



Clinic/Practice

## Anaesthesia in Adults and Adolescents

(General Anaesthesia, Regional Anaesthesia, Sedation and Local Anaesthesia)

Patient's Name and Address

### Dear Patient, Dear Parents,

This informed consent form is intended to prepare you for the patient-doctor discussion. Please read it carefully and complete the questionnaire carefully and completely. For better readability, we use male pronouns but are addressing all genders with them.

### Selection of the type of anaesthesia

To prevent you from feeling any pain in the scheduled procedure,

- you can receive **general anaesthesia**, which will render you unconscious and temporarily eliminates the sensation of pain in the entire body,
- the **body part to undergo an operation** can be numbed (**regional anaesthesia**),
- smaller body parts to undergo an operation can be **numbed locally (local anaesthesia)**.

A combination of different anaesthesia procedures is also possible.

The doctor will inform you about the advantages and disadvantages and the various demands on your body and the risks of the procedures considered in your case and discuss with you which procedure or combination of procedures is the most suitable for you and the operation proposed for you.

### Venous access

Before the anaesthesia, an **indwelling catheter** is placed in a vein (e.g. of your **hand or arm**), through which infusions and, if applicable, medications (e.g. anaesthetic agent, pain medications, antibiotics) will be administered.

### General anaesthesia

For induction of general anaesthesia, the doctor injects a **fast-acting anaesthetic agent** via the **indwelling catheter**.

To maintain general anaesthesia, the doctor continues to administer further anaesthetic agents/pain medications through the indwelling catheter (**intravenous anaesthesia**) or administers **gaseous anaesthetic agents** via the air you breathe. Often, both procedures are **combined**.

To ensure that you receive sufficient **oxygen** and, if necessary, **gaseous anaesthetic agents**,

- a **breathing mask** is placed over mouth and nose, or, if you are already asleep,
- a **breathing tube** is inserted into your trachea through your mouth (or the nose) (**intubation anaesthesia**), or
- a **laryngeal mask**, i.e. a **breathing tube** with an inflatable cuff at the tip, is advanced through the mouth and placed over the laryngeal opening (**laryngeal mask anaesthesia**).

The breathing tube in particular reduces the risk of **aspiration** of saliva and stomach contents into the lungs. A **muscle relaxant**, which can also improve the conditions for the operation, will be administered to facilitate gentle introduction of the breathing tube.

### Regional anaesthesia

During regional anaesthesia, the doctor injects an **anaesthetic agent** in the **proximity of the pain-conducting nerves**. This “blocks” the transmission of pain stimuli from the surgical site to the brain. At first, **anaesthesia** becomes noticeable by a feeling of warmth and tingling. Next, the body parts under anaesthesia become heavy and numb. Usually, pain sensation is eliminated for several hours. As long as anaesthesia is in effect, the body parts under anaesthesia can be moved only a little or not at all. **Consciousness** is **not impaired** due to regional anaesthesia.

Before administration of the agent for the local anaesthesia, the correct position of the tip of the needle close to the nerve is determined with the aid of **ultrasound** or a **nerve stimulator** by the doctor. In the short term, nerve stimulation can cause muscle twitching and “electrification”.

It may be advisable to use **regional anaesthesia 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, the additional regional anaesthesia is also associated with its own risks.

The **regional anaesthesia procedures** described in the following are suitable for specific operations in specific body areas. Depending on the surgery planned in your case, **several procedures** may be suitable for you as alternatives or in combination.

### Brachial plexus anaesthesia

During **shoulder, arm and hand surgery**, the **brachial plexus** – a network of nerves which run from the cervical spine through the shoulder and armpit and down the arm into the fingers – is numbed. The anaesthetic agent is injected at one of the following sites:

- in the arm pit (**axillary**, fig. 1, a);
- below the clavicle (**infraclavicular**, fig. 1, b);
- above the clavicle (**supraclavicular**, fig. 1, c);
- on the side of the neck, between two muscles (**interscalene**, fig. 1, d).

### Spinal anaesthesia and epidural anaesthesia

They are well-suited for **operations on the lower half of the body** (e.g. legs, hips, groin). Additionally, epidural anaesthesia is suitable for **procedures on the thorax and upper abdomen**. Both procedures **numb the pain-conducting nerve fibres of the spinal cord**.

For this, the doctor injects the anaesthetic agent at the following sites:

- With **spinal anaesthesia**, the anaesthetic agent is injected into the lumbar spine, through the dura mater (the membrane encasing the brain and spinal cord) into the **spinal canal** filled with cerebrospinal fluid (fig. 2, c).
- With **epidural anaesthesia**, the anaesthetic agent is injected into the **epidural space** in front of the dura mater, either at the level of the lumbar spine (**lumbar epidural anaesthesia**, fig. 2, b) or – for procedures on the thorax or upper abdomen – at the level of the thoracic spine (**thoracic epidural anaesthesia**, fig. 2, a).

