

Klinik / Praxis:

Patient data: [Patientendaten]

## Orthopädie am Kiesteich

englisch

Procedure scheduled to take place on (date): [Der Eingriff ist vorgesehen am (Datum):]

**left knee** linkes Knie

**right knee** rechtes Knie

### Dear patient,

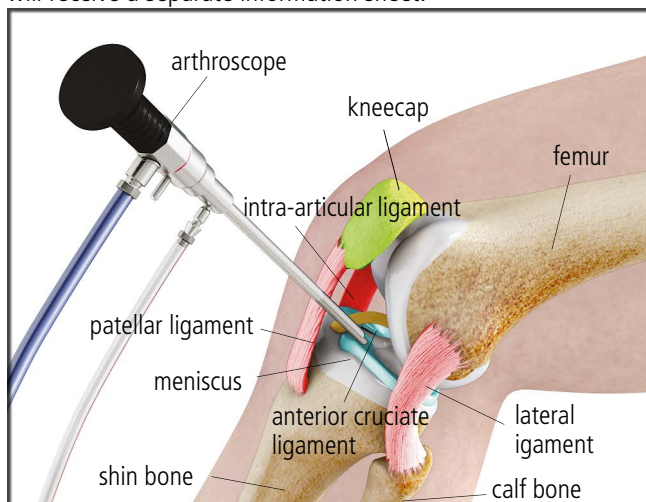
The results of examinations undertaken so far point to an injury or disease of your knee joint. Using knee arthroscopy will allow your doctor to directly determine the extent of the damage and to carry out the necessary treatment.

The following text is intended to inform you about the course of the examination/treatment, the related risks and any measures you need to take before and after the arthroscopy procedure as well as to prepare you for your pre-procedure interview with the doctor. You may have a short film shown to you. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your case and of any potential complications which could result from them. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the suggested procedure of knee arthroscopy or reject it.

Please read the following information and complete the form carefully. It is understood that your data will be treated as confidential. Your doctor will provide you with a copy of the completed and signed form after the interview.

#### COURSE OF EXAMINATION ABLAUF DER UNTERSUCHUNG

Knee arthroscopy is usually performed under ischaemia (restricted blood supply). Hereby the leg is wrapped with a special rubber strap after thorough disinfection and blood supply is cut off with a tourniquet cuff around the thigh. This will ensure minimal loss of blood and improved visibility of the joint during surgery. The procedure will be carried out either under local or regional anaesthesia or under a general anaesthetic, in which case you will receive a separate information sheet.



Through a small incision next to the outer edge of the kneecap, the examination instrument, the so-called arthroscope, is inserted carefully into the knee joint. By filling the joint with rinsing fluid, the joint cavity is enlarged, improving visibility inside the joint. A small camera and a light are attached to the tip of the arthroscope. The camera transmits images to a monitor, enabling the doctor to view the joint structure in detail.

Through a second small incision, often on the inside of the knee joint, an operation cannula is inserted, through which various instruments can be introduced into the joint, for instance a probe.

#### COURSE OF EXAMINATION ABLAUF DER BEHANDLUNG

Knee arthroscopy can be used to treat various types of injuries and diseases. The following procedure has been scheduled for you:

- removal of a joint mouse Entfernung freier Gelenkkörper
- cartilage debridement Knorpelglättung
- removal of inflamed synovial membrane Entfernung entzündeter Gelenkhaut
- lavage Gelenkspülung
- fixation of loose cartilage bodies Befestigung gelöster Knorpelteile
- meniscal repair Meniskusnaht
- cruciate ligament repair/re-fixation Kreuzbandnaht/-refixation
- partial meniscectomy Meniskusteilentfernung
- cartilage transplant Knorpeltransplantation
- meniscectomy Meniskusentfernung
- reconstruction of the inner ligament holding the kneecap  
Rekonstruktion des inneren Kniescheibenbandes (MPFL-Plastik)
- (MPFL reconstruction) stimulation of cartilage growth through  
Stimulierung des Knorpelwachstums durch Mikrofrakturierung
- microfracturing mosaicplasty Osteoarticular Transfer System  
Surgery (OATS) transfer of cartilage/bone cylinders  
Mosaikplastik (OATS) Verpflanzung von Knorpel-/Knochenzylindern
- cruciate ligament replacement with Kreuzbandersatz mit \_\_\_\_\_
- injection of Einspritzung von \_\_\_\_\_ (Medikament)
- other procedure anderer Eingriff: \_\_\_\_\_

In order to perform these procedures, additional surgical instruments may have to be introduced through the operation cannula. Sometimes a third or even fourth small incision will be needed in order to reach particular areas within the knee joint. At the end of the procedure, all instruments will be removed and the knee joint will be rinsed thoroughly again. A small tube (surgical drain) to drain fluids or blood from the knee joint may be inserted. The small incisions will be stitched up and have a sterile dressing applied to them.

