

┌ Clinic / doctor: Klinik / Praxis:



┌ Patient data: Patientendaten:

englisch

┌ Examination scheduled to take place on (date): Untersuchungsdatum:

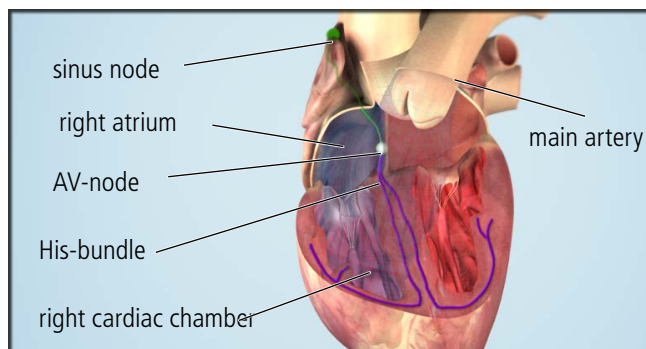
Dear patient,

Your health problems are caused by cardiac arrhythmia which cannot be treated effectively with medication alone. Your doctor has therefore suggested that you undergo a catheter-based procedure (ablation) targeting the area of your heart which is responsible for the cardiac arrhythmia.

The following text is intended 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.

FUNCTION OF THE HEART FUNKTION DES HERZENS

The heart consists of two atria and two chambers. The heart's own electrical impulses maintain a regular heartbeat. These impulses are normally produced by special muscle cells in the right atrium, the so-called sinus node, and are then transmitted via the muscles of the atria. This leads to the atria contracting and pumping the blood into the cardiac chambers. A second group of muscles cells, the so-called AV node, then picks up the signal and transmits it via a special bundle of fibres (His bundle) to the cardiac chambers. The chambers contract shortly after the atria and, by doing so, pump the blood into the aorta and the lungs. In a healthy adult in a resting state, the heart normally beats at a rate of 70 times per minute.



If any malfunctions occur during the development or transmission of the electrical impulses, the heart will end up beating arrhythmically, which is then referred to as cardiac arrhythmia. The heart will then often beat so fast, the cardiac chambers won't have enough time to fill up with blood again and the heart won't be able to pump effectively anymore. This may lead to the body not being supplied with sufficient amounts of oxygen and to dizziness, faintness or fainting as a result.

COURSE OF THE CATHETER ABLATION PROCEDURE

ABLAUF DER KATHETERABLATION

Your doctor has advised you to undergo catheter ablation in order to treat your cardiac arrhythmia. This type of procedure uses

special flexible catheters to target the area of heart tissue which is responsible for the cardiac arrhythmia and to then destroy it using heat (alternating current, laser) or cold, thereby deactivating the faulty tissue. This will usually result in the cause of the cardiac arrhythmia being removed.

The following type of cardiac arrhythmia has been diagnosed/ is suspected:

AV-nodal reentrant tachycardia *AV-Knoten-Tachykardie*
With this disorder, the conduction system in the AV node has two or, in rare cases, even three pathways, with the individual pathways transmitting the electrical signal at different speed or even in the opposite direction between the atria and the cardiac chambers.

Wolff-Parkinson-White syndrome (WPW syndrome) *Wolff-Parkinson-White-Syndrom (WPW-Syndrom)*
Normally the atria are electrically insulated from the cardiac chambers and a signal can only be transmitted via the AV node. In patients with WPW syndrome, there are additional accessory pathways located between the atria and the cardiac chambers, which can lead to circulating electrical impulses in the entire heart.

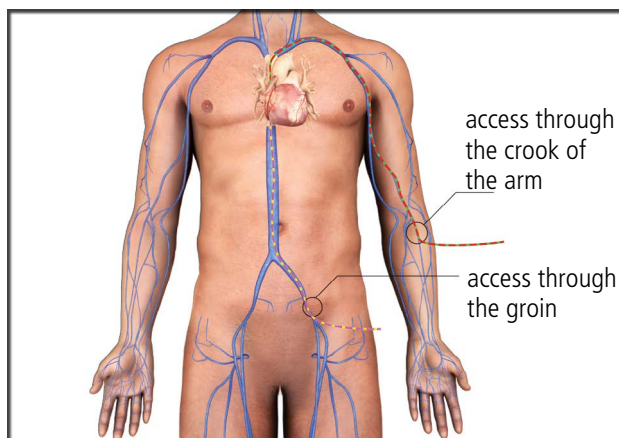
Atrial tachycardias (100-250 beats/min.) *Vorhofftachykardien* (100 – 250 Schläge/min)
With these types of arrhythmia, there are additional sources of electrical impulses in the atria.