Both procedures may also be combined.

### Peripheral nerve block

For **operations of the hip, groin, leg or foot**, **individual nerves** can be numbed which provide sensation at the re-

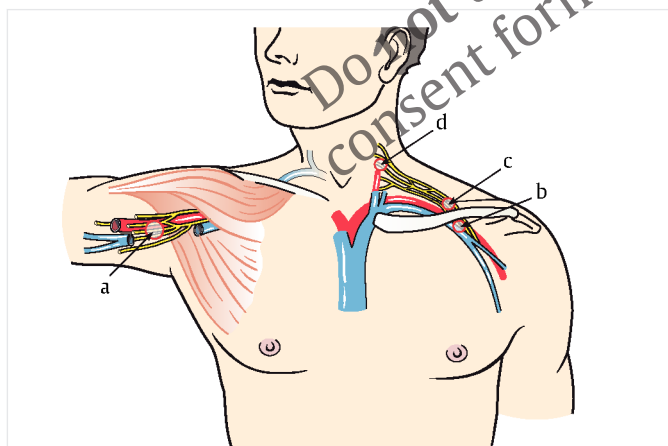


Fig. 1: Injection sites for brachial plexus anaesthesia

spective surgical site. For this, the doctor injects the anaesthetic agent at the following sites:

- With the **femoral nerve block**, the anaesthetic agent is injected in the groin, near the femoral nerve and its branches (fig. 3, a).
- With the **sciatic nerve block**, the anaesthetic agent is injected near the sciatic nerve, e.g. in the buttocks (**dorsal sciatic nerve block**, fig. 3, f), in the area of the thigh (**anterior sciatic nerve block**, fig. 3, c), or above the popliteal region of the knee (**distal/lateral sciatic nerve block**, fig. 3, h).
- With the **obturator nerve block**, the anaesthetic agent is injected in the groin, near the obturator nerve supplying the muscles at the inside of the thigh (fig. 3, b).
- With the **psoas compartment block**, the anaesthetic agent is injected in the back near the lumbar spine, close to the nerves supplying the groin muscles (fig. 3, e).
- With the **peroneal nerve block**, the anaesthetic agent is injected on the outside of the lower leg, directly below the knee (fig. 3, d).
- With the **saphenous nerve block**, the anaesthetic agent is injected on the inside of the thigh, slightly above the knee, near the saphenous nerve supplying the inner side of the leg (fig. 3, g).
- With the **foot block**, the anaesthetic agent is injected to the nerves of the front and rear of the ankle joint (fig. 3, i). To numb all nerves supplying the foot, several injections in different locations are required.

### Intravenous regional anaesthesia

For **shorter operations on the hand, forearm, lower leg or foot** which require a **bloodless field**, the arm and/or the leg is wrapped with a wide rubber band. When the veins are empty of blood, a **tourniquet** is then placed around the upper arm or the thigh or lower leg. It prevents blood from returning to the surgical site. The rubber band is then

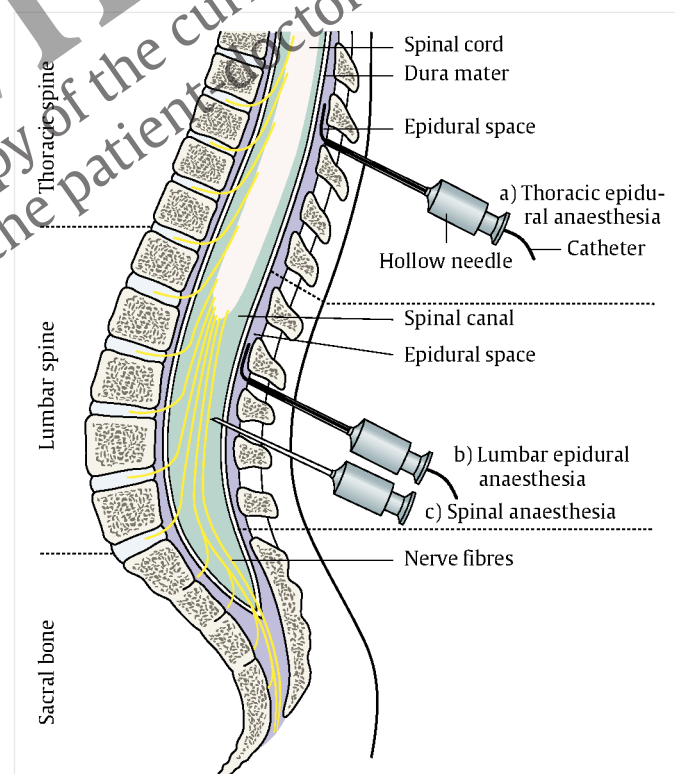


Fig. 2: Injection sites for spinal and epidural anaesthesia

removed, and the anaesthetic agent is injected into a **vein in the hand or foot**. It spreads through the blood vessels and eliminates pain sensation in the hand and arm and/or foot and leg. Upon completion of the surgery, the tourniquet is slowly loosened and removed. Once the anaesthesia wears off, sensation returns.

