Klinik/Praxis

Thieme Compliance

An 1E *GB*

General Anaesthesia and/or Regional Anaesthesia in Adults and Adolescents

Patientenname und -adresse

- -
Vorname Nachname

,
Anschrift

/ /
Fall-ID / Geburtsdatum / Patienten-ID

/
Krankenkasse / Versicherungsnummer

Hello, - -,

This informed consent leaflet is intended to prepare you for the patient-doctor discussion. Please read it carefully and complete the questionnaire in full. For better readability, male pronouns for occupational titles or terms referring to specific persons (e.g. doctor) are used but all genders are included.

Which anaesthesia options are there?

To prevent you from feeling any pain in the proposed operation,

- **general anaesthesia** can be used to temporarily induce controlled **unconsciousness** and **block pain sensations** in the whole body. You will not be aware of the procedure at all.
- **regional anaesthesia** can numb the **body part** to be **operated**.

For this purpose, **several procedures** are available which can also be **combined**. The doctor will discuss with you the respective **advantages, disadvantages, various demands on your body and the possible risks** of the each method being considered in your case and explain **which type of anaesthesia is the best option for you**.

Before the doctor administers the anaesthesia, a **cannula** will be inserted in the **vein of your hand or arm.** It can then be used to administer **medications** as needed.

General anaesthesia

The doctor initiates**the general anaesthesia** by injecting a fast-acting **anaesthetic agent**into your **vein** via the **catheter**.

To ensure that you can be supplied with **oxygen** and **anaesthetic gas** if necessary,

- a **breathing mask** is placed over your mouth and nose, or, if you are already under the effects of the general anaesthesia,
- a **breathing tube** is inserted in your trachea through your mouth (or the nose), or
- a **mask placed over the larynx** (**laryngeal mask**) is inserted through the mouth and placed over the laryngeal inlet. It is oval in shape (looking like an ear) and is located at the front of a ventilation tube.

The **tube** and the **laryngeal mask** enable **artificial respiration** and **secure the airways**. The breathing tube in particular reduces the risk of **aspiration** of saliva and stomach contents into the lungs. A **muscle relaxant** will be administered to facilitate a gentle introduction of the breathing tube.

In order to maintain general anaesthesia, you receive

- **further anaesthetic agents** via the **indwelling catheter** (**intravenous anaesthesia**), or
- **anaesthetic gas** via the breathing mask, the tube, or the laryngeal mask.

Both methods are often **combined**.

Regional anaesthesia

During regional anaesthesia, the doctor injects a **local anaesthetic agent** near the **pain-conducting nerves**. The medication numbs the nerves so that hardly any pain stimuli from the area being operated on reach the brain via nerve pathways (**nerve block**). This **suppresses pain perception** for a few hours.

Tingling and a **feeling of warmth** are the first **effects of the regional anaesthesia** to become noticeable.The anaesthetised parts of the body (e.g. arms, legs) will become **heavy and numb**, and **can be independently moved only a little or not at all** for as long as the anaesthesia is in effect.

You are **awake** during a procedure performed under **regional anaesthesia**. You may, however, receive a **sedative** or a **low-dose, short-acting anaesthetic agent** that will relax you and make you sleepy, or put you into a type of “deep sleep” (**sedation**). The doctor will inform you about this separately if necessary. After receiving sedation, you may

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not be able to remember the procedure or remember only parts of the procedure.

Regional anaesthesia is often performed in addition to **general anaesthesia**. In this case, you will need fewer anaesthetic agents, recover faster after the procedure and experience little pain directly after the operation. However, additional regional anaesthesia also has its own risks.

Epidural anaesthesia and spinal anaesthesia

When using these techniques, which can also be **combined**, the **nerves of the spinal cord that conduct pain** are numbed. This eliminates pain during **operations** on the **lower half of the body** (e.g. legs, hips, groin). Epidural anaesthesia is also used during **procedures on the thorax and upper abdomen**.
Prior to the anaesthesia, the puncture site is **numbed with local anaesthesia**.

- **Epidural anaesthesia** (**PDA**): The doctor injects a **local anaesthetic agent** into the **epidural space**. This is a narrow space between the vertebra and the dura mater, which contains spinal cord nerves. Depending on the type of surgical procedure needed, the anaesthetic agent can be injected in the region of the **thoracic spine** (**thoracic epidural anaesthesia**, fig. 1, a) or the **lumbar spine** (**lumbar epidural anaesthesia**, fig. 1, b).
- **Spinal anaesthesia:** The **local anaesthetic agent** is injected into the **spinal canal** through the **spinal meninges**. It is filled with **cerebrospinal fluid** (CSF) and holds the **spinal cord** including the **spinal cord nerves** emerging from it (fig. 1).