In particular cases, immobilisation bandages or splints will have to be applied after arthroscopic knee surgery.

### POSSIBLE ADDITIONAL MEASURES

#### MÖGLICHE ERWEITERUNGSMASSNAHMEN

The arthroscopy may uncover additional diagnoses, which can then be treated during the same procedure. Sometimes it will be necessary to switch from knee arthroscopy to open surgery. In order to avoid having to undergo a separate procedure at a later point in time, you can already agree to any necessary changes or additional measures now.

### ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

External examination methods, such as ultrasound, X-ray, CAT scan or MRI are often used as preliminary examination methods. If previous examinations indicate that the knee joint has suffered damage requiring treatment, a knee arthroscopy procedure will be carried out. It allows for direct examination of the joint structures and the treatment of any alterations.

In particular cases, non-surgical measures, such as immobilisation and rest, treatment with medication or physiotherapy may suffice to promote healing or improvement of symptoms. Open knee surgery usually does not constitute a viable alternative to knee arthroscopy since recovery time is far longer. Your doctor will explain to you why he would recommend knee arthroscopy in your particular case.

### PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

Knee arthroscopy nowadays is considered a very efficient procedure for treating disease-related alterations and injuries of the knee caused by accidents in a simple and gentle manner. With non-complex accident-related damage, such as the tearing of a ligament or the meniscus, the functionality of the knee can usually be fully restored. With chronic diseases, however, such as osteoarthritis or rheumatism, only an alleviation of the symptoms rather than their full removal can be achieved. It is also possible for the procedure to be unsuccessful and for it to have to be repeated, or for an alternative treatment method, such as open knee surgery, to become necessary. Moreover, even years after the procedure, the symptoms may sometimes recur, making it necessary for another procedure to be carried out (e.g. recurrent tear of a ligament or the meniscus). In exceptional cases, the state of the knee joint may become worse. Your doctor will explain to you which outcome is most likely in your particular case.

### DIRECTIONS FOR PREPARATION AND AFTERCARE

#### HINWEISE ZUR VORBEREITUNG UND NACHSORGE

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

#### Preparation:

**Medication:** It is important for you to inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASA], Marcumar®, Heparin, Plavix®, etc.) or have taken over the course of the past eight days prior to the procedure (for instance pain killers such as ibuprofen, paracetamol). This includes any over-the-counter medication and herbal remedies. Your doctor will let you know if and for how long you need to stop taking your medication.

#### Aftercare:

Post-surgical pain can usually be alleviated with medication.

It is advisable to prop up your knee during the first few days after surgery. Even shortly after surgery, you will have exercises shown to you by a physical therapist. Please do your exercises conscientiously.

In order to prevent the formation of blood clots, you should move the operated leg on a regular basis and exercise it as advised by your doctor. If you have been given a compression dressing or compression stockings, please wear them as instructed.

With regard to additional measures to be taken by you, such as taking medication or resting the operated knee, please follow the instructions of your doctor closely. Sometimes it will be necessary to take the weight off the knee for several days using crutches or a walking stick.

Should you experience increasing **severe pain** and **swelling, warmth** and **redness** of the knee, **a temperature, chest pain** or **trouble breathing/circulatory problems**, please consult your doctor or the clinic immediately.

If the procedure is performed on an out-patient basis, it is necessary for an adult to come and collect you. Please make sure you will receive the necessary care at home for the period of time indicated by your doctor. Since your ability to react may be impaired through medication, you must not actively participate in road traffic for a period of **24 hours after the procedure**, (not even as a pedestrian) nor participate in any risky activities. You should also refrain from taking any important personal or economic decisions during this period.

### RISIKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that **any medical procedure is accompanied by certain risks**. They may sometimes require additional treatment or surgery and, in extreme cases, they can 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.

During the arthroscopy procedure, accidental damage such as **injury of cartilage surface** or of other structures, e.g. **the meniscus, tendons, bones** or **ligaments** may occur. Most of the time, however, these heal without any permanent damage.

Especially with extensive surgical interventions, there may be post-procedure bleeding, for example, leading to **joint effusion**. This may persist for several weeks and may have to be treated with one or several joint aspiration procedures.

In case of the knee joint being injured, **postoperative bleeding** or discharge of rinsing fluid may lead to **swelling** (oedema) in the soft tissue around the knee (compartment syndrome). In order to prevent paralysis or the loss of the affected leg, surgery will then be required to relieve the pressure.

