine or stool entering the abdominal cavity or discharging through the vagina. Further surgery may be required.

In rare cases, **urinary retention** (inability to empty the bladder), difficulties emptying the bladder or impairment of urine flow from the kidneys (renal stasis) can occur after the operation. This can usually be alleviated by draining the urine via a catheter for a certain period of time. Permanent damage rarely occurs.

Adhesions in the abdominal cavity may occur, especially in those cases where previous adhesions were removed during uterus removal. Adhesions inside the abdominal cavity may lead to symptoms even years after the procedure, sometimes even resulting in obstruction of the bowels; they will then have to be removed surgically.

A **dropping of the bladder, rectum and vagina** including pain or a sensation of pressure, an urge to defecate and problems urinating could frequently be observed after the procedure.

Incisional hernia is rare after uterus removal, but may have to be closed surgically if it does occur.

Infections are rare and can be treated successfully with antibiotics in most cases, surgical treatment will rarely be required. In extreme and exceptional cases, an infection that has spread beyond control can lead to **life-threatening blood poisoning** (toxaemia) and even to inflammation of the endocardium (endocarditis).

With patients predisposed to delayed wound healing or **wound healing disorder**, painful scarring and abnormal proliferation of scar tissue (keloids) may occur.

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, bleeding and pain may then result. They are usually temporary. In some cases, permanent nerve damage, tissue death or scarring may occur.

Bleeding is usually noticed immediately and can then be stopped. Intense bleeding may require additional surgical measures and measures to stop the bleeding. In rare cases, post-operative bleeding may occur, which, depending on its intensity, may require additional surgery.

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.

Sometimes **blood clots (thromboses)** may form, causing obstruction of a blood vessel (**embolism**). Such blood clots may then travel to other parts of the body and block the vessels of other organs. This may then lead to e.g. **stroke, kidney failure requiring dialysis** or **lung embolism** and result in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may lead to a severe immune response (HIT) involving clotting of the platelets (thrombocytes) and obstruction of veins and of arteries.

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 dialyses.

The gas injected into the abdominal cavity during the procedure can enter the chest cavity and push aside the lungs (**pneumothorax**), leading to shortness of breath. The air will then have to be removed through puncture or insertion of a drain. If the gas enters a blood vessel, it may lead to dangerous **gas embolism** as a result.

Through the insertion of the gas or the manipulation of the abdominal cavity, the patient may suffer a sudden **drop in blood pressure**, which can often be treated successfully with medication.

If a malignant tumour is punctured, tumour cells may be introduced to other areas of the body, leading to the formation of **metastases** in exceptional cases. This may occur in particular in those cases where the uterus is cut up inside the abdomen prior to its removal (so-called morcelllement). Unfortunately, a malignant finding cannot be ruled out entirely prior to an operation. If you do not want morcelllement to be carried out in your case, please discuss this with your doctor.

Questions about Your Medical History

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

Information about medications:

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

Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efiënt®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

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, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efiënt®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

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 surgery on the gastrointestinal tract? yes no

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

Have you ever had a laparoscopy? yes no

Wurde bei Ihnen schon einmal eine Bauchspiegelung durchgeführt?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what? _____

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

Have you had recently inflammation of the uterus, ovaries, fallopian tubes, or vulva? yes no

Trat in letzter Zeit eine Entzündung der Gebärmutter, der Eierstöcke/ Eileiter oder der Scheide auf?

Do you have or have you ever had any of the following diseases: Liegen oder lagen nachstehende Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

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

Bluterkrankung/Blutgerinnungsstörung? Erhöhte 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?

Blood clot (thrombus) / blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

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, Herzmuskulenzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck.

Any other: _____

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

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

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

Any other: _____

Metabolic diseases? yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____

Thyroid diseases? yes no

Underactive thyroid, Overactive thyroid, Basedow disease, Nodes, Thyroid swelling (goitre).

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Basedowsche Krankheit, Knoten, Kropf.

Any other: _____

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)? yes no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

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

Planned Procedure: Folgender Eingriff ist geplant: **Removal of the uterus via laparoscopy**

Hysterektomie mittels Bauchspiegelung

 Removal of the uterus via the vaginal route

Hysterektomie über die Scheide

 Removal of the uterus via abdominal incision

Hysterektomie mittels Bauchschnitt

 laparoscopy-assisted vaginal hysterectomy

laparoskopisch assistierte vaginale Hysterektomie (LAVH)

 total hysterectomy totale Hysterektomie **Partial removal of the uterus**

Entfernung des Gebärmutterkörpers und Belassen des Gebärmutterhalses (suprazervikale Hysterektomie)

Additional measures: Zusatzmaßnahmen

removal of Entfernung der

 ovaries Eierstöcke **left links** **right** rechts **both sides** beidseits **fallopian tubes** Eileiter **left links** **right** rechts **both sides** beidseits **no morcellation of the uterus but removal via an abdominal incision instead**

Keine Zerkleinerung (Morcellation) der Gebärmutter im Bauch, sondern Bergung über einen größeren Schnitt

 Other Sonstiges: _____**Capability to give wilful consent:****Fähigkeit der eigenständigen Einwilligung:** The patient is **capable of making a decision** on the recommended procedure on her own and giving her consent for the procedure.Die Patientin besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und 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 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 der Patientin 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 / Betreuer / ggf. des Zeugen]**DECLARATION OF CONSENT**

Please tick the appropriate boxes and confirm your statement with your signature below:

I hereby confirm that I have understood all sections of this form. I have read the entire form (6 pages). During the pre-procedure interview with the doctor _____, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (6 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I deliberately refrain from obtaining a more detailed explanation. However, I hereby confirm that the doctor _____ instructed me regarding the necessity of the procedure, its type and scope as well as the fact that all medical procedures are accompanied by certain risks.

Ich verzichte bewusst auf eine ausführliche Aufklärung. Ich bestätige hiermit allerdings, dass ich von der Ärztin/dem Arzt über die Erforderlichkeit der Maßnahme, deren Art und Umfang sowie über den Umstand, dass alle medizinischen Maßnahmen Risiken bergen, informiert wurde.

I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the procedure proposed. I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Maßnahme zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I confirm that I am capable of following the instructions given to me by my doctor.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

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

e-mail address [E-Mail-Adresse]

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

Signature of the patient / legal guardian(s) [Unterschrift Patientin / Betreuer]

Copy/Kopie:

 received/erhalten waived/verzichtetSignature Copy received/waived
Kopieerhalt/-verzichtet