Brachial plexus anaesthesia

With **shoulder, arm, and hand operations**, the **nerves that signal pain** to the **brachial plexus** are numbed. The brachial plexus is the **network of nerves** which run from the **cervical spine** under the collarbone through the **armpit** and then down the **arm** into the **fingers**.
The doctor will first use an **ultrasound** and/or **nerve stimulation** to determine the precise location of the brachial plexus and a suitable injection site. Nerves are usually easy to see on an **ultrasound image**. A **nerve stimulator** transmits weak electrical impulses to the injection needle. They cause muscle twitching and an electrifying sensation for a short period of time. This allows the doctor to determine that the needle is close to the nerves.
For the anaesthesia, the doctor injects a **local anaesthetic agent** in one of the following sites:

- in the arm pit (**axillary**, fig. 2a),
- below the clavicle (**infraclavicular**, fig. 2b);
- above the clavicle (**supraclavicular**, fig. 2c);
- on the side of the neck, between two muscles (**interscalene**, fig. 2d).

The **injection site** is **numbed with local anaesthesia** beforehand. During the **injection**, a mild **feeling of pressure** or possibly some **injection pain** may be felt.

Switch from regional anaesthesia to general anaesthesia

Occasionally, **regional anaesthesia on its own is not able to suppress the pain sufficiently**. In this case, it may be necessary for the doctor to inject **additional local anaesthetic agents and pain medications** or possibly additional **regional anaesthesia**. If this is **not sufficient** or **possible**, the **operation is continued under general anaesthesia. Changing to general anaesthesia** can also be necessary if the **procedure takes longer than expected** or **if complications occur.**

Regional pain therapy with a catheter

Pain in the area of the body that has undergone the operation can be effectively treated by **administering medications** via a **thin plastic tube** (**catheter**). In most cases, the catheter is placed **near the pain-conducting nerves** before the operation and can be used for the **regional anaesthesia**. Subsequently, it is **left in place for pain therapy**. If this applies in your case, you will be counselled about it in a separate patient-doctor discussion.

Additional and subsequent procedures

Your doctor will discuss with you any foreseeable **additional and subsequent measures** (e.g. placement of a central venous catheter) in a separate patient-doctor discussion. If you have an increased risk for a **transfusion of foreign donor blood** (with a probability of at least 10 %), you will also be informed about this measure and possible measures to avoid the transfusion of foreign donor blood. Transfusions are always associated with certain risks (e.g. allergic reac-