Atrial flutter (250-350 beats/min.) *Vorhofflattern* (250 – 350 Schläge/min)
With this disorder, circulating electrical impulses occur inside the affected atrium due to anomalies in the transmission of electrical impulses.

Ventricular arrhythmias *Kammerrhythmusstörungen*
With these types of arrhythmia, there are additional sources of electrical impulses in the cardiac chambers.

Depending on the type of arrhythmia you suffer from, catheter ablation will target different areas of your heart. Often several sources of arrhythmia are discovered during the procedure, which may then require several ablations.

The catheter ablation procedure is usually carried out under local anaesthesia. If the procedure is to be carried out under a general anaesthetic in your particular case, you will receive a separate information sheet. You will receive a mild sedative or sleep-inducing drug if needed. In order to prevent formation of blood clots during the procedure, you may have an anticoagulant agent administered to you.



Prior to the catheter ablation procedure, an electrophysiology study (EPS) will have to be carried out in order to locate the exact origin of your cardiac arrhythmia. This may already have been carried out in the course of a pre-procedure examination or will be carried out right before you undergo the ablation procedure.

EPS procedure EPU-Untersuchung

After your skin has been thoroughly disinfected and the area to be used for access by the doctor has been anaesthetised, the doctor, first of all, will puncture a suitable vein in your groin (in rare cases, in the crook of your arm, on your chest or neck). He will then insert the catheter (a flexible plastic tube) through the blood vessels in your arm or leg and your abdominal vessels all the way to your heart, using X-ray fluoroscopy to monitor the catheter's position. It will often be necessary to insert additional catheters, for example using the other groin for access. If an examination of the left side of the heart is required, the doctor can also insert a catheter through an artery or through a small opening created by the catheter in the cardiac septum into the left atrium and the left chamber.

Every catheter has up to 20 metal contacts, through which the electrical impulses in various areas of the heart can be conducted and recorded. The doctor may then try to trigger your typical arrhythmia using either the catheter itself or medication.

Catheter ablation Katheterablation

The ablation catheter (flexible plastic tube) will be inserted, using X-ray fluoroscopy and, if needed, a contrast medium to monitor its position, through the vessels in your arm or leg and your abdominal vessels all the way to your heart. Using this special catheter, the doctor will destroy the heart muscle tissue responsible for your cardiac arrhythmia by applying either heat or cold, depending on the method used. Since this could cause pain, you will be given some pain killers if needed.

After the procedure, the catheter is removed and the access to your vein or to your artery is closed.

POSSIBLE ADDITIONAL MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

If atrial fibrillation occurs during the procedure, electrical cardioversion involving a brief power surge being sent through your heart may have to be carried out. This procedure will be performed under short anaesthesia if necessary. If life-threatening cardiac arrhythmia is likely to occur during the procedure, defibrillation electrodes may be attached to your chest prior to the ablation procedure. In case of an emergency, the arrhythmia can usually be stopped by administering a power surge.

If the cardiac septum has to be punctured during the procedure, it may be necessary to carry out a transoesophageal echocardiography (ultrasound examination of the heart through the oesophagus) first. You will then receive a separate information sheet.

ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

Rather than using catheter-based ablation, treatment of cardiac arrhythmia may in some cases be attempted by administering certain medication. Your doctor will explain to you why he deems catheter ablation to be the most effective method in your particular case.

PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

The success of a catheter ablation procedure strongly depends on the type of cardiac arrhythmia. In some cases, the arrhythmia may recur after the procedure has been carried out successfully. The procedure can then be repeated.

In many cases, patients will no longer require treatment with medication after successful ablation.

Your doctor will explain to you which outcome is most likely in your particular case.

DIRECTIONS FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please follow the instructions of the doctor and assistance 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 for diabetics) or medication you have taken over the course of the past eight days prior to the procedure (for instance pain killers 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.

Food, drink and smoking: Please stop smoking at least one day prior to the scheduled procedure. As a general rule, you may not eat anything anymore 6-8 hours prior to the procedure and not drink any juices with pulp, milk, broth or alcohol. You may imbibe clear fluids such as water or tea without milk or cream up until approx. 4 hours prior to the procedure.

Aftercare:

The puncture site will have pressure applied to it by the nursing personnel or have a special closing system applied to it and, if need be, a compression dressing.

Should you notice any **bleeding** at the puncture site, please apply pressure to the affected area and immediately inform the nursing personnel or the doctor.