#### Regional anaesthesia with additional sedation:

In a procedure performed under **regional anaesthesia**, you are awake but can receive a **sedative agent** or a **low dose of an anaesthetic agent with a short period of effectiveness (sedation)** as needed or at your request. It is administered through the **cannula in your hand or arm vein**, possibly together with **pain medications (analgesia)**. If needed, the medications can be injected again at any time or can also be administered continuously.

The **effect of sedation** can vary strongly.

- Under **minimal (light) sedation**, you will be calm and relaxed.
- Under **moderate sedation**, you will be sleepy but can be roused easily.
- Under **deep sedation**, you are sound asleep and cannot be roused until it has lost its effect.

Since the sedation **impairs your consciousness**, you will **not be able to remember the procedure or remember only parts of the procedure**.

In any sedation, it must be expected that the **medication has a stronger effect than intended**. Thus, **light or moderate sedation can turn into deep sedation** under certain circumstances. In isolated cases, **sedation can also turn into general anaesthesia**, necessitating **artificial ventilation**.

#### Switch from regional anaesthesia/sedation to general anaesthesia

Occasionally, it is necessary to continue a procedure started under regional anaesthesia (with or without sedation) under general anaesthesia, e.g. if complications occur, if the regional anaesthesia spreads too far or if the regional anaesthesia is not able to completely eliminate pain in isolated cases.

#### Regional pain therapy after the procedure

Pain in the area of the body that has undergone surgery can be effectively treated by the **administration of medications via a thin synthetic tube (regional catheter)**. The catheter can be placed near the pain-conducting nerves before, during or after the operation. If it is placed before the operation, it can be used for **regional anaesthesia** and then **left in place for pain treatment**. If regional pain therapy is recommended in your case, your doctor will explain this procedure to you in more detail in a separate patient-doctor discussion.

#### Local anaesthesia

For pain relief in a **small area of the body (local anaesthesia)**, the doctor can inject a **locally effective anaesthetic agent** directly at the surgical site.

To counteract pain after the operation, a local anaesthetic agent can be injected into the **margins of the wound (wound margin infiltration)**. In most cases, injections are made in **several locations**.

#### Additional and subsequent procedures

Your doctor will also inform you separately about any foreseeable **ancillary and subsequent procedures** (e.g. place-

ment of a central venous and/or arterial **catheter** for blood pressure measurement and/or infusion therapy).

If a **transfusion of blood from a foreign donor** is also seriously considered in your case, you will be informed about the procedure, its risks (e.g. hypersensitivity/incompatibility reactions, infection, e.g. hepatitis or HIV infection [AIDS] in extremely rare cases, under certain circumstances also infection with unknown pathogens) as well as any **measures to avoid using foreign donor blood** in a separate patient-doctor discussion.

#### Risks and possible associated complications

The doctor ensures your safety by **monitoring your vital body functions** (e.g. heart activity, breathing and blood circulation) during the entire procedure and **supporting them** if necessary (e.g. by administering circulation medications). However, despite the greatest care taken, complications can arise which can even become life-threatening and necessitate additional treatment or further surgery under certain circumstances. 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. Pre-existing/underlying diseases and individual unusual circumstances can significantly influence the rate of complications.

In the following, you are provided with information on the risks with which the anaesthetic procedures are associated, even if some complications only occur very rarely or temporarily.

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 discuss his reasons for it with you and inform you about the known risks. Unknown risks cannot be excluded, however, and under certain circumstances, the manufacturer will not accept any liability.