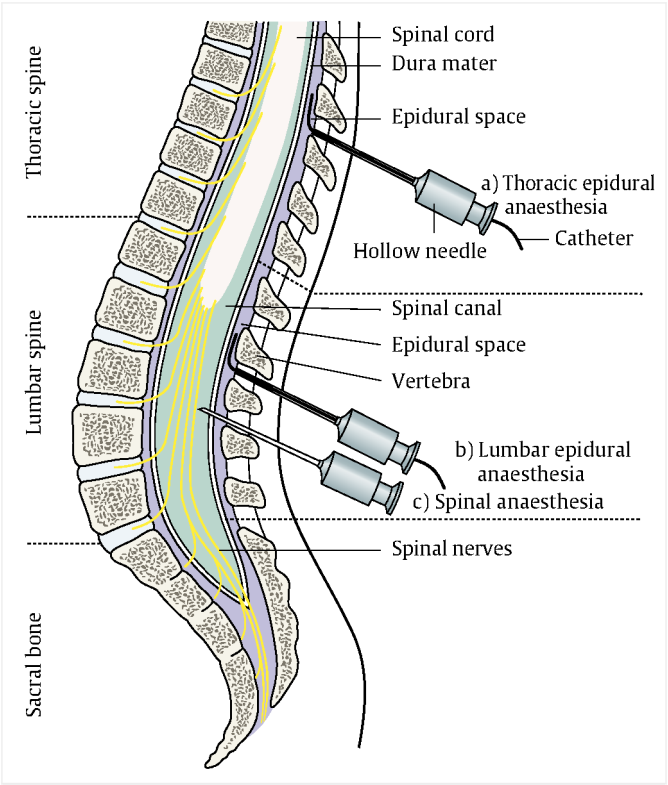

Fig. 1: Epidural anaesthesia and spinal anaesthesia injection sites

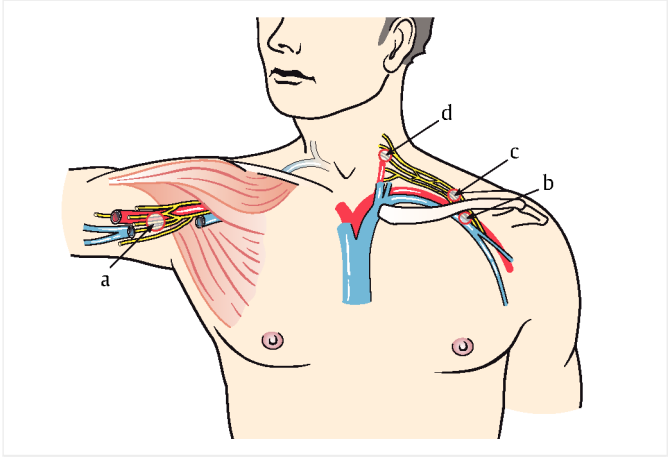

Fig. 2: Injection sites for brachial plexus anaesthesia

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tions, overstressing the heart and circulation, infection) and can also become necessary unexpectedly.

Risks and possible associated complications

During the whole procedure, the doctor will **monitor your body's vital functions** (primarily cardiac activity, respiration and blood circulation). However, despite the greatest care taken, complications can arise which can even become life-threatening under certain circumstances and necessitate additional treatment or further operations. The frequency rates are only a general estimate and are intended for weighing the risks against each other. They are not the same as the definitions of side-effects stated in the package inserts of medications. The rate of complications depends on the pre-existing/underlying diseases and individual unusual circumstances.

If the doctor intends to use **medications** which have been proven to be successful in anaesthesia but do not have formal approval (**off-label use**), he will explain the reasons for this to you and clarify any known risks. Unknown risks cannot be ruled out, however, and under certain circumstances, the manufacturer will not accept any liability.

Risks of injections/cannulas/catheters

- **Bleeding and haematomas** can be caused by the injection needle, cannula or a catheter. However, they rarely need treatment.
- **Infections** can occur at the entry site of the needle, the cannula or a catheter and near an indwelling catheter. This may also lead to **phlebitis** (inflammation of the vein), or an **abscess** (collection of pus) can form as a result of the infection. In rare cases, an infection can also develop into **life-threatening blood poisoning (sepsis)**.
- **Skin, tissue and nerve damage** can be caused by the needle, the cannula or a catheter, the injected medication, inflammation or by positioning during anaesthesia (e.g. **"damage due to positioning"** caused by pressure, tension or over-stretching). Possible consequences are e.g. **necrosis (death) of tissue** and **scarring**. In addition, problems such as **pain**, **disorders of sensation**, **numbness** and **movement disorders** and even **paralysis** (e.g. of arms/legs) can develop. In most cases, these symptoms resolve after some time and are permanent in very rare cases only.
- **Thrombosis/embolism**: If blood clots are formed or are carried through the blood stream and block a blood vessel, life-threatening damage can occur (e.g. pulmonary embolism, stroke, heart attack).
- The required **medications and materials** (e.g. anaesthetic agents, muscle relaxants, antibiotics, disinfectants, latex gloves) can cause **adverse reactions**, e.g. **nausea**, **vomiting**, **muscle tremors**, **itching**, **skin rash** or **respiratory distress (breathing difficulties) and circulatory reactions**. The reactions that are **mild, frequently caused by an allergy,** can generally be treated easily and quickly.
  Severe side-effects, **severe allergic reactions** and even **acute circulatory shock** or **unexpected complications** like **seizures** or **heart, circulatory, respiratory and organ failure** are rare. **Permanent consequences** (e.g. brain damage, other organ damage, paralysis) are very rare.
  Furthermore, each medication has its own inherent risks. For example, the pain medication **metamizole** can cause a life-threatening reduction of white blood cells [**agranulocytosis**] in very rare cases, especially when administered for several days). Therefore, you will be informed about the **possible severe side-effects of the individual medications proposed in your case**, their **risk-benefit ratio** and **possible alternatives** in a separate patient-doctor discussion.
- **Confusion** or **impaired mental ability** can be caused by the unfamiliar environment, the operation and the administered medications, among other things, especially in older patients. Usually, these impairments only persist for a few hours or days, possibly also a few months, but are only occasionally permanent.

