

Clinic / Practise: [Klinik / Praxis:]



Patient data: [Patientendaten:]

englisch

The operation is scheduled for (date): [Die Operation ist vorgesehen am (Datum):]

Dear Patient,

You have been diagnosed with narrowed coronary blood vessels. Blood is to be rerouted around the narrowed parts by means of a bypass operation. This should help to improve the blood supply to your heart muscle, relieve your symptoms and prevent an impending heart attack.

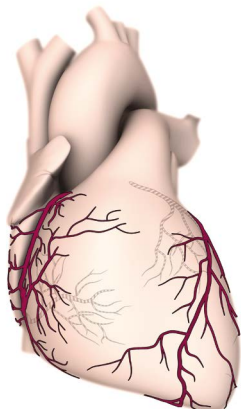
This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

COURSE OF THE VARIOUS PROCEDURES

ABLAUF DER VERSCHIEDENEN VERFAHREN

Selection of the bypass procedure suitable for you will depend on a number of factors, including the severity and type of your heart disease, your general condition and any other diseases you may have.

Bypass operations are always carried out while the patient is under general anaesthesia. This will be explained to you separately. During the operation, your organ functions will be monitored without interruption and remedial action will be taken immediately if any problems appear.



Blood flow is generally rerouted around a narrowed coronary vessel through an artery taken from the reverse side of the patient's chest wall. If two or more bypass grafts are needed, additional superficial blood vessels are taken from other locations such as the lower arm or possibly a vein from the lower thigh. The final decision on which bypass grafts are laid and the number of grafts is usually not made until during the operation.

After thorough disinfection and draping, the chest is opened, usually by means of an incision along the middle of the breastbone, and the heart is exposed. Then the surgeon usually prepares a dispensable artery from the chest wall for connection with the narrowed blood vessel part to be bypassed.

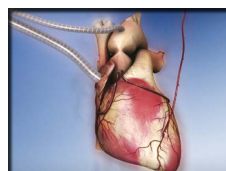
A bypass operation can be performed with a heart-lung machine, without a heart-lung machine or minimally invasively, as

explained below. In the following text your physician will mark the procedure scheduled for you and discuss it with you in detail.

Bypass operation with heart-lung machine (on-pump)

Bypass-Operation mit Herz-Lungen-Maschine (on pump-Technik)

With this method, the heart is attached to a heart-lung machine by means of two plastic tubes. In order to interrupt the flow of blood through the heart, the surgeon clamps off the aorta and the heart is stopped by injection of a medication. The machine has now taken over the job of the heart and the lungs to provide the body with oxygen during the operation.

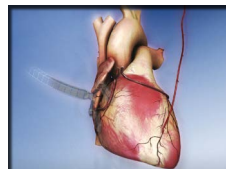


The surgeon sews the bypass grafts in place and checks that they conduct blood without leaking. Then the heart is restarted. When its beat is regular, the heart is allowed to take over from the machine step by step.

Bypass operation without heart-lung machine (off-pump)

Bypass-Operation ohne Herz-Lungen-Maschine (off pump-Technik)

With this procedure, the heartbeat is just slowed down by medications. So called stabilisers are then employed to stabilise the relevant heart chambers with narrowed vessels so that the bypasses can be sewn in.



The blood supply to the heart muscle in this region is maintained by insertion of small plastic tubes (shunts) in the area where a bypass is to be attached. They are taken out just before the bypass is completely sewn in.

The stabilisers are removed when the bypasses are conducting blood without leaking. Medications are then applied to re-establish a normal, regular heartbeat.

After the operation, the breastbone is closed with wires, the wound in the chest is stitched together and provided with a sterile dressing.

□ Minimally invasive bypass operation (MIDCAB)

Minimalinvasive Bypass-Operation (MIDCAB)

With this technique, an incision about 10 cm long is made between two ribs on the patient's left side. This technique can only be applied when the chest wall artery is to be connected with the left coronary vessel. The technique places much less of a strain on the patient because there is no incision in the breastbone.

It might be necessary to regulate the heartbeat with a temporary pacemaker. Thin pacemaker cables are attached to the heart muscle and run through the skin to outside the body. Drainages (thin plastic tubes) are placed in the patient's chest to divert secretions from the wound to outside the body. The physician will remove the pacemaker cables and drainages a few days later.