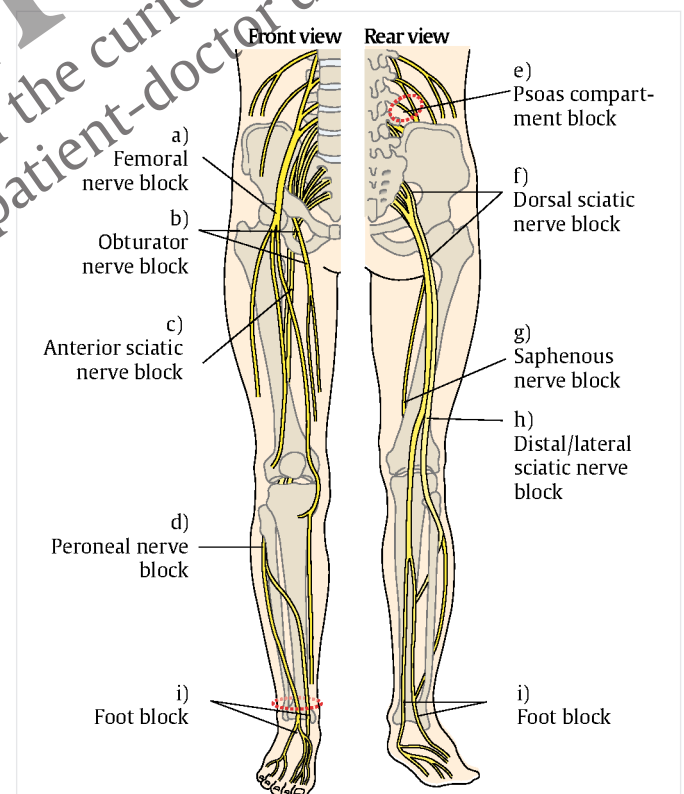


Fig. 3: Injection sites for peripheral nerve blocks

### General risks of injections/indwelling catheters/catheters

- **Injury to blood vessels** and nerves by injection needles, cannulas or catheters can cause **bleeding** and **haematomas**. Treatment, especially an operation, is necessary in rare cases only.
- **Infection** can occur at the site where an indwelling catheter/catheter has been placed or in its further course. Possible consequences are **venous inflammation**, **purulent abscesses**, **necrosis of tissue** and **scarring**. In rare cases, this infection causes **life-threatening blood poisoning (sepsis)**.
- **Nerve injury/damage** caused by needles, cannulas or catheters can cause temporary, but in unfavourable cases also **permanent symptoms**, e.g. pain, disorders of sensation, sensitivity to touch, numbness and disorders of movement.
- **Chronic pain** and **permanent paralysis** after severe nerve injury, haematomas or inflammation are very rare.
- **Thrombosis/embolism**: If blood clots are formed or are carried through the blood stream and block a blood vessel, severe damage can occur (e.g. pulmonary embolism, stroke, heart attack), which can be life-threatening under certain circumstances.

### Generally possible side-effects of medications, allergic reactions, respiratory distress, circulatory reactions, organ disorders

- The required **medications and materials** (e.g. anaesthetic agents, muscle relaxants, disinfectants, latex gloves) can cause **adverse reactions**, e.g. **nausea**, **vomiting**, **muscle tremors**, **itching**, **skin rash** or **respiratory distress (difficulty breathing)** and **circulatory reactions**. These rather **milder reactions**, frequently caused by an **allergy**, can generally be treated well and quickly. **Severe side-effects**, **severe allergic reactions** and even an **acute circulatory shock** or **unexpected complications** like **seizures** or **heart, circulatory, respiratory and organ failure** are rare. Under certain circumstances, however, they can cause **severe permanent damage** (e.g. brain damage, damage to other organs, paralysis).  
Furthermore, each medication has its own inherent risks. For example, **metamizole**, a pain medication that is frequently administered during and/or after the operation, can cause **changes in the blood count** (e.g. a life-threatening reduction of white blood cells [agranulocytosis]) in very rare cases, especially in case of pain therapy administered for several days. Therefore, your doctor will inform you 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.

### General risks of anaesthetic procedures and sedation

- **Skin, tissue and nerve damage**, with **paralysis of the arms/legs** in the most extreme case, as a result of pressure, strain or overextension while **positioning the patient during anaesthesia/sedation** cannot be excluded with certainty. In most cases, such "positional damage" will disappear within a few months; however, it can be permanent in rare cases.

### Specific risks of general anaesthesia and sedation

- If **stomach contents get into the lungs (aspiration)** under general anaesthesia or deep sedation, this can

have **life-threatening consequences** under certain circumstances. Examples of this are e.g. **pneumonia**, **acute lung failure** or **permanent lung damage**. If the patient has been fasting, aspiration is rare.

- **Confusion** or **restricted mental capability** can be caused by the unfamiliar environment, the operation and the administered medications, among others, especially in older patients. Usually, these impairments only persist for a few hours or days, possibly also a few months, but are permanent in very rare cases only.

### Further risks of sedation

- Generally, **respiratory distress** and a **drop in blood pressure** during sedation can be treated quickly (e.g. by giving oxygen or medications).
- If **sedation involuntarily turns into general anaesthesia**, **loss of consciousness** and possibly also **respiratory arrest** and **cardiocirculatory failure** can occur. This necessitates ventilation and possibly also intensive care.

### Further risks of general anaesthesia

- **Life-threatening metabolic imbalance with increase of the body temperature to an extreme extent (malignant hyperthermia)** after administration of gaseous anaesthetic agents or a certain type of muscle relaxants occurs in patients with a specific genetic predisposition in extremely rare cases. This necessitates treatment on an intensive care unit.
- **Convulsive blockage of the airways (laryngeal spasms/bronchospasms)** can occur when inserting or removing the tube or less often the laryngeal mask; it can usually be remedied quickly by the administration of medications. In an exceptional case, this necessitates intensive care.
- **Difficulty swallowing and hoarseness** can be caused by the tube in particular but also by the laryngeal mask and are temporary in most cases. **Permanent damage to the vocal folds** (e.g. paralysis of the vocal folds) with **permanent dysphonia (hoarseness)**, **breathing difficulties**, **injury to the pharynx, jaw, larynx and windpipe** are rare, as are **permanent alterations in sensation on the tongue**.
- **Damage to teeth, implants and non-removable dentures** (e.g. crowns, bridges, prosthesis) as well as a **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. covering the eyes during general anaesthesia). If it occurs nevertheless, it usually heals without any consequences.