Specific risks of general anaesthesia

- **If stomach contents get into the lungs** (**aspiration**), it can have **life-threatening consequences** (e.g. pneumonia, lung failure, permanent lung damage). If the patient has been fasting, aspiration is rare.
- **Spasms of the airways** can occur when inserting or removing the breathing tube or, more rarely, the laryngeal mask. They can usually be remedied quickly by administration of medications. Treatment on an intensive care unit is only necessary in very exceptional cases.
- **Difficulty swallowing and hoarseness** can be caused by the breathing tube in particular but also by the laryngeal mask; however, they are temporary in most cases. Possible **disorders of sensation of the tongue** are rarely permanent. In rare cases, **injury to the jaw, larynx, pharynx, trachea or the vocal chords can occur**. Possible consequences include **breathing difficulties** and, in some cases permanent, **damage to vocal folds** (e.g. paralysis of the vocal folds) with permanent **dysphonia** (**hoarseness**).
- **Damage to teeth, implants and non-removable dentures** (e.g. crowns, bridges, prosthesis) as well as **loss of teeth** can occur, in particular in patients with caries, loose teeth or loosened dentures.
- **Damage to the cornea of the eye** is extremely rare thanks to protective measures (e.g. eye coverings); this kind of damage usually heals without any consequences.
- **Malignant hyperthermia ("overheating"):** In extremely rare cases, administering general anaesthesia gas or certain muscle relaxants can lead to **a high fever that is life threatening**, **muscle stiffness**, **cardiocirculatory disorders** and **respiratory failure**. However, this only affects patients with a specific **genetic (hereditary) predisposition** for malignant hyperthermia. Such complications require intensive care treatment.
- Despite careful managing and monitoring of general anaesthesia, **patients can regain consciousness** during general anaesthesia in rare cases; **experiencing pain** is very rare, however. In isolated cases, the patient may be able to recall the event which can have post-traumatic stress consequences necessitating treatment.

Risks associated with all types of regional anaesthesia

- **If the local anaesthetic agent gains direct access to the blood stream during injection** or **passes from the tissue to the blood stream very quickly**, **seizures, loss of consciousness** and **disorders, even cardiocirculatory failure and respiratory failure,** can occur. These complications as well as other **temporary paralyses** can also occur if, during **spinal anaesthesia**, the **anaesthetic**

agent spreads too far in the body or, during **epidural anaesthesia** or **interscalene brachial plexus anaesthesia,** it unintentionally reaches the **spinal canal**. In all cases, treatment on the intensive care unit is required (in most cases only for a short period of time).

- **Due to injury to the pleura**, **air can gain ingress into the thoracic cavity** (**pneumothorax**) during thoracic epidural anaesthesia and brachial plexus anaesthesia techniques (except for axillary plexus anaesthesia), **impairing breathing** and **causing pain in the chest**. The air may need to be removed by suctioning using a drain.
- If a **catheter** is placed for **pain therapy**, it can be **blocked**, get **twisted** or **shift its location.** In rare cases, **part of the catheter can break off**, or very rarely the catheter can **form a loop**. **In all of these cases**, the consequence can be **injury to vessels**, **bleeding** and **infection**, which may require (in some cases surgical) treatment and removal of the catheter).