POSSIBLE SUPPLEMENTARY MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

During the operation it might become evident that further operations on the heart are necessary (e.g. heart valve replacement). If there is no other choice and the risk of a second operation is too great, the additional necessary procedures will be carried out. If such a possibility can be foreseen, your physician will advise you accordingly.

Sometimes it might also be necessary to switch from an operation without heart-lung machine to an operation with heart-lung machine, or to switch from a minimally invasive operation to an open operation.

ALTERNATIVE PROCEDURES ALTERNATIV-VERFAHREN

Various medications can be applied in an attempt to improve the supply of blood to the heart muscle.

A blocked coronary blood vessel can also be cleared with the help of a heart catheter procedure. For example, the inner diameter of the blood vessel can be increased by a balloon (balloon angioplasty), by a laser (laser angioplasty) or by a small cutting device (rotational angioplasty). In addition, a stent can be inserted to keep the vessel open.

Your physician will be glad to explain to you why a bypass operation is advisable in your case.

PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

A bypass operation can improve the supply of blood to your heart and increase your quality of life. Many patients still have no complaints and lead a largely normal life for many years after the operation.

However, to ensure long lasting success of this treatment, it is important that you reduce your risk factors for recurrent blood vessel blockage after the bypass operation and thus slow down the underlying disease (arteriosclerosis). A bypass or another coronary blood vessel might become blocked over the long term, thus necessitating another bypass operation.

ADVICE FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please strictly follow the instructions of the physician and of the nursing personnel. Unless they have arranged otherwise, the following instructions shall apply.

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® [ASS], 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 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.

Post-Operative Care:

After the operation, your bodily functions will be monitored for a few days in an intensive care unit. When your vital functions are stable again, you will be moved to a general care unit.

During the first few days, your operation wounds might cause some pain, which can be alleviated by medications. You might also have some initial, unpleasant pain in your shoulder, but this usually goes away without treatment.

You will be shown some physical therapy exercises for strengthening your muscles and stabilising your circulation. Please be sure to practise them diligently.

Please be sure to inform your physician immediately in the event of any complaints such as, for example, painful breathing, heart problems, respiratory or circulatory disorders, fever, tingling or numbness. Such complaints can also occur several days or weeks after the operation. They must be treated immediately.

If your chest was opened by an incision through your breastbone, the pain can last for a few weeks. The healing process takes 6 to 8 weeks, as with a broken bone. You should avoid jerky motions during this time.

After a bypass operation, some patients suffer from a feeling of depression. Do not hesitate to speak about it if you notice such a change in yourself. We can offer you assistance in various forms should you require it.

If your blood has to be thinned by medication, please take the medicine prescribed exactly as directed and have your blood clotting functions checked on schedule.

You must be sure to follow the instructions of your physician regarding other activities such as, for example, taking other medications and physical exertion.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes 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.

Confused state and impaired speech, memory or concentration occur in many cases after the operation. Most of them recede by themselves within a few days.

Infections, for example with necrosis (tissue death) and formation of scars, injection abscess or vein inflammation (phlebitis) in the area of the operation wound, at a withdrawal point from blood vessels in an arm or leg, or at the point of an injection needle may occur. A septic wound expresses itself in swelling, reddening, pain, excessive warmth in the skin and fever. Infections are easily treated with antibiotics in most cases. A surgical treatment is necessary if there is an infection of the breastbone or chest area or if the infection cannot be brought under control with antibiotics. An infection that has spread beyond control can lead to **life-threatening blood poisoning** (toxaemia).

With delayed wound healing or in patients with a predisposition to **impaired wound healing** there can be painful formation of scars and overgrowths (keloids). If the **breastbone** does **not** grow back together again so that it is **stable**, a second operation can be necessary.

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 dialysis.

In rare cases, **nerves** or **major blood vessels** might be **injured**. Injuries to blood vessels can lead to impaired circulation and necroses (death) of soft tissue. Injuries to nerves, such as the recurrent laryngeal nerve (vocal cords), the phrenic nerve (diaphragm), or the brachial (arm) plexus (nerves) can lead to temporary speech impairment, hoarseness, laboured breathing or paralysis of the arm, which only become permanent in rare cases.

Blood clots (thromboses) can form and lead to obstruction of a vessel. Blood clots may also travel to other parts of the body and block the vessels of other organs (**embolism**). 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.

If air finds its way into a blood vessel during the operation, an **air embolism** can form with restricted blood flow or circulatory disturbances or disorders that can be quite severe.

