STRESS ECHOCARDIOGRAPHY
STRESS-ECHOKARDIOGRAPHIE

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

englisch

Clinic / Doctor:

Ammerland Klinik GmbH ...wir für Sie

Patient data:

Examination scheduled to take place on (date):

Dear patient,

an ultrasound examination of your heart under physical exertion (stress echocardiography) will measure the pumping activity of your heart. This method is used to assess the perfusion of your heart muscle as well as to detect any impairment or heart valve disease.

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 STRESS ECHOCARDIOGRAPHY WORKS

During an echocardiogram, an ultrasound transmitter and receiver, a so-called transducer, generates sectional images of the heart and make them visible on a monitor. A heart muscle well-supplied with blood moves strongly in the ultrasound image, whereas a heart muscle lacking perfusion moves weakly. If the ultrasound image shows normal movement of the heart muscle in a state of rest, and if physical exertion then shows a weakening of individual areas of the heart, it points to the coronary vessel supplying the respective area being constricted. This leads to a lack of blood supply under exertion. Stress echocardiography can thus make any lack of perfusion of the heart muscle visible.

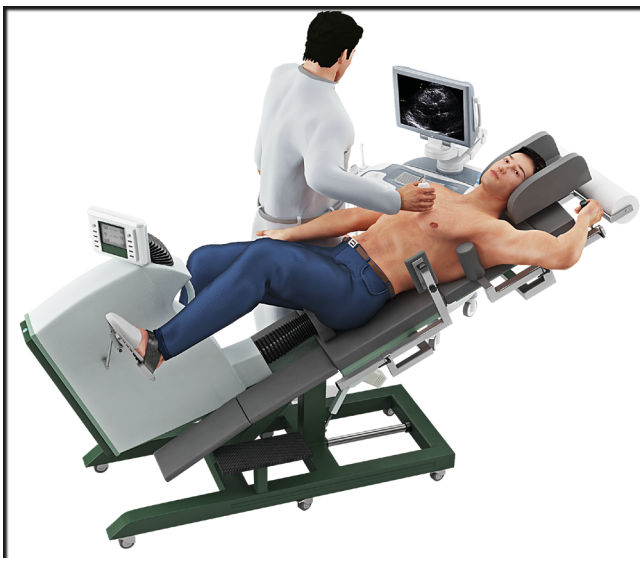
Stress echocardiography also shows if scarring of any area of the heart muscle has occurred as a result of a heart attack or if the heart muscle is still active under exertion. This allows for the doctor to recognise any permanent loss of function of the heart muscle resulting from impaired circulation or a heart attack. This is important if a constricted or blocked coronary vessel could be re-opened through cardiac catheterisation or bridged through bypass surgery.

Blood flow inside the heart and heart valve function can also be assessed using stress echocardiography.

COURSE OF STRESS ECHOCARDIOGRAPHY

First of all, the doctor will generate an image of the heart's movement in a state of rest using the ultrasound equipment. After that, he/she will create an exertion situation, for instance by having the patient exercise on a bicycle ergometer. Alternatively, certain medication simulating a state of physical exertion, for example by increasing the heart rate, can be administered via a peripheral venous cannula The doctor will then monitor whether this exertion has any effect on the pumping movements of the walls of the heart. By saving the ultrasound sequences, the doctor can compare the different images generated at various exertion levels directly and also measure any changes. For particular types of examinations, contrast media will be applied in addition via a vein.

During the exertion phase triggered by the medication, you will notice that your heart is beating faster. This can sometimes be uncomfortable, since you will feel as though you are under great physical strain even though you are lying on an examination bed. The increased heart rate can also lead to higher blood pressure and result in an irregular heart rate, nausea, shortness of breath, headache or chest pains. However, these symptoms are usually harmless.



Herausgeber: e.Bavarian Health GmbH
Nürnberger Straße 71, 91052 Erlangen
PHONE. +49(0)9131-814 72-0
FAX. +49(0)9131-814 72-99
MAIL. kontakt@bavarian-health.com

Wissenschaftlicher Fachberater: Prof. Dr. med. Stephan Achenbach

Juristische Beratung: Dr. jur. Bernd Joch

release 6.3.2019

BAVARIANhealth
innovative medical solutions

Lizenz:1602_03_MP2_0

KA-10/EN

ALTERNATIVE METHODS

In some cases, alternative examination methods could be used, such as computer tomography (cardiac CT scan), magnetic resonance imaging (MRI), a heart catheter examination or 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 stress echocardiography in your particular case.

