

General Information Protocol with Informed Consent Form

Name: _____ **First name:** _____ **Date of birth:** _____

Dear patient,

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or important to you. You can only make your decision independently if you are fully informed.

The doctor must carry out the procedure with due care. However, the doctor cannot guarantee success.

1. Planned procedure, incl. urgency:

2. Reasons for the procedure:

3. Alternative treatment options (i.e. possible treatments instead of the procedure and associated potential effects on you):

4. Anaesthesia procedures (precise information via anaesthetist):

5. Surgical method:

- Technique, planned procedure
- Implementation: outpatient or imperatively inpatient
- Materials remaining in the body (mesh, implants)

6. Risks associated with the operation:

- Bleeding, infection, injury of neighbouring organs, nerve damage (temporary/permanent)
- Probability of risk (common, uncommon, rare, very rare)
- Potentially necessary changes or extensions during the operation
- Individual risks

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7. Effects on you associated with the operation:

- Temporary consequences: Pain, limited mobility, sexual functions, bladder function, dietary restrictions, ability to work
- Probably permanent consequences: (Incontinence, scars, adhesions, etc.)
- Measures required - temporary/permanent: catheter, medication, care, check-ups etc.
- Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

8. Outline of the operation, reference to images and media (films, websites, graphics, brochures):

- Surgical method, incision, what will be removed or reconstructed, side designation

9. Specific doctor's notes on the operation:

- Individual risks Age, heart disease, obesity, individual behaviours (smoking, alcohol etc.), drugs (e.g. blood thinners), allergies

10. Cost of the procedure:

- Standard benefit covered by health insurance yes no
- Self-paying patient yes no
- Further comments: -
- Outpatient or inpatient

11. Your questions:

- On the operation or the treatment as a whole
- Individual needs and concerns related to the operation, potential complications and their effects

Name:

First name:

Date of birth:

Explanatory consultation

Interpreter:

Proposed operation:

Date:

Time:

Duration of explanatory consultation:

Treatment Contract

Dr. _____ carried out an explanatory consultation with me.

- I have understood the explanation and could ask any questions I had.
- I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.
- I will find out after the operation who/which team operated on me.
- I have received a copy of this information protocol and the informed consent form.

Place, Date:

Patient:

Place, Date, Time:

Doctor:
