

Klinik / Praxis



Data about the patient: Patientendaten:

englisch

Examination scheduled to take place on (date): Die Untersuchung ist vorgesehen am (Datum):

Dear patient,

The perfusion and performance of your heart is to be tested with an exercise ECG (electrocardiogram). With this examination, heart diseases which only become apparent during physical exertion can be detected.

The following text is intended to inform you about the course of treatment, related risks and any measures you need to take before and after the procedure as well as 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 and of any potential complications which could result from them. 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 suggested examination or reject it.

Please read the following information and complete the form carefully. It is understood that your data will be treated as confidential. Your doctor will provide you with a copy of the completed and signed form after the interview.

HOW AN EXERCISE ECG WORKS

FUNKTIONSWEISE DES BELASTUNGS-EKG

The heart consists of four cavities: two atria and two chambers. The heart's own electrical impulses maintain a regular heartbeat. These impulses are produced by special muscle cells located in the right atrium, the sinus node, and are then transmitted via the muscles of the atrium and the heart chambers. This leads to the heart contracting and pumping the blood into the aorta and the lungs. During an ECG, these electrical impulses are picked up by electrodes attached to the skin's surface and are then transmitted to a monitor or printed out on paper.

The purpose of exercise ECG testing is to detect heart diseases which only become apparent during physical exertion. These include constriction of or impaired blood circulation in the coronary arteries (coronary heart disease) or a weak heart (cardiac insufficiency). The patient's overall physical fitness can also be determined during an exercise ECG.

However, this type of examination is also useful for follow-up examinations for patients with heart valve disease or after surgery on the coronary arteries, as well as to test the effectiveness of medication prescribed to patients with exercise-induced cardiac arrhythmias.

COURSE OF EXERCISE ECG TESTING

ABLAUF DES BELASTUNGS-EKG

Before the examination, a number of adhesive or suction electrodes will be attached to your chest and, if need be, your arms and legs. An ECG at rest will usually be done first. During this examination, the electrical impulses of your heart are recorded while you are sitting or lying down.

Afterwards, the exertion phase will be conducted using a so-called ergometer. The ergometer can either be a bicycle ergometer or a treadmill like the ones used at gyms. The examiner will gradually increase the level of exertion, depending on your age

and your overall fitness, following a prescribed pattern. During the exercise, your blood pressure and your pulse will be measured.

An exercise ECG is very strenuous for most people. This is intentional though, since it is the only way of measuring any changes in heart performance under physical exertion. However, should you experience dizziness, chest pains or extreme shortness of breath, the doctor will stop the examination. The exertion phase usually takes between 10 to 20 minutes, followed by a five-minute resting phase.



ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

In some cases, alternative examination methods could be used, such as an ultrasound examination (echocardiography), magnetic resonance imaging (MRI), a heart catheter examination,

computer tomography (cardiac CT scan) or a scintigraphy. These procedures, however, are also accompanied by risks and have advantages and disadvantages of their own.

Your doctor will explain to you why he would recommend exercise ECG testing in your particular case.

PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

If the examination results suggest that you suffer from a heart disease, further examinations will often be necessary. However, even if the examination results are normal, additional tests may still be required in order to clarify your symptoms, since the exercise ECG only reliably detects cardiac diseases in about two-thirds of the cases.

DIRECTIONS FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

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

Medication: It is important for you to inform your doctor of any medication you take on a regular basis (in particular any medication to treat high blood pressure or cardiac arrhythmia). 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.

Clothes: Please wear comfortable clothes on the day of the examination or bring along sports clothing to change into.

Should you experience symptoms such as dizziness, shortness of breath or chest pains during the exertion phase, please tell your doctor immediately.

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 need regularly medications for high blood pressure or heart rhythm problems? yes no

Digitalis, Verapamil, Betablocker.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig Medikamente gegen hohen Blutdruck oder Herzrhythmusstörungen?
 Digitalis, Verapamil, Betablocker.

Any other: Sonstiges: _____

When did you take the last dose? _____
Wann war die letzte Einnahme?

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

Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?

If so, which ones? _____

Wenn ja, welche:

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: Wenn ja, bitte auflisten:

(including non-prescription medications, natural or herbal medications, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Do you have a pacemaker or a defibrillator? yes no
Haben Sie einen **Herzschriftmacher** oder **Defibrillator**?

Do you smoke? yes no

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

Do you drink alcohol regularly? yes no

If so, what and how much: _____
Trinken Sie regelmäßig Alkohol? Wenn ja, was und wie viel?

COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

The complications which may arise during the examination can also arise in everyday life during comparable exertion. However, in the examination situation, the doctor is constantly monitoring your blood pressure and pulse and can thus detect problems early on, and also has the necessary equipment available to him/her in order to be able to respond immediately to any complications. For this reason, life-threatening complications are very rare and are only to be expected in patients with severe pre-existing conditions. 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.

The exertion may lead to **chest pain** (angina pectoris) or **shortness of breath**. Administering medication will usually alleviate those symptoms. In extreme cases, however, a **heart attack** may occur, which may then require treatment via catheterisation. In some cases, bypass surgery may become necessary.

Cardiac arrest requiring resuscitation and leading to temporary or permanent organ damage due to a lack of circulation, e. g. brain damage, paralyses or kidney failure, is extremely rare.

Cardiac arrhythmia may occur during or after the examination, which, in extreme cases, may have to be stopped with a power surge.

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

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Heart, circulatory or blood vessel diseases? yes no

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

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

Any other: _____
Sonstiges: _____

Diseases of the respiratory tract (breathing passages) or lungs?

Asthma, chronic bronchitis, inflammation of the lungs, emphysema.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem.

Any other: _____

Sonstiges: _____

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 to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

The patient is capable of making a decision on the recommended examination by himself/herself and issuing its consent for the procedure. Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlene Untersuchung zu treffen und seine/ihre Einwilligung 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.

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

Refusal by the patient Ablehnung des/der Patienten/in

Ms./Mr. _____ has provided me with detailed information regarding the examination at hand and has also pointed out the disadvantages of rejecting it. I have understood the information provided to me and was able to discuss my understanding of the information provided with the doctor. I hereby reject the exercise ECG suggested to me.

Frau/Herr _____ hat mich umfassend über die bevorstehende Untersuchung und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und könnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich das mir vorgeschlagene Belastungs-EKG ab.

I reject the exercise ECG suggested to me, but would like to receive further information about alternative methods.

Ich lehne zwar das mir vorgeschlagene Belastungs-EKG ab, möchte jedoch mehr über die möglichen Alternativen erfahren.

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 (3 pages). During my explanatory appointment, _____ has given me a comprehensive of the planned examination, 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 (3 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn _____ wurde ich über den Ablauf der geplanten Untersuchung, deren 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 operation, of its type and extent, and of the fact that this operation has its 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 hereby assure that I have no further questions and do not need additional time for consideration. I consent to the suggested examination. 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 Bedenzeit benötige. Ich stimme der vorgeschlagenen Untersuchung zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

I affirm that I am in a position to follow the medical instructions I have received in regard to what is expected of me.

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

email 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]