**Infections** are rare and lead to swelling, redness, pain, warm skin and a temperature. In most cases, infections can be treated successfully with antibiotics. An **infection of the bone** or the joint may require rinsing of the joint or surgical intervention. In rare cases, there may be a **stiffness of the joint**. In extreme and rare cases, an infection that has spread beyond control can even lead to the loss of the affected leg or to dangerous blood poisoning (toxaemia).

**Allergic reactions** (intolerance symptoms), for instance to medication (pain killers, anaesthesia), rarely occur. Skin rash, itching, swelling or nausea and coughing may then occur as a

result. Severe reactions such as shortness of breath, spasms, tachycardia or circulatory shock are rare. Due to insufficient perfusion, temporary or permanent organ damage, e. g. brain damage, paralysis or kidney failure may occur even despite adequate intensive care.

In rare cases, **delayed engraftment** or **rejection** of implanted materials may occur. This may then require further intervention.

In rare cases, **damage to nerves** or **large blood vessels** may occur. If a vessel is injured, surgery may be required to stop the bleeding. In extreme cases, **loss of the affected leg** may result. Severed nerves may have to be sewn back together. Despite treatment, **permanent sensory disturbance**, pain and weakness or **paralyses** (e.g. drop foot, paralysis of the leg) may sometimes occur. Small nerves in the skin can be severed during surgery and lead to temporary or, in rare cases, even **permanent numbness** around the surgical scar or below the knee.

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

Surgery can sometimes lead to the development of a **complex regional pain syndrome** (CRPS) including circulatory disorders, swelling of soft tissue and pain. This may result in muscle atrophy and bone loss and to a joint becoming stiff.

**Damage to the skin, soft tissue, bones, muscles or nerves** (e.g. through injections, disinfectants, electric currents, the tourniquet or through positioning) may occur. Sensory disturbance, numbness, paralysis, burns and pain may then result. Most of these symptoms are temporary; in very rare cases will they be permanent, or scars may remain.

Especially if motion is restricted for an extended period of time or bed rest is required, blood clots (**thromboses**) may form and cause obstruction of a blood vessel (**embolism**). Such blood clots may then travel to other parts of the body and block the

vessels of other organs. This may then lead to e.g. lung embolism, stroke or kidney failure resulting in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of post-procedure bleeding is increased. If Heparin is administered, it may result in **severe coagulopathy** (HIT), leading to thromboses and obstruction of blood vessels.

**Scarring inside the joint**, for instance after cruciate ligament surgery, may result in restriction of motion and may have to be surgically removed.

## Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery? Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

## Questions about Your Medical History

yes=ja no=nein

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of anaesthesia 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.

### 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),  Heparin,  Marcumar®,  Pradaxa®,  
 Plavix®,  Ticlopidin,  Clopidogrel,  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),  Heparin,  Marcumar®,  Pradaxa®,  Plavix®,  Ticlopidin,  Clopidogrel,  Xarelto®.

Any other: \_\_\_\_\_  
 Sonstiges: \_\_\_\_\_

When did you take the last dose? \_\_\_\_\_  
 Wann war die letzte Einnahme?

Do you take any other medications?  yes  no

Nehmen Sie andere Medikamente ein?

If so, which ones: \_\_\_\_\_  
 Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)  
 (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

### Have you ever had an operation

on the knee? Wurden Sie schon einmal am Knie operiert?  yes  no

Do you have a metal implant (e.g. hip implant)?  yes  no

Haben Sie ein Metallimplantat (z. B. künstliche Hüfte)?

Are you pregnant?  not certain nicht sicher  yes  no

Besteht eine Schwangerschaft?

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 tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment),  tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung?  Erhöhte Blutungs-

neigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung),  
 Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders?  yes  no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

**Blood clot (thrombosis), 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:

**Heart, circulatory or blood vessel diseases?**  yes  no

Heart attack,  chest pain and/or tightness (angina pectoris),  heart defect,  irregular heart rhythm,  inflammation of heart muscle,  heart valve disease,  shortness of breath while climbing stairs,  heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator),  high blood pressure,  low blood pressure.

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

Any other: \_\_\_\_\_  
 Sonstiges:

**Metabolic diseases?**  yes  no

Diabetes (sugar sickness),  Gout.

**Stoffwechsel-Erkrankungen?**  Diabetes,  Gicht.

Any other: \_\_\_\_\_  
 Sonstiges:

**Thyroid diseases?**  yes  no

Underactive thyroid,  overactive thyroid.

**Schilddrüsenerkrankungen?**  Unterfunktion,  Überfunktion.

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)?