- Despite the careful monitoring of the anaesthetic procedure, **patients can regain consciousness** during general anaesthesia in rare cases and, in very rare cases, can **experience pain**. In isolated cases, the patient may be able to recall the event which can have post-traumatic stress consequences, necessitating treatment.

### General risks of regional anaesthesia and local anaesthesia

- **Seizures**, **loss of consciousness** and severe, in very rare cases also **life-threatening cardiocirculatory and respiratory distress** can occur if the anaesthetic agent gains direct ingress into the blood stream during injection, passes from the tissue into the blood stream very quickly or if the tourniquet is removed prematurely during

intravenous regional anaesthesia. These complications as well as **temporary paralysis** can occur also if, during spinal anaesthesia, the anaesthetic agent spreads too far in the body or, during epidural anaesthesia or psoas compartment block, accidentally accesses the spinal canal or takes effect on the cervical spinal cord during interscalene brachial plexus anaesthesia. Short-term treatment on an intensive care unit would then be necessary.

- **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.** This would necessitate removal of the intruded air by suctioning using a drain if indicated.
- If a **regional catheter is placed for pain treatment, loops may form or catheter parts may tear off** in very rare cases, causing **injury to vessels and nerves.** Surgical treatment and/or surgical removal of the catheter/the torn-off catheter parts can be necessary in this case.

### Specific risks of spinal anaesthesia and epidural anaesthesia

- **Direct injury to the spinal cord** is almost completely excluded in spinal anaesthesia and lumbar epidural anaesthesia since, the anaesthetic agent is generally injected below the spinal cord. This injury is very rare with thoracic epidural anaesthesia.
- **Permanent paralysis** (e.g. **disorders of urination/defecation**), in an extreme case even **paraplegia**, is rare. It can be caused by **haematomas or infections (abscesses) in the spinal/epidural space** or by **damage to spinal cord nerves or the spinal cord.**  
In a rare case, an ascending infection can also cause **meningitis.**
- If the dura mater has been punctured accidentally in spinal or epidural anaesthesia, the following complications may occur:
  - **Irritation of cerebral nerves**, which can cause temporary and, in rare cases, permanent **disorders of vision and impaired hearing and severe headache.** If the headache does not subside despite the administration of medications, autologous blood may be injected in order to seal the location in which the needle has punctured the dura mater. In most cases, this leads to an elimination of the headache. In very rare cases, the headache may persist for a longer period (e.g. in very rare cases for several months).
  - **Life-threatening brain haemorrhage, an accumulation of blood or fluid** under the hard membrane that encases the brain (**subdural haematoma/hy-groma**) as well as **cerebral venous thrombosis** with possible **permanent damage** (e.g. damage to the brain) occur in rare cases.
- **Temporary back pain** is frequent; **chronic back pain** is very rare.
- **Temporary problems with passing urine (retention of urine)** are also frequent. Therefore, a **bladder catheter** must possibly be placed for a short time. This may cause bleeding and infection of/injury to the urinary tract. Anaesthesia may also cause temporary **impotence.**

### Specific risks of brachial plexus anaesthesia

- **Disorders of sensation** (e.g. tingling, numbness of the arm or neck) and **disorders of mobility** and even **paralysis** resolve within a few weeks or months in most cases. **Permanent disorders of sensation, chronic pain and permanent paralysis** (e.g. paralysis of the arm) after infection, injury or damage to the arm plexus nerves are rare.
- **Temporary paralysis of the diaphragmatic nerve** frequently occurs during interscalene and supraclavicular plexus anaesthesia, in individual cases also with infraclavicular but not with axillary plexus anaesthesia. Generally, the paralysis remains unnoticed. In some cases, **respiratory distress** occurs, which resolves by itself in most cases and only very rarely requires artificial ventilation. In particular after interscalene plexus anaesthesia, **permanent paralysis of the diaphragmatic nerve with respiratory distress** is possible in some cases. **Temporary paralysis of the nerve that supplies the vocal folds may cause temporary hoarseness.**
- A **drooping eyelid (Horner syndrome)**, a **warm sensation in the face and hoarseness** are typical temporary consequences of the brachial plexus anaesthesia, with the exception of axillary brachial plexus anaesthesia.