Risks of the spinal and epidural anaesthesia

- The injection needle or a catheter can cause **infection, injury and damage to the spinal nerves or the spinal cord**. However, **direct injuries to the spinal cord** almost never happen when using **spinal anaesthesia** or **lumbar epidural anaesthesia** since the needle and the catheter are usually introduced below the spinal cord. This injury is very rare with **thoracic epidural anaesthesia**.
  If a **haematoma** or **abscess** is formed in the epidural space or spinal canal after bleeding or infection and **puts pressure on the nerves in the spinal cord or the spinal cord itself**, this can also cause **damage**.
  In all of these cases, possible consequences can be **pain**, **abnormal sensations [paraesthesia]**, **movement disorders** and **paralysis**, which are only **temporary** in most cases. For example, **leg paralysis** and **urinary bladder or bowel emptying disorders** may occur. In extremely rare cases, **paraplegia** can also occur. **Permanent paralysis** or **other permanent consequences** are very rare, however.
  An **ascending infection** can lead to **meningitis** in rare cases.
- If the **dura mater** has been punctured accidentally in **spinal anaesthesia** or **PDA**, the following complications can occur:
  - **Vision and hearing disorders** which are almost always temporary and only rarely permanent. **Severe headaches** may also occur. This can usually be easily treated with **medications**. If this is not the case, **autologous blood** (the **patient's own blood**) that is injected into the **epidural** space usually helps. **Long-persisting headaches** are very rare.
  - **Cerebral haemorrhage** and **cerebral venous thrombosis** are very rare. An **accumulation of blood or fluid below the dura mater enclosing the brain** (**subdural haematoma/hygroma**) is also very rare. Under certain circumstances, these complications can be **life-threatening**, can **damage the brain** and have **permanent consequences** (e.g. paralysis, speech disorders).
- **Temporary back pain** is rare; **chronic back pain** is very rare.
- Temporary **problems with passing urine** (**retention of urine**) are also common. A **urinary catheter** may have to be inserted for a short period of time. This can cause bleeding, infection and injury of the urinary tract, among others. Anaesthesia may also cause temporary **impotence**.

Risks of brachial plexus anaesthesia

- If the **brachial plexus nerves** are injured or **damaged as a result of pressure** placed on them by **a haematoma or inflamed tissue**, this can cause **symptoms** such as **pain**, **alterations in sensation** (e.g. tingling, numbness in the arm or neck), **impairment of movement** and even **paralysis** (e.g. of the arm). They usually resolve by themselves within a few weeks or sometimes after a few months, and they become permanent in rare cases only.
- **Further risks of brachial plexus anaesthesia excluding axillary brachial plexus anaesthesia:**
  - **Paralysis of the diaphragmatic nerves** often occurs if the local anaesthetic agent was injected below or above the clavicle. The paralysis is only **temporary** and usually goes unnoticed. **Respiratory distress** occasionally occurs, which resolves by itself in most cases and only very rarely requires artificial ventilation. In isolated cases, paralysis of the phrenic nerve may occur after injecting the anaesthetic agent between two neck muscles, which may also be **permanent** under certain circumstances.
  - **Temporary paralysis of the nerve that supplies the vocal folds** may cause **temporary hoarseness**.
  - **Impaired hearing** may temporarily occur after the local anaesthetic agent has been injected between two neck muscles.
  - **A drooping eyelid** (**Horner syndrome**), a **warm sensation in the face** and **hoarseness** are typical temporary consequences of the brachial plexus anaesthesia.

Instructions

Before anaesthesia

Please observe the following instructions on FASTING, unless OTHERWISE INSTRUCTED by your doctor:

- **Adults**
  - may still eat a **light meal** (e.g. 1 slice of white bread with jam, 1 glass of milk) **for up to 6 hours before anaesthesia**.
  - **must not drink more than 1–2 glasses/cups of CLEAR fluids** (e.g. water, tea WITHOUT milk) **up to 6–2 hours before anaesthesia**. The liquid may not contain any fat, solid particles or alcohol.
  - **DO NOT EAT ANYTHING FOR 6 HOURS BEFORE ANAESTHESIA!**
  - **DO NOT DRINK ANYTHING FOR 2 HOURS BEFORE ANAESTHESIA!**
- **Adolescents up to 18** may
  - **only drink CLEAR fluids** (e.g. water, tea WITHOUT milk) **up to 6 to 1 hour before anaesthesia**. These fluids may not contain any fat, solid particles or alcohol!
  - **DO NOT EAT ANYTHING FOR 6 HOURS BEFORE ANAESTHESIA!**
  - **DO NOT DRINK ANYTHING FOR 1 HOUR BEFORE ANAESTHESIA!**

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Please inform your doctor/other staff if you have not been able to adhere to these fasting instructions fully!

SMOKING increases the risks associated with anaesthesia and an operation (e.g. increased risk of pneumonia, circulatory disorders, cardiovascular disorders).

Your doctor will discuss with you which **medications** you can or should **take** and which you should **stop taking** or **replace**. Please also present any **ID** you have (e.g. general anaesthesia, allergy, vaccination pass, Marcumar, diabetes, pacemaker ID card). If a **living will**, **health care proxy** or **medical power of attorney** exists, please bring a copy with you.