In order to avoid post-procedure bleeding, it is necessary **after puncturing of the groin to stay in bed for several hours**. Excessive strain, heavy lifting or strong pressing should also be avoided for several days after the procedure.

Please inform your doctor immediately or come to the clinic should you experience **bleeding, swelling, pain, noticeable redness** around or **discharge from the puncture site, numbness or paling of the affected limbs** or if you have **pain** in your chest, **heart problems, shortness of breath, a temperature or chills**.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well-known that **any medical procedure is accompanied by certain risks**. These may sometimes require additional treatment or surgery and 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.

Bruising (haematomata) often occurs around the puncture site. This may lead to firm, painful swelling. Most of the time, this will disappear even without treatment.

In some cases, the blood vessel will not close up properly at the puncture site, resulting in an **aneurysm of the vessel** (pseudo-aneurysm). This can normally be treated effectively by applying a compression dressing or through an injection into the aneurysm (sclerotherapy). In rare cases, a connection will form between the artery and the vein, a so-called **fistula**, which will usually have to be closed surgically.

Impaired blood circulation in the patient's leg or arm may occur if the punctured blood vessel was injured or has become blocked by a blood clot after the procedure. In exceptional cases, this may result in a loss of function of the affected limb, in extreme cases it may result in the patient losing the affected arm or leg.

Sometimes **lymphatic obstruction** will lead to permanent swelling of the punctured limbs.

Damage to the skin, soft tissue or nerves e.g. through the puncturing, through bruising, a syringe abscess, disinfectants, a compression dressing or despite proper positioning of the patient rarely occurs. Numbness, paralysis and pain may then result. They are usually temporary. On rare occasions, these symptoms may persist even after treatment, or scars may remain.

In some cases, the moving forward of the catheter can lead to a **loop** forming. If it cannot be undone successfully, the catheter will have to be surgically removed.

Since during the procedure, anticoagulant agents will often have to be administered, the risk of (**post-procedure**) **bleeding**, particularly at the puncture site, but also in other areas of the body will be increased. In extreme cases, bleeding in the brain may occur, which can result in speech problems or paralysis. 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.

Should **severe blood loss** occur, the use of donor blood/blood components (**transfusion**) may be required in exceptional cases. This can lead – in very rare cases – to **transmission of diseases**, such as e.g. hepatitis (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or of other dangerous – even unknown – diseases.

Existing blood clots (**thromboses**) can separate from the vein, for instance when the catheter is moved forward, and cause obstruction of a blood vessel (**embolism**). Blood clots can also form or travel to other organs, leading to blood vessel blockages there. Even despite immediate treatment, this may lead to permanent damage to the affected organ (e.g. **lung embolism**, stroke including permanent paralyses, **heart attack**).

Infections, for instance at the site where the catheter was inserted, involving a collection of pus (abscess), tissue death (necrosis) or scarring rarely occur. They will lead to swelling, redness, pain, warm skin and a temperature. In most cases, infections can be treated successfully with antibiotics. In rare cases, germs may be introduced into the bloodstream, leading to dangerous **blood poisoning** (toxaemia) or inflammation of the endocardium (endocarditis) as a result. Adequate intensive care will then be necessary.

In extremely rare cases, an infection may result in the death of a patient despite proper treatment.

Allergic reactions, for instance to anaesthesia, contrast media or sedatives, 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.

During the procedure, **cardiac arrhythmia** may occur. It is usually of a temporary nature and harmless. Severe cardiac arrhythmia requiring treatment using medication or a power surge (defibrillation) occurs only in very rare cases.

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.

If, with certain types of cardiac arrhythmia, the ablation procedure is carried out close to the AV node, this may lead to **damage to the AV node** in rare cases, which may then require the **insertion** of a pacemaker, even permanently.

The treatment of ventricular arrhythmias may lead to a drop in blood pressure in patients with additional heart disease and to **pulmonary vascular congestion** (entry of fluids into the lungs).

Injuries of the heart or large blood vessels through the catheter rarely occur. On rare occasions, the wall of the heart or one of the heart valves may be injured, leading to bleeding into the pericardial sac (pericardial effusion). Injuries may require surgery in order to be alleviated, or the pericardial sac will have to be punctured with a needle and the blood be aspirated from it.

In some patients with unfavourable anatomical conditions, the ablation may lead to damage to the coronary arteries and thus, in extreme cases, to a heart attack.

If a contrast medium is administered for X-ray, patients already suffering from kidney disease may experience a decrease in kidney function or even suffer kidney failure; diabetics who are on biguanides such as Metformin may experience dangerous **disturbances of the metabolism** (acidosis); patients with dysfunction of the thyroid gland may experience **hyperfunction of the thyroid**.