Bleeding is generally recognised at once and stopped. With high losses of blood it might be necessary to administer a **transfusion** of blood or blood components from another person. In very rare cases, this can lead to transmission of diseases, such as hepatitis (inflammation of the liver), HIV (AIDS), BSE (brain disease) or also of other dangerous – even unknown – diseases. Lung oedema leading to lung failure, a decrease in kidney function or other dangerous immune responses can be triggered. A prior donation of the patient's own blood is generally not advisable. After a blood transfusion, a blood test can be considered a few weeks later so that the possibility of infection with HIV or hepatitis viruses can be excluded with absolute certainty.

Bruises (haematomas) occur occasionally and can cause hard, painful swellings. Most of them disappear by themselves without treatment after a few days or weeks.

Post-operative bleeding at the seams of the bypasses can lead to blood collecting in the heart sac (pericardium) and interfere with the heart's pumping function. Then it is necessary to perform a puncture of the heart sac or to open it.

Irritation of the **heart sac** during the operation can cause it to become **inflamed**. Then it can be necessary to place a drain.

In open surgery on the chest, a rib spreader is used, which may lead to **rib fractures**.

Impaired breathing, for example due to a weakness of the diaphragm, can make it necessary to provide mechanical ventilation (forced breathing) in the intensive care unit for a few days. This can give rise to an inflammation of the lungs.

After the operation, air might find its way into the chest and be trapped next to a lung (**pneumothorax**), fluid might accumulate (**pleural effusion**), or one of the lungs might partially collapse. The results can be coughing, disquiet, sweating, elevated pulse, and laboured breathing. If conservative treatments such as breathing therapy and administration of diuretic medications do not suffice, then it can be necessary to perform a tap or to place a suction drain.

Damage to the **skin, soft tissue or nerves** (for instance through injections, disinfectants, electrical surgical instruments heating pads, or despite proper bedding) is possible. Numbness, paralysis and pain may then result. They are usually temporary. In some cases, permanent nerve damage, tissue death or scarring may occur.

For a certain amount of time after the operation, the heart might be too weak to maintain blood circulation (**heart failure**). **Irregular heart rhythms** also occur frequently. These problems can usually be treated well with medications. However, it might also be necessary to temporarily support the heart with a special pump or to implant a defibrillator or pacemaker, possibly on a permanent basis.

During the operation, the reduced blood circulation through the heart muscle can lead to a **heart attack** in rare cases. Most of these attacks are recognized at once and treated.

During or after the operation, the patient's **blood pressure** might **drop** or **circulatory disorders** might appear. In extremely rare cases this can cause **damage to the optic nerve** with **blindness**, possibly in both eyes.

When a heart-lung machine is used, the patient's blood comes in contact with foreign bodies (parts of the machine) and this causes signalling substances to be released. These substances trigger an **immune response** throughout the body and can cause life threatening organ failures. Moreover, microscopically small blood clots, air bubbles or calcification that has become detached from a vascular wall can find its way into the brain and lead to **impaired brain performance** or even to a **stroke** with possibly permanent **paralyses**. Functional disorders can also occur in other organs such as the liver, gall bladder, pancreas, and the intestines. Most of these problems can be treated with conservative measures. Moreover, if the **kidneys** had already suffered damage before the operation, they might develop **functional disorders** or even **fail completely**, in which case temporary or, in the worst case, permanent dialysis can become necessary. And then the **lungs**, which were not supplied with blood during the operation, might react with an **infection** or **functional disorder**.

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.

yes=ja no=nein

Information about medications:

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

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

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), Brilique®, Clopidogrel, Efient®, Eliquis®, Heparin, Iscover®, Marcumar®, Plavix®, Pradaxa®, Ticlopidin, Xarelto®.

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 an operation in the chest area or on your heart? yes no

Wurden Sie schon einmal im Brustbereich oder am Herzen operiert?

If so, which operation? _____
Wenn ja, welche Operation?

Are you pregnant? not certain yes no
Sind Sie schwanger? nicht sicher

Are you currently breast feeding a baby? yes no
Stillen Sie?

Do you smoke? yes no

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

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:

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?

Have you ever received a blood transfusion? yes no

Haben Sie schon einmal eine Bluttransfusion erhalten?

If so, when? _____
Wenn ja, wann?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, which ones? _____

Wenn ja, welche?

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:

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-Zwerchfellähmung.