Please **remove contact lenses, removable dentures, rings, jewellery (including piercings!) and artificial hair pieces** before anaesthesia. Please **do not use any facial creams or cosmetic products** (make-up, nail polish, etc.)!

After anaesthesia

You will be **monitored** for a certain period, possibly on the post anaesthesia care unit (PACU) or intensive care unit (ICU). **To protect you against injury**, it may be necessary to **restrict your movements temporarily** (e.g. by **bed rails**).

Due to the **risk of falling**, you **may not get up on your own** at first! Please **protect** any body regions that are still numb due to anaesthesia from damage caused by compression/pressure and injury.

You may take **medications** only in accordance with your doctor's instructions. In **women** using **hormonal contraception** (e.g.the "pill", a coil), the **contraceptive effect** may remain **impaired** for at least 7 days.

Please inform your doctor immediately if you develop symptoms such as respiratory distress or problems with circulation, impairment of consciousness, pain, fever, chills, nausea, vomiting, aching throat, hoarseness, speech disorder, difficulty swallowing as well as inflammation (e.g. in the mouth), difficulty passing stool/urine, alteration in sensation (e.g. at an injection site or in the limbs), disorders of movement or signs of paralysis.

Instructions for after an outpatient procedure

After an **outpatient procedure**, please arrange to **be picked up by an adult** and for somebody to **stay with you and take care of you for the first 24 hours after the procedure or the length of time stipulated by your doctor**. Due to the **lingering effects of the medication**, you **may not actively participate in road traffic**, may not **perform any dangerous activities**, may not **drink any alcohol** within the first 24 hours or for the length of time stipulated by your doctor, nor **should you take any important decisions during that time**.

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Patientenname und -adresse

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General/Regional Anaesthesia (Adults/Adolescents)

An 1E *GB*

Questionnaire (patient history)

Please answer the following questions carefully and in full to help us avoid all possible risks. Please tick the applicable boxes and underline or add text where appropriate. If necessary, do not hesitate to ask for our assistance in filling out the form.
For custodian, legal representatives, guardians: Please answer all questions from the patient's viewpoint.

Personal information

1. Date of birth: _____
2. Height (in cm): _____
3. Weight (in kg): _____
4. Gender:
   - ☐ female
   - ☐ male
   - ☐ diverse
   - ☐ not specified

Important questions

n = no/y = yes

1. Occupation/profession (current/previous): _____
2. Has any other medical treatments been provided in the last few weeks? ☐ n ☐ y
   If yes, for what reason? _____
3. Has there been an infection in the last 4 weeks?
   - ☐ no
   - ☐ airways
   - ☐ gastrointestinal
   - ☐ urinary tract
   - ☐ and/or: _____
4. Is/was there an infectious disease?
   - ☐ no
   - ☐ hepatitis
   - ☐ HIV/AIDS
   - ☐ tuberculosis
   - ☐ and/or: _____
5. Are there any medications (including herbal and over-the-counter medications) being taken or applied regularly or currently? ☐ n ☐ y
   If yes, please indicate in full: _____
6. Is there an allergy?
   - ☐ no
   - ☐ medications
   - ☐ anaesthetic agents
   - ☐ contrast medium
   - ☐ latex
   - ☐ disinfectants
   - ☐ iodine
   - ☐ plaster
   - ☐ synthetic materials
   - ☐ and/or: _____
7. Has an operation been performed before? ☐ n ☐ y
   If yes, please indicate: _____
   If yes, did any complications occur? ☐ n ☐ y
   If yes, please indicate: _____
8. Has anaesthesia ever been performed? ☐ n ☐ y
   If yes, please indicate:
   - ☐ general anaesthesia
   - ☐ regional anaesthesia
   - ☐ local anaesthesia (e.g., dental treatment)
   - ☐ sedation
   - ☐ and/or: _____

   If yes, did any complications occur? ☐ n ☐ y
   If yes, please indicate: _____
9. Is there a tendency to have nausea/vomiting? ☐ n ☐ y
10. Has a congenital tendency to have high fever and muscle stiffness during/after general anaesthesia (malignant hyperthermia) been found? ☐ n ☐ y
11. Has a congenital predisposition to malignant hyperthermia been found among blood relatives? ☐ n ☐ y
12. Has a transfusion of blood/blood components ever been performed? ☐ n ☐ y
13. Is there an increased tendency to bleed, e.g., frequent nosebleeds, bruises, extended period of bleeding after injuries? ☐ n ☐ y
14. Is/was there a (another) vascular disease?
    - ☐ no
    - ☐ arteriosclerosis
    - ☐ varicose veins
    - ☐ disease of coronary vessels
    - ☐ circulatory disorders
    - ☐ aneurysm
    - ☐ constriction of the carotid artery
    - ☐ and/or: _____
15. Has a vascular obstruction due to a blood clot (thrombosis/embolism) occurred before? ☐ n ☐ y