### Special risks of the peripheral nerve blocks

- If **main nerves are damaged** (e.g. the femoral nerve or sciatic nerve), temporary, in very rare cases also permanent, major **impairments of movement**, e.g. issues when bending the knee, **weakness of dorsiflexion of the foot or paralysis of the leg**, may occur.
- In the event of a **sciatic nerve block in the buttocks**, temporary **impairment of the bladder function** may occur in very rare cases.
- In the event of the **psoas compartment block, inner organs and structures** (e.g. kidneys, intestines, ureter) may be **injured** in very rare cases. Moreover, the psoas compartment block is implemented in tissue with heavy blood supply so that **injury to blood vessels** with consequential **haematomas** may occur.
- If, in the event of a **psoas compartment block**, the anaesthetic agent accidentally gains access to the **epidural space or spinal canal**, all specific risks of epidural and spinal anaesthesia apply!

### Specific risks of intravenous regional anaesthesia

- The **tourniquet** can cause temporary, in very rare cases also permanent **skin and tissue damage, circulatory disorders, alterations in sensation, muscle and nerve damage, pain and restriction of mobility** and even **paralysis** of the arm/hand or leg/foot.

The doctor will explain the risks that may apply in your case in more detail. During the patient-doctor discussion, you should ask all questions that are important to you or about anything that is still unclear!

## Instructions

### Before anaesthesia/sedation

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) **up to 6 hours before the anaesthesia/sedation.**
  - During the time frame of **6–2 hours before the anaesthesia/sedation**, they may **not drink more than 1–2 glasses/cups of clear fluids** (e.g. water, tea without milk). The liquid may not contain **any fat, solid particles and alcohol.**
- Adolescents up to an age of 18 may
  - **eat something up to 6 hours before the anaesthesia/sedation.**
  - **drink clear liquids without fat, solid pieces and alcohol** (e.g. water, tea without milk) during the time frame of **6 hours to 1 hour before anaesthesia/sedation.**

As of the times applicable for you, you may no longer eat or drink anything! Please inform your doctor or any other staff if you have not been able to adhere exactly to these fasting instructions!

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

Please list **all medications** that you are currently taking in the questionnaire (also herbal remedies and over-the-counter medications). The doctor will then decide if specific medications should be stopped or replaced by another substance.

Please present any **patient 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 tooth replacements, rings, jewellery (including piercings) and artificial hair pieces** before anaesthesia/sedation. Please check where you can **keep your belongings** and whether you can possibly take your **glasses and hearing aids** up to the foyer of the operating theatre. Please **do not use any facial creams or cosmetic products** (make-up, nail polish, etc.)!

### After anaesthesia/sedation

You will be **monitored** until your vital body functions are stable again; this may be done in a recovery room or the intensive care unit. To **protect you against injury**, it can be necessary to **temporarily restrict your movements** (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 after anaesthesia.

Please **inform your doctor immediately** if you develop symptoms such as **respiratory distress or problems with circulation, impairment of consciousness, pain, fe-**

**ver** (greater than 38 °C), **chills, nausea, vomiting, aching throat, hoarseness, disturbance of speech, 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**, your reactions will be temporarily impaired due to the anaesthetic agents, analgesics and other medications. Therefore, please arrange to **be picked up by an adult and have somebody 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 **neither drink any alcohol nor smoke** within the first 24 hours or the length of time stipulated by your doctor. During this time frame, you should also **not make any important decisions.**

SAMPLE

Do not use this copy of the current informed consent form for the patient-doctor discussion

## Questionnaire (patient history)

Please answer the following questions carefully and completely to aid us in avoiding all possible risks. Please mark boxes where applicable and underline or add text where appropriate. If necessary, do not hesitate to ask for our assistance in filling out the form. **For the patient's guardian, custodian, legal representative:** Please answer all questions from the patient's viewpoint.