PROSPECTS OF SUCCESS

Stress echocardiography allows for the movement of your heart under exertion and thus for an immediate assessment of the perfusion of your heart muscle. Stress echocardiography is therefore considered an important and highly reliable diagnostic tool to detect impaired circulation, which is present in patients with coronary heart disease for example. Other types of examination, such as a heart catheterisation, may then become necessary.

DIRECTIONS FOR PREPARATION AND AFTERCARE

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

Medication: It is important for you to inform you 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.

Food and drink: Please ask your doctor whether the examination requires pre-procedure fasting or whether you need to refrain from caffeinated beverages and foods such as coffee, tea, coke or chocolate.

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

Your ability to drive may be impaired after certain types of medication have been administered. Therefore you must not actively participate in road traffic for a period of 12 hours after the examination (not even as a pedestrian) nor participate in any risky activities.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

Most of the complications which may arise during the examination can also arise at any time 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.

Allergic reactions (intolerance symptoms), e.g. to medication or ultrasound contrast media involving skin rash, itching, swelling or nausea and coughing may occur. Severe reactions such as shortness of breath, spasms, tachycardia or circulatory shock are rare. Due to insufficient perfusion, temporary or permanent organ damage, e. g. brain damage, paralysis or kidney failure may occur even despite adequate intensive care.

Damage to the skin, soft tissue or **nerves,** - for instance through the insertion of a peripheral venous cannula, leading to bruising or syringe abscess - rarely occur. Temporary or, in rare cases, permanent sensory disturbance, paralyses, pain and numbness may then result, or scars may remain.

During or shortly after the examination, **cardiac arrhythmia** may occur. It usually disappears without treatment or can be treated successfully with medication. In extreme cases, it may have to be stopped with a power surge.

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

The occurrence of **cardiac arrest** requiring resuscitation and sometimes leading to temporary or permanent organ damage e. g. brain damage, paralyses or kidney failure, is extremely rare.

If Atropine is administered, it may lead to **dryness of mouth**, **urinary emptying disorder** and temporary **vision disorders**.

The medication administered can lead to a constriction of the airways or to an **asthma attack**, both of which can be easily treated with medication.

Especially in patients with severe heart disease, **pulmonary vascular congestion** leading to shortness of breath and requiring further treatment may result.

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.

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

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

Benötigen Sie regelmäßig Medikamente gegen hohen Blutdruck oder Herzrhythmusstörungen?

☐ Digitalis, ☐ Verapamil, ☐ Betablocker.
☐ Digitalis, ☐ Verapamil, ☐ Betablocker.

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.)

Are you pregnant? ☐ not certain ☐ yes ☐ no

Sind Sie schwanger? ☐ **nicht sicher**

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

Trinken Sie regelmäßig Alkohol?

☐ 1-2 times a week 1 - 2 mal, ☐ 3-5 times a week 3 - 5 mal,
☐ 6-7 times a week 6 - 7 mal pro Woche

☐ 1/2 litre beer or 1/4 litre wine or 1 shot of spirits
1/2 ltr. Bier oder 1/4 ltr. Wein oder 1 Schnaps,

☐ 1 ltr. Bier oder 1/2 ltr. Wein oder 2 Schnäpse,
1 litre beer or 1/2 litre wine or 2 shots of spirits

☐ more mehr

Do you have a pacemaker or a defibrillator? ☐ yes ☐ no

Haben Sie einen **Herzschrittmacher** oder **Defibrillator**?

If yes, please bring your pacemaker ID card.
Wenn ja, bitte Herzschrittmacherausweis mitbringen.

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

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, ☐ Herzmuskelentzündung, ☐ 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:

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:

Benign prostate enlargement ? ☐ yes ☐ no

Gutartige Prostatavergrößerung?

Elevated Interior eye pressure (intraocular pressure), glaucoma? ☐ yes ☐ no

Erhöhter Augeninnendruck, Glaukom (grüner Star)?

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 Alternativmethoden, Erfolgsaussichten) 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 procedure on his/her own and giving his/her consent for the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/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/Der Patient wird von einem **Betreuer** mit einem die Gesundheitssorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten 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 / Patient / 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 (4 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 (4 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 / Patient / Betreuer]

Copy/Kopie:
☐ received/erhalten
☐ waived/verzichtet _____
Signature Copy received/waived
Kopieerhalt/-verzicht