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16. Is/was there a (another) cardiovascular disease?
- ☐ no
- ☐ coronary heart disease
- ☐ hypertension
- ☐ cardiac arrhythmia
- ☐ stroke
- ☐ heart attack
- ☐ angina pectoris
- ☐ myocardial inflammation
- ☐ heart valve defect
- ☐ and/or: _____

17. Do breathing difficulties occur when climbing the stairs? ☐ n ☐ y

If yes, how many stairs can you climb before needing to stop? _____

18. Is/was there a disease of the airways/lungs?
- ☐ no
- ☐ chronic bronchitis
- ☐ pneumonia
- ☐ bronchial asthma
- ☐ pulmonary emphysema
- ☐ congenital malformation
- ☐ and/or: _____

19. Does respiratory distress (difficulty breathing) occur during the night?
- ☐ no
- ☐ severe snoring
- ☐ sleep apnoea
- ☐ and/or: _____

20. Is there paralysis of the vocal folds? ☐ n ☐ y

21. Is there a paralysis of the diaphragm? ☐ n ☐ y

22. Is/was there a disorder of the digestive system?
- ☐ no
- ☐ oesophagus
- ☐ stomach
- ☐ intestine
- ☐ and/or: _____

23. Does heartburn occur frequently? ☐ n ☐ y

24. Is there a reflux disorder (reflux of stomach acid into the oesophagus)? ☐ n ☐ y

25. Is/was there a disease of the upper abdominal organs?
- ☐ no
- ☐ liver inflammation/hepatitis
- ☐ fatty liver
- ☐ cirrhosis
- ☐ biliary colics
- ☐ bile stones
- ☐ jaundice
- ☐ pancreatitis
- ☐ and/or: _____

26. Is/was there ever a disease or malformation of the kidneys/urinary organs?
- ☐ no
- ☐ dysfunction of the kidneys
- ☐ kidney stones
- ☐ chronic urinary tract infection
- ☐ nephritis/inflammation of the kidneys
- ☐ congenital malformation (e.g. duplex kidney)
- ☐ bladder emptying disorder/delayed bladder emptying
- ☐ and/or: _____

27. Is there a metabolic disease?
- ☐ no
- ☐ diabetes
- ☐ gout
- ☐ and/or: _____

28. Is/was there a disease of the thyroid gland?
- ☐ no
- ☐ overactivity
- ☐ underactivity
- ☐ goitre
- ☐ Hashimoto's disease
- ☐ and/or: _____

29. Is/was there a muscle or skeletal disease?
- ☐ no
- ☐ muscle weakness
- ☐ joint disease
- ☐ osteoporosis
- ☐ osteomalacia
- ☐ and/or: _____

30. Is/was there ever a disease of the nervous system?
- ☐ no
- ☐ gait abnormalities/paralysis
- ☐ seizure disorders (epilepsy)
- ☐ Parkinson's
- ☐ somatosensory disorders
- ☐ polyneuropathy
- ☐ pain
- ☐ and/or: _____

31. Is there an eye disease?
- ☐ no
- ☐ cataract
- ☐ glaucoma
- ☐ and/or: _____

32. Are there any other diseases/impairments?
- ☐ no
- ☐ spinal injury
- ☐ shoulder-arm syndrome
- ☐ multiple sclerosis
- ☐ restless legs syndrome
- ☐ frequent headache
- ☐ depression
- ☐ hearing loss
- ☐ and/or: _____

33. Are there any unusual disorders/features with respect to the condition of the teeth?
- ☐ no
- ☐ loose teeth
- ☐ braces
- ☐ prosthesis
- ☐ bridge
- ☐ crown
- ☐ implant
- ☐ retainer
- ☐ paradontosis
- ☐ and/or: _____