Radiation exposure through X-ray is low. However, if a patient is pregnant, radiation may cause damage to the unborn child.

In extreme and exceptional cases, the nerves close to the ablated area may be damaged. This can then result in problems such as **shortness of breath** or **gastric emptying disturbances**; most of the time, these are of a temporary nature.

Through an **ablation of the pulmonary veins**, patients may experience **constriction or even occlusion of the pulmonary veins**, leading to shortness of breath and intense coughing (or even coughing up of blood). This may require surgical intervention, such as the insertion of a stent (small metal cannula) if needed. On very rare occasions, the close proximity of the oesophagus to the left atrium may lead to **injuries of the oesophageal wall**. In extreme and exceptional cases, the procedure may result in the formation of a **connection (fistula) between the heart atrium and the oesophagus**, leading to air entering the heart or severe infections in some cases. This then constitutes a serious complication requiring surgical intervention.

Questions about Your Medical History Fragen zu Ihrer Krankengeschichte (Anamnese)

yes=ja no=nein

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.

Do you take any diabetes medications? yes no

Nehmen Sie Diabetesmedikamente ein?

 insulin injections, drugs containing metformin (e.g. Glucophage®, Metformin®, Janumet®)

Any other: _____

 Spritzen (Insulin), metforminhaltige Tabletten (z.B. Glucophage®, Metformin®, Janumet®), Sonstiges: _____

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®, Eliquis®, Ticlopidin, Clopidogrel, Pradaxa, Efient®, Brilique®, Xarelto®, Iscover.

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®, Eliquis, Pradaxa, Ticlopidin, Clopidogrel, Efient®, Brilique®, Xarelto®, Iscover.

Other: Sonstiges: _____

When did you take the last dose? _____

Wann war die letzte Einnahme?

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

Benötigen Sie regelmäßig Medikamente gegen hohen Blutdruck oder Herzrhythmusstörungen?

 Amiodaron, Multaq®, Digitalis, Verapamil, Betablocker.

Other: Sonstiges: _____

When did you take the last 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 received contrast medium? yes no

Haben Sie schon einmal Kontrastmittel erhalten?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

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

Do you have a pacemaker or a defibrillator? yes no

Haben Sie einen Herzschrittmacher oder Defibrillator?

Have you ever had a catheter ablation? yes no

Wurde schon einmal eine Katheterablation durchgeführt?

If so, when? _____

Wenn ja, wann?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

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

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:

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 thereof? yes no

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, stroke, varicose veins, inflammation of a vein, thrombosis, embolism.

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

Any other: _____

Sonstiges:

Blood clot (thrombosis), blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

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

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

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

Any other: _____

Sonstiges:

Thyroid diseases? yes no

 Underactive thyroid, overactive thyroid, nodes, thyroid swelling (goitre).

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Knoten, Kropf.

Any other: Sonstiges: _____

Metabolic diseases? yes no

 Diabetes (sugar sickness), gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

(If certain answers are preselected, please correct them if anything has changed.)

Other: Sonstiges: _____

Kidney diseases? yes no Kidney insufficiency, kidney inflammation.**Nierenerkrankungen?** Nierenfunktionsstörung, Nierenentzündung.

Any other: _____

Sonstiges: _____

Communicable (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: _____

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 die Katheterablation 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 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 guardian, i.e. tutor with the evidence of guardianship. Such person is capable 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.

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

Doctor'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 doctor the information he/she gave me. Hereby I decline the

proposed gastroscopy. I decline proposed catheter ablation.

Frau/Herr Dr. _____ hat mich umfassend über die bevorstehende Untersuchung und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich die vorgeschlagene Katheterablation 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 explanation for patients.** I read completely this form with explanations (5 pages). During an interview with Ms. / Mr. Dr. _____, I was given an explanation of the course of planned catheter ablation, 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 der geplanten Katheterablation, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

- I deliberately renounce a detailed explanation.** However, hereby I confirm that the doctor whose patient I am, informed me about the necessity of the catheter ablation, type and scope, as well as circumstances, 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 der Katheterablation, deren Art und Umfang sowie über den Umstand, dass die Katheterablation Risiken birgt, und über mögliche Alternativen 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 catheter ablation.** 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 Bedenkzeit benötige. Ich stimme der mir vorgeschlagene Katheterablation zu. Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen ein. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

- 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/verzichtetSignature Copy received/waived
[Unterschrift Kopie erhalten/verzichtet]