Any other: _____

Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____

Sonstiges:

Thyroid diseases? yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Any other: _____

Sonstiges:

Kidney diseases? yes no

kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Any other: _____

Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Sonstiges:

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:

Medical Documentation of Explanatory Appointment

Ärztl. Dokumentation zum Aufklärungsgespräch

To be filled in by the physician 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:

Planned is: Geplant ist:

- Bypass operation with heart-lung machine (on-pump)
Bypass-Operation mit Herz-Lungenmaschine (on-pump-Technik)
- Bypass operation without heart-lung machine (off-pump)
Bypass-Operation ohne Herz-Lungenmaschine (off-pump-Technik)
- Minimally invasive bypass operation (MIDCAB)
Minimal-invasive Bypass-Operation (MIDCAB)

Patient's ability to take an independent decision on granting consent: Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making an independent decision regarding the recommended treatment and giving his/her consent to the procedure. Die Patientin/Der Patient besitzt die Fähigkeit, eine eigenständige Entscheidung über die empfohlene Maßnahme zu treffen und ihre/seine Einwilligung in das Verfahren 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. This person is capable of making a decision in the best interest of the patient. Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitsvorsorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht vertreten. Diese ist 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.
- Since there is no advance healthcare directive and since the necessary surgical intervention is extensive, permission has been obtained by the competent German guardianship court (Betreuungsgericht). Da keine Patientenverfügung vorliegt, wurde aufgrund der Schwere des Eingriffs die Genehmigung des Betreuungsgerichts eingeholt.

Copy for patient: yes no
Kopie für Patient: ja nein

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

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

Refusal Ablehnung

The doctor _____ has given me a full explanation of the operation proposed for me and of the disadvantages that will result from my refusal. I have understood this explanation and refuse the operation that has been proposed for me.

Die Ärztin/Der Arzt ___ hat mich umfassend über die empfohlene Operation und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne den empfohlenen Eingriff ab.

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

Refusal of patient / legal guardian / witness [Ablehnung der Patientin/en / Betreuer / ggf. des Zeugen]

DECLARATION AND CONSENT EINWILLIGUNGSERKLÄRUNG

Please mark the applicable boxes and then confirm the resulting declaration with your 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 (5 pages) in its entirety. During my explanatory appointment with the doctor _____ I was given a comprehensive explanation of the bypass operation scheduled for me, 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 (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt _____ wurde ich über den Ablauf der geplanten Bypass-Operation, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

- I have seen and understood the film about the bypass operation that has been scheduled for me.

Den Informationsfilm über die bei mir geplante Bypass-Operation habe ich gesehen und verstanden.

- I hereby deliberately waive my rights to more detailed explanations.** However, I hereby confirm that the doctor _____ instructed me of the necessity of this operation, of its type and extent, and of the circumstance that this operation has its risks.

Ich verzichte bewusst auf eine ausführliche Aufklärung. Ich bestätige hiermit allerdings, dass ich von dem der Ärztin/dem Arzt _____ über die Erforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass der Eingriff Risiken birgt, informiert wurde.

I affirm that I have no further questions and do not need any more time in which to think the matter over. I consent to the proposed bypass operation. I also consent to all required auxiliary and follow-up measures (e.g. blood transfusions, mechanical ventilation (breathing)). I have answered the questions about my medical history in full and to the best of my knowledge.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkenzeit benötige. Ich stimme der vorgeschlagenen Bypass-Operation zu. Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen (z.B. Bluttransfusion, Nachbeatmung) ein. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My approval also covers any required changes or extensions of the operation, such as a switch from an operation without a heart-lung machine to one with a heart-lung machine or from a minimally invasive operation to one with an incision through the breastbone. Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z.B. das Wechseln von einer Operation ohne Herz-Lungen-Maschine auf eine Operation mit Herz-Lungen-Maschine oder von einer minimalinvasiven Operation auf eine Operation mit Durchtrennung des Brustbeins.

If treatment is subject to an elective service agreement (referred to as treatment by senior consultant), the patient's consent also applies to the procedures being carried out by the senior consultant's permanent representatives as specified in the elective service agreement. Im Falle einer Wahlleistungsvereinbarung (sog. Chefarztbehandlung) erstreckt sich die Einwilligung auch auf die Durchführung der Maßnahmen durch die in der Wahlleistungsvereinbarung benannten ständigen ärztlichen Vertreter des Wahlarztes.

- 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]