Age: \_\_\_\_\_ years • Height: \_\_\_\_\_ cm • Weight: \_\_\_\_\_ kg

Gender: \_\_\_\_\_

n = no/y = yes

1. Occupation/profession: \_\_\_\_\_
2. Have you received any **other medical treatment**  n  y in the last few weeks?  
If yes, please indicate why! \_\_\_\_\_
3. Have you had an infection in the last 4 weeks  n  y (e.g. airways, gastrointestinal, urinary tract)?  
If yes, please indicate! \_\_\_\_\_
4. Do you have or have you ever had an infectious  n  y disease (e.g. hepatitis, HIV/AIDS, meningitis, tuberculosis)?  
If yes, please indicate! \_\_\_\_\_
5. Are you taking any medications (e.g. anticoagulant medications [e.g. Marcumar®, Aspirin], pain medications, antidiabetics [especially any medications containing metformin], cardiovascular agents, hormone preparations, sleeping pills or sedatives, anti-hypertensive medications)?  n  y  
If yes, please indicate! \_\_\_\_\_
6. Do you have any allergies (e.g. medications  n  y [e.g. antibiotics, metamizole, paracetamol], anaesthetic agents, contrast medium, latex, disinfectants, iodine, plasters, synthetic material)?  
If yes, please indicate! \_\_\_\_\_
7. Have you ever undergone an operation?  n  y  
If yes, please indicate! \_\_\_\_\_  
If yes, did any complications occur?  n  y  
If yes, please indicate! \_\_\_\_\_
8. Have you ever undergone anaesthesia (e.g. general anaesthesia, regional anaesthesia, local anaesthesia [e.g. for dental treatments], sedation)?  n  y  
If yes, please indicate! \_\_\_\_\_  
If yes, did any complications develop?  n  y  
If yes, please indicate! \_\_\_\_\_
9. Do you tend to have **nausea/vomiting**?  n  y
10. Do you tend to have high fever during/after general anaesthesia (malignant hyperthermia)?  n  y
11. Did any of your **blood relatives** experience **malignant hyperthermia** during/after general anaesthesia?  n  y
12. Have you ever received a **transfusion** of  n  y **blood/blood components**?
13. Do you have an increased tendency to bleed,  n  y e.g. frequent nosebleed/bleeding gums, bruises, longer period of bleeding after injury?
14. Do you have or have you ever had (another)  n  y vascular disease (e.g. arteriosclerosis, varicose veins, disease of coronary vessels, circulatory disorders, aneurysm, constriction of the carotid artery)?  
If yes, please indicate! \_\_\_\_\_
15. Have you ever had a vascular obstruction due to  n  y a blood clot (thrombosis/embolism)?
16. Do you have or have you ever had (another)  n  y cardiovascular disease (e.g. coronary heart disease, hypertension, cardiac arrhythmia, stroke, heart attack, angina pectoris, myocardial inflammation, heart valve defect)?  
If yes, please indicate! \_\_\_\_\_
17. Do you get out of breath when climbing the  n  y stairs?  
If yes, how many stairs can you climb before needing to stop? \_\_\_\_\_
18. Do you have or have you ever had any diseases  n  y of the airways/lungs (e.g. chronic bronchitis, pneumonia, bronchial asthma, hyperinflation, congenital malformation)?  
If yes, please indicate! \_\_\_\_\_
19. Do you experience respiratory distress (breathing difficulties) during the night (e.g. loud snoring, sleep apnoea)?  n  y  
If yes, please indicate! \_\_\_\_\_
20. Do you have paralysis of the vocal folds?  n  y
21. Do you have **paralysis of the diaphragm**?  n  y
22. Do you have or have you ever had any **disorders of the digestive system** (e.g. oesophagus, stomach, intestine)?  n  y  
If yes, please indicate! \_\_\_\_\_
23. Do you frequently suffer from heartburn?  n  y
24. Do you suffer from a **reflux disorder**?  n  y
25. Do you have or have you ever had any disease  n  y of the upper abdominal organs (e.g. liver inflammation/hepatitis, fatty liver, cirrhosis, biliary colics, bile stones, jaundice, pancreatitis)?  
If yes, please indicate! \_\_\_\_\_

26. Do you have or have you ever had any disease or malformation of the kidneys/urinary organs (e.g. 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)?

If yes, please indicate! \_\_\_\_\_

27. Do you have any metabolic diseases (e.g. diabetes, gout)?

If yes, please indicate! \_\_\_\_\_

28. Do you have or have you ever had any diseases of the thyroid gland (e.g. overactivity of the thyroid gland, underactivity of the thyroid gland, goitre, Hashimoto's)?

If yes, please indicate! \_\_\_\_\_

29. Do you have or have you ever had any muscle or skeletal diseases (e.g. muscle weakness, joint disease, osteoporosis, osteomalacia)?

If yes, please indicate! \_\_\_\_\_

30. Do you have or have you ever had any diseases of the nervous system (e.g. gait abnormalities/paralysis, seizure disorders [epilepsy], Parkinson's, somatosensory disorders, polyneuropathy, pain)?

If yes, please indicate! \_\_\_\_\_

31. Do you have any eye diseases (e.g. cataract, glaucoma)?

If yes, please indicate! \_\_\_\_\_

32. Do you have any further diseases/impairments (e.g. spinal damage, shoulder-arm syndrome, multiple sclerosis, restless legs syndrome, frequent headaches, depression, hearing loss)?

If yes, please indicate! \_\_\_\_\_

33. Are there any unusual disorders/features with respect to the condition of your teeth (e.g. loose teeth, braces, prosthesis, bridge, crown, implant, retainer, paradontosis)?

If yes, please indicate! \_\_\_\_\_

34. Do you have any implants (e.g. cardiac pacemaker, defibrillator, cardiac valve, stent, artificial joint, silicone, hydrogel, teeth, metal)?