**Communicable (contagious) diseases?**  yes  no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

Any Other: \_\_\_\_\_  
 Sonstiges:

**Any other acute or chronic diseases / illnesses?**  yes  no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: \_\_\_\_\_  
 Bitte kurz beschreiben:

## Ärztl. Dokumentation zum Aufklärungsgespräch

Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, mögliche Konsequenzen, wenn der Eingriff verschoben oder abgelehnt wird, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

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### I have recommended: Vorgeschlagen habe ich:

- removal of a joint mouse Entfernung freier Gelenkkörper
- cartilage debridement Knorpelglättung
- removal of inflamed synovial membrane Entfernung entzündeter Gelenkhaut
- lavage fixation of Gelenkspülung
- loose cartilage bodies Befestigung gelöster Knorpelteile
- meniscal repair Meniskusnaht
- cruciate ligament repair/re-fixation Kreuzbandnaht/-refixation
- partial meniscectomy Meniskusteilentfernung
- cartilage transplant Knorpeltransplantation
- meniscectomy Meniskusentfernung
- reconstruction of the inner ligament holding the kneecap  
Rekonstruktion des inneren Kniescheibenbandes (MPFL-Plastik)
- (MPFL reconstruction) stimulation of cartilage growth through  
Stimulierung des Knorpelwachstums durch Mikrofrakturierung
- microfracturing mosaicplasty Osteoarticular Transfer System  
Surgery (OATS) transfer of cartilage/bone cylinders  
Mosaikplastik (OATS) Verpflanzung von Knorpel-/Knochenzylindern
- cruciate ligament replacement with Kreuzbandersatz mit

- injection of Einspritzung von \_\_\_\_\_ (Medikament)
- other procedure anderer Eingriff: \_\_\_\_\_

### Capability to give wilful consent: Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making a decision on the recommended procedure on his/her own and giving his/her consent for the procedure.  
Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by the carer or guardian with the evidence of guardianship. Thin person is entitled to making a decision on behalf of the patient.  
Der/Die Patient/in wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.

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

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

### Patient's refusal Ablehnung des/der Patienten/in

Dr. \_\_\_\_\_ has given me a full explanation of the operation recommended for me and of the disadvantages that will result from my refusal. I have understood this explanation. I was also able to discuss with this physician my knowledge and understanding of the information given to me. I hereby refuse the knee arthroscopy that has been recommended for me.

Frau/Herr Dr. hat mich umfassend über den bevorstehenden Eingriff und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich die mir vorgeschlagene Kniearthroskopie ab.

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

Signature of patient / legal guardian / witness if applicable  
[Unterschrift Patientin / Patient / Betreuer / Vormund / ggf. des Zeugen]

### Patient statement and declaration of consent

Erklärung und Einwilligung des/der Patienten/in

Please tick the appropriate boxes and confirm your statement with your signature below:

Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- I hereby confirm that I have understood all sections of this form.** I have read the entire form (5 pages). During the interview with the doctor \_\_\_\_\_, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. wurde ich über den Ablauf der geplanten Kniearthroskopie, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

- I hereby deliberately waive a detailed explanation.** However, I hereby confirm that the doctor whose patient I am instructed me regarding the necessity of treatment, its type and scope as well as the fact that this treatment is accompanied by certain risks, and regarding alternative methods.

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

- I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the knee arthroscopy procedure as proposed.**

I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

**Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkenzeit benötige. Ich stimme der vorgeschlagenen Kniearthroskopie zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures (e.g. local anaesthesia, thrombosis and embolism prevention) as well as to any required changes or additions to the procedure, e.g. the treatment of additional diagnoses uncovered during arthroscopy or switching to open knee surgery.

Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen (z. B. örtliche Betäubung, Thromboembolieprophylaxe), sowie auf erforderliche Änderungen oder Erweiterungen des Eingriffes, z. B. Behandlung erst während der Arthroskopie entdeckter Befunde oder Wechsel zur offenen Operation.

I confirm that I am capable of following the instructions given to me by my doctor. This applies in particular **to the prohibition of active participation in road traffic for 24 hours after a procedure on an out-patient basis.**

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen. Dies gilt insbesondere **für das Verbot einer aktiven Teilnahme am Straßenverkehr für 24 Stunden nach einem ambulanten Eingriff.**

I agree to medical product advisers or colleagues of the doctor whose patient I am to be present during the surgical procedure. Ich bin damit einverstanden, dass eventuell Medizinprodukteberater oder medizinische Kollegen bei der Operation anwesend sind.

- 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-Adresse

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

Signature of patient/legal guardian(s)  
[Unterschrift Patientin/in / Betreuer / Vormund]

Copy/Kopie:  received/erhalten  
 waived/verzichtet

Signature Copy received/waived  
[Unterschrift Kopie erhalten/verzichtet]