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34. Are there any implants in the body?
- ☐ no
- ☐ cardiac pacemaker
- ☐ defibrillator
- ☐ cardiac valve
- ☐ stent
- ☐ artificial joint
- ☐ silicone
- ☐ hydrogel
- ☐ tooth implant
- ☐ metal
- ☐ and/or: _____

35. Do you have tattoos? ☐ n ☐ y

36. Do you have a piercing?
- ☐ no
- ☐ tongue piercing
- ☐ genital piercing
- ☐ and/or: _____

37. Do you smoke? ☐ n ☐ y

38. Do you drink alcohol several times a week?
- ☐ no
- ☐ beer
- ☐ wine
- ☐ hard liquor
- ☐ and/or: _____

39. Do you take drugs? ☐ n ☐ y

40. Have you taken precautionary measures?
- ☐ no
- ☐ living will
- ☐ medical power of attorney
- ☐ health care proxy
- ☐ and/or: _____

Additional questions for women

1. Could you possibly be pregnant? ☐ n ☐ y
2. Are you breastfeeding? ☐ n ☐ y

Additional questions for outpatient procedures

1. Which adult accompanying person will take you home after the procedure (first/last name of the accompanying person)? _____
2. Where can we reach you during the first 24 hours after the procedure (address)? _____
3. How can we reach you during the first 24 hours after the procedure (phone number)? _____
4. Which adult person will take over the care in the first 24 hours after the procedure or for the time indicated by the doctor (first and last name)? _____

Doctor's comments

I have informed the patient about the general anaesthesia, using the informed consent leaflet at hand and focusing on the following aspects and individual unusual circumstances (e.g. risk profile; underlying diseases; special urgency or demands on the body; possible alternative procedures for the recommended anaesthesia; sedation if indicated; possible off-label use of medications; possible severe side-effects of individual medications [e.g. agranulocytosis after administration of metamizole]; benefits and risks compared to other medications; possible additional/subsequent treatment that may be necessary [e.g. placing a catheter]; separate information about a blood transfusion; instructions; refusal or a measure/procedure/anaesthesia, if applicable, and possible consequences; duration of the discussion; determination of a minor's ability to comprehend; patient has a legal surrogate decision-maker/a legal guardian; patient has appointed a legal representative/provided a medical power of attorney; information provided in response to the patient's questions, etc.):

Remarks on the patient's dental status:

Proposed procedure:

- ☐ **Outpatient**
- ☐ **Inpatient**

Proposed anaesthesia:

- ☐ **General anaesthesia** and **artificial ventilation** by means of
  - ☐ **Breathing mask**
  - ☐ **Breathing tube**
  - ☐ **Laryngeal mask**
- ☐ **Regional anaesthesia**, possibly with additional **sedation**:
  - ☐ **Epidural anaesthesia**
    - ☐ **Thoracic**
    - ☐ **Lumbar**
  - ☐ **Spinal anaesthesia**
  - ☐ **Brachial plexus anaesthesia**
    - ☐ **Right**
    - ☐ **Left**
    - ☐ **Axillary**

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- ☐ **Infraclavicular**
- ☐ **Supraclavicular**
- ☐ **Interscalene**.

☐ If required, **foreign donor blood products** may be administered.

☐ Foreign donor blood products may **not** be administered.

Date of the procedure:

_____

Only in case of refusal to consent

I was informed about the proposed anaesthesia. I do **not** consent to its implementation. I was emphatically informed that my refusal might result in significant health consequences.

Place, date	Patient
Patient's guardian*	Witness (if applicable)
Doctor	

Statement of Consent

I have read the informed consent leaflet, and I understand it. The proposed anaesthesia, its nature and significance, alternatives, the risks and possible associated complications, possible necessary changes in/extensions to the procedure as well as ancillary/follow-up measures have been fully explained to me in a patient-doctor discussion with
doctor _____.

My questions have been answered completely and clearly. I have **no further questions**, feel that the **counselling was satisfactory**, do **not need any further time for consideration** and **consent** to the proposed anaesthesia and any medically necessary, including unforeseeable, changes, extensions, additional and subsequent procedures.
I will follow the doctor's **instructions**.

Place, date	Patient
Patient's guardian*	Doctor

* Only if the patient is a minor: If only one of the patient's guardians signs, with this signature, they confirm that they have sole custody of the child or that they are acting in agreement with the other of the patient's guardians. As a rule, both of the patient's guardians should sign for major procedures. Minor patients who are able to comprehend should also always sign.

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