If yes, please indicate! \_\_\_\_\_

35. Do you have tattoos?

36. Do you have any piercings (e.g. tongue piercing, genital piercing)?

If yes, please indicate! \_\_\_\_\_

37. Do you smoke?

38. Do you drink alcohol several times a week (e.g. beer, wine, hard liquor)?

If yes, please indicate which type! \_\_\_\_\_

39. Do you take drugs?

40. Have you taken precautionary measures (e.g. living will, medical power of attorney, health care proxy)?

If yes, please indicate! \_\_\_\_\_

Additional questions for women

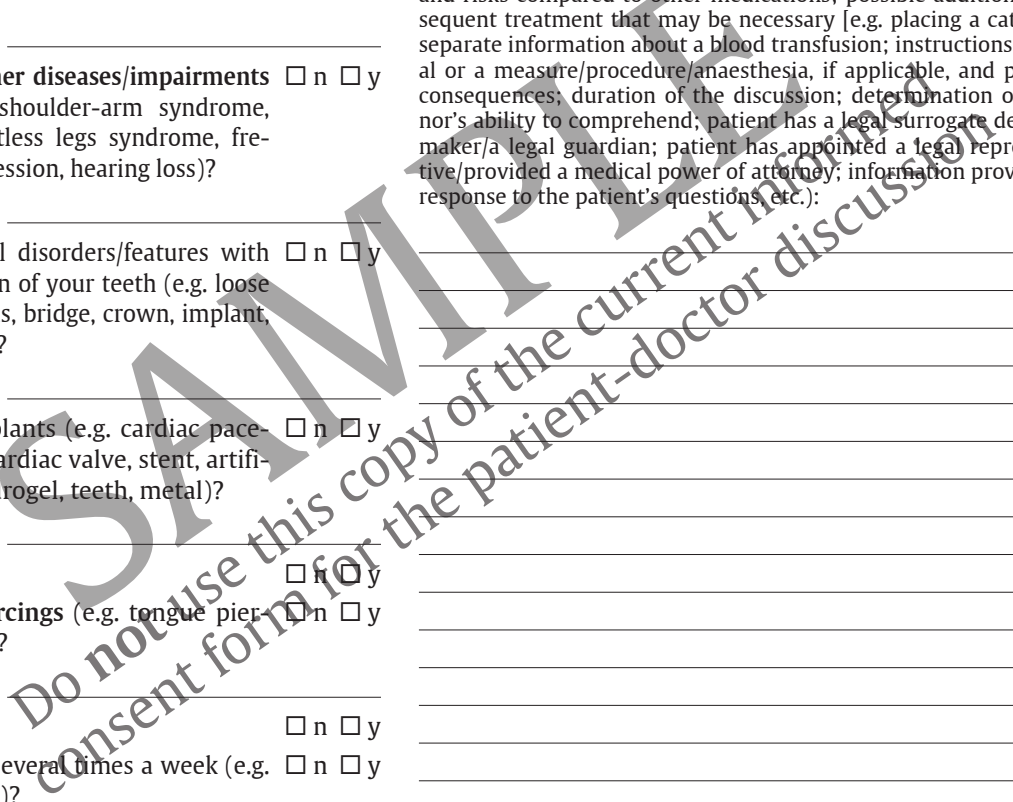
- 1. Could you possibly be pregnant?
2. Are you breastfeeding?

Additional questions for outpatient procedures

- 1. Which adult accompanying person will take you home after the procedure...
2. Where can we reach you at any time during the first 24 hours after the procedure...
3. How can we reach you at any time during the first 24 hours after the procedure...
4. Which adult person will take care of you during the first 24 hours... after the procedure...

Doctor's notes

I have informed the patient about the general anaesthesia, using the informed consent form at hand and discussing in particular the following aspects and individual unusual circumstances (e.g. individual 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:

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**Planned procedure:**

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Outpatient

Inpatient

**Proposed anaesthesia:**

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Additional sedation

Date of the procedure: \_\_\_\_\_

### Statement of Consent

I have read the informed consent form, and I understand it. The planned anaesthesia, the type and significance of the anaesthesia, possible alternative procedures, possible additional sedation, risks and possible complications, possible changes or additions to the anaesthetic procedure (e.g. changing from regional anaesthesia/sedation to general anaesthesia) and additional/subsequent procedures possibly required for medical reasons (e.g. placing a catheter) have been fully explained to me in a patient-doctor discussion with doctor \_\_\_\_\_.

My questions were answered completely and clearly. I have **no further questions** and feel that **the counselling was satisfactory**; I do not need **any further time for consideration** and **consent** to the proposed anaesthesia. I also agree to any possibly unforeseeable changes in or additions to the anaesthetic procedure which may be necessary for medical reasons. I will follow the doctor's **instructions**.

\_\_\_\_\_  
Place, date, time

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Patient's guardian\*

\_\_\_\_\_  
Doctor

\* Only if the patient is a minor: If only one of the patient's guardians signs, with this signature, he confirms that he has sole custody of the child or that he is 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.

**SAMPLE**  
Do not use this copy of the current informed  
consent form for the patient-doctor discussion