

□ Clinic / Doctor: [Klinik / Praxis]

□ Patient data: [Patientendaten:]

## Orthopädie am Kiesteich

englisch

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

□  left leg linkes Bein      □  left Arm linker Arm

□ \_\_\_\_\_  
□  right leg rechtes Bein      □  right arm rechter Arm

### Dear patient,

You still have metal implants in your body to support your bones after treatment of a bone fracture (osteosynthesis materials). During the scheduled operation, those metallic parts (screws, plates, wires, marrow nails) are to be removed.

The following text is intended to inform you about the course of the operation, related risks and any measures you need to take before and after the procedure as well as to prepare you for your pre-procedure interview with the doctor. Your doctor will 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 procedure suggested to you or reject the procedure.

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 TREATMENT ABLAUF DER BEHANDLUNG

In the course of surgical treatment of a bone fracture, metal implants have been inserted into your body to support your bones. In some cases, these osteosynthesis materials can be left inside the body even if they no longer serve any purpose. However, if the implanted material - such as screws, plates, wires or marrow nails - causes discomfort or weakens the bone underneath, the osteosynthesis material should be removed. In children, the removal of foreign materials is generally recommended in order to prevent malformation or disturbances in growth.

Treatment is often carried out under local or under regional anaesthesia (spinal anaesthesia) or under a general anaesthetic, in which case you will receive a separate information sheet. For the removal of metal implants, the old surgical scar is normally used for access, with the incision often being smaller than the one used in the initial operation to insert the osteosynthesis material. If possible, surgery is performed under ischaemia (restricted blood supply). Hereby the limb is wrapped and blood supply is cut off with a tourniquet cuff. This will ensure minimal loss of blood and improved visibility during surgery. After the metal implant has been removed, thin plastic tubes, so-called drains, are often inserted into the wound in order to remove fluids from the wound.

The following material is to be removed in the area of the

- plates Platten      □  screws Schrauben  
□  wires Drähte      □  marrow nails Marknagel  
□  external fixation Fixateur externe

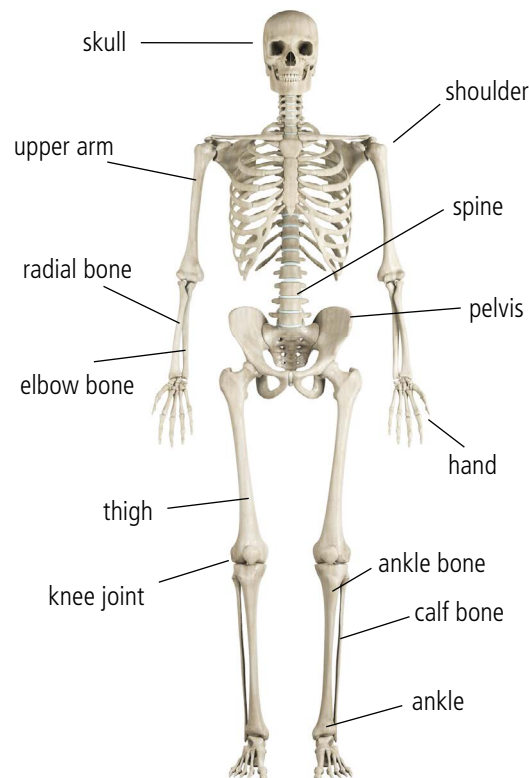
**Additional measures: Ergänzende Maßnahmen:**

- scar correction Narbenkorrektur  
□  other Sonstiges

### POSSIBLE ADDITIONAL MEASURES

#### MÖGLICHE ERWEITERUNGSMASSNAHMEN

In most cases, osteosynthesis materials can be removed without any complications. In rare cases, it may only become obvious during surgery that changes need to be made to the procedure as planned, for instance if the material cannot be removed as planned



or if a new osteosynthesis is required to ensure proper healing. If the removal of metal implants proves difficult (for instance in cases where screws are stripped or implants have been in the body for several years), a high-frequency surgical fraise may have to be used. If such changes or additions to the procedure are foreseeable, your doctor will provide you with the respective additional information.

Please consent to medically indicated additional measures now, since otherwise the surgical procedure would have to be stopped, making additional surgery necessary at a later point in time, which will increase the overall risks.

#### ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

In some cases, metal implants can remain inside the body permanently. Your doctor will explain to you why removing the metal implants is necessary in your case and why the metal should not be left in your body.

#### PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

Removing metal from a bone is usually a much less invasive surgical procedure than the initial operation. The bone in question is usually fully functional after the operation. Intense physical exertion (such as sports), however, may sometimes have to be avoided for several weeks.

#### 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 should stop taking your medication.

##### Aftercare:

Post-surgical **pain** can usually be alleviated with medication.

If **swelling** occurs after surgery, the affected extremity should be propped up.

In some cases, **physiotherapy exercises** may be necessary after removal of the metal implants in order to restore full mobility to the affected limb. Please do your exercises conscientiously.

Your doctor will decide whether an X-ray check is required after successful implant removal in order to ensure the affected bone is stable.

Should you experience increasing **severe pain** and **swelling**, **warmth** and **redness** around the surgical wound, a **temperature**, **weakness** or **paling** or **blue discolouration** of the limb, **chest pain** or **trouble breathing** or **circulatory problems**, please consult your doctor immediately.

#### 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 and confirm your waiver with your signature in the final section of this form.

Germs may be introduced from the skin into the surgical wound, leading to **infections**. Infections will lead to swelling, redness,

pain, warm skin and a temperature. In most cases, infections can be treated successfully with antibiotics. Bone or joint infection can lead to reduced mobility in the affected area. A severe infection may require surgical intervention. In extreme and rare cases, an infection that has spread beyond control can even lead to the loss of the affected limb 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.

**Nerves, bones, muscles, tendons or large blood vessels may be injured** in rare cases. If a vessel is injured, surgery may be required to stop the bleeding. Severed nerves may have to be sewn back together. Despite adequate treatment, permanent sensory disturbance, pain and weakness or paralysis 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.

Should **severe blood loss** occur, the use of donor blood/blood components (**transfusion**) may be required. 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 Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

Large **haematomata** will have to be surgically removed in very rare cases. **Postoperative bleeding** inside a muscle sheath can lead to compression injury of nerves (**compartment syndrome**), which will then require surgery to relieve the pressure.

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

Sometimes **blood clots (thromboses)** may form, causing **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 bleeding or post-procedure bleeding is increased. If Heparin is administered, it may result in severe coagulopathy (HIT), leading to thromboses and obstruction of blood vessels.

Body fat or bone marrow entering the bloodstream during surgery can also lead to **obstruction of a blood vessel** and thus to a heart attack, for instance.

Over the course of the healing process, the momentary weakening of the bone can lead a new **bone fracture**. Surgical intervention to insert new stabilising materials may then be required.

Sometimes **metal parts** (such as remnants of wire, broken-off parts of screws) may have to be left **inside the body** if the surgical intervention would otherwise prove too extensive or/and if the related risk of weakening the bone too much is too high. If a high-frequency surgical fraise is used, fine material abrasion (**metal dust**) will remain inside the body. This can lead to metal ion exposure and thus to **neurological symptoms** such as nerve damage, optic nerve disorders, facial nerve pain, dementia, tremors, tinnitus or shortness of breath.

With patients predisposed to **delayed wound healing** or **wound healing disorder**, painful scarring and abnormal proliferation of scar tissue (keloids) may occur.

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.

## 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]

## 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 treatment 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.)

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 drink alcohol regularly?  yes  no

If so, what and how much: \_\_\_\_\_

Trinken Sie regelmäßig Alkohol? Wenn ja, was und wie viel:

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 nosebleeds, increased bleeding after surgery, minor wounds or dental treatment, stronger or longer menstrual bleeding),  tendency to bruise (frequent bruising possibly for no particular reason).

**Bluterkrankung/Blutgerinnungsstörung?**  Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung),  Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

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

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

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,  stroke,  varicose veins,  inflammation of a vein,  thrombosis,  embolism.

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

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

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: \_\_\_\_\_

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

## Medical documentation for the informative interview

### Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

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

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The following material is to be removed in the area of the

- plates Platten     screws Schrauben  
 wires Drähte     marrow nails Marknagel  
 external fixation Fixateur externe

**Additional measures: Ergänzende Maßnahmen:**

- scar correction Narbenkorrektur  
 other Sonstiges \_\_\_\_\_

### 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

Mr./Mrs. \_\_\_\_\_ 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. Hereby I decline the proposed surgery.

Frau/Herr 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 Operation ab.

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

Signature of patient / legal guardian / witness if applicable

[Unterschrift Patientin / Patient / Eltern / 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:

- I hereby confirm that I have understood all sections of this form. I have read the entire form (4 pages). During the interview with Mr./Mrs. \_\_\_\_\_, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods.

Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe. Diesen Aufklärungsbogen (4 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn \_\_\_ wurde ich über den Ablauf der geplanten Operation, 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. 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, 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 treatment of my bone fracture 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 Bedenkzeit benötige. Ich stimme der vorgeschlagenen Operation zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures (donor blood transfusion, thrombosis prevention) as well as to any required changes or additions to the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen (Fremdblutübertragung, Thromboseprophylaxe), sowie auf erforderliche Änderungen oder Erweiterungen des Eingriffes.

I confirm that I am capable of following the instructions given to me by my doctor. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

email-address [E-Mail-Adresse]

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

Signature of patient/legal guardian(s)

[Unterschrift Patient /in / Eltern\*/ Betreuer / Vormund]

Copy/Kopie:  received/erhalten  
 waived/verzichtet

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

\*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.

