

PATIENT INFORMATION SHEET ABOUT ANALGESIC IRRADIATION (X-RAY IRRADIATION) OF A GENERATIVE DISEASE

Family Name

First Name

Date of Birth

Dear Patient,

You have an inflammatory disease that causes pain or a connective tissue disease which progresses slowly. Both diseases already limit your daily mobility or might do it in the future. Your physician recommended a treatment with pain irradiation. In a personal consultation with a medical specialist for radiotherapy the indication for treatment with pain irradiation will be reviewed and initiated accordingly or, if necessary, other treatment options will be recommended.

In the following paragraphs we inform you about pain treatment with low dose irradiation. In case you have already found this information sheet on our website, please read it carefully and bring it to your consultation filled out. This can considerably reduce the time of the consultation with your physician. Your questions can be then answered more quickly and efficiently.

Basic information about the pain treatment

In general, the pain irradiation therapy is used in case of painful degenerative joint diseases. This form of therapy is a successful, low-risk and cost-saving option of pain treatment.

Possible diagnoses indicating the application of pain irradiation therapy

Below you will find some diagnoses and the number of pain irradiation sessions usually required. As far as known, please mark the appropriate diagnosis. Usually your diagnosis is indicated on the letter of referral from your doctor.

Other diagnoses

_____ sessions, ___ x/week

- | | | |
|--------------------------|-------------------------------|---|
| <input type="checkbox"/> | Shoulder impingement syndrome | 4 - 6 sessions in 2 - 3 weeks |
| <input type="checkbox"/> | Trochanteric bursitis | 4 - 6 sessions in 2 - 3 weeks |
| <input type="checkbox"/> | Plantar fasciitis | 4 - 6 sessions in 2 - 3 weeks |
| <input type="checkbox"/> | Elbow syndrome | 4 - 6 sessions in 2 - 3 weeks |
| <input type="checkbox"/> | Gonarthrosis | 4 - 6 sessions in 2 - 3 weeks |
| <input type="checkbox"/> | Coxarthrosis | 4 - 6 sessions in 2 - 3 weeks |
| <input type="checkbox"/> | Dupuytren's disease | 2 sessions on two consecutive days,
repetition after 4 - 6 weeks |

Location Center of Pain Irradiation

Karl-Marx-Allee 90 A
10243 Berlin
Telephone 030 224 880 04
Fax 030 224 880 05

Location of Administration

Goslarer Platz 7
10589 Berlin
Telephone 030 327 980 92 50
Fax 030 327 980 97

- | | | |
|--------------------------|-----------------------------------|---|
| <input type="checkbox"/> | Plantar fibromatosis | 2 sessions on two consecutive days,
repetition after 4 – 6 weeks |
| <input type="checkbox"/> | Keloids and
hypertrophic scars | 4 - 8 sessions in 1 - 2 weeks, starting on the day
after surgery. Details will be decided by the
physician. |
| <input type="checkbox"/> | Lymphatic fistulas | 7 sessions in 1 - 2 weeks |

Arthrosis can be the result of long lasting inflammation. Irradiation with low radiation doses has an anti-inflammatory effect based on very complex interactions at the cellular level. To say it quite simplified, the therapy leads to the mobilization of white blood cells and other cells in the blood which work against inflammation. These cells are activated by the low radiation doses in order to counteract the inflammation by releasing enzymes, oxygen metabolites, et cetera.

The tendency to retain water in the tissue (oedema) will be reduced; there is a positive change of the acidity level in the inflamed tissue. All these complex and other currently not sufficiently explored mechanisms lead to long lasting pain easement.

Process of radiation therapy

You receive an analgesic (pain relieving) treatment with low dose irradiation in order to alleviate or eliminate your pain. The irradiation is carried out with a high-tech device; safety and precision are of prime importance. Irradiation is performed in a series of treatments consisting of several sessions. Depending on the diagnosis, the number of sessions in a series can vary.

Possible consequences of the therapy, side effects, recommended behaviour

Treatment is performed on an out-patient basis. Your ability to drive is not affected by radiotherapy alone. During therapy and after it, you can pursue your usual everyday life. However, we recommend giving yourself a break if you carry out extreme sports in order to avoid possible stress factors during and several weeks after therapy. If you are taking sedatives or painkillers that restrict your ability to drive, the previous recommendations apply in regard to your ability to drive. Ask your physician for details during the personal consultation.

Avoid additional irritations from excessive heat or cold (sunshine, ice packs, solarium). Continue your usual skin care. A special care after the applied low radiation doses is not required.

Other side effects appearing on skin or organs are unknown. With the dose ranges used in pain irradiation no safe tumour induction has been described in the literature so far.

Irradiation therapy will not be performed in case of confirmed pregnancy. During treatment a reliable contraception must be ensured. If pregnancy is suspected during treatment this has to be reported immediately to the physician. Women planning a child must discuss this with the doctor before treatment. If the irradiation has to be performed near the gonads, minimum exposure of the gonads is possible.

Please inform us if you wear an artificial pacemaker. Your doctor may initiate further procedures, if necessary.

Prospects of success

The statistically known success rate of reduction or even disappearance of your pain is about 70 - 80%. The desired effect usually occurs a few weeks after completion of the irradiation. In rare cases pain can intensify at the beginning of therapy. This may happen due to the early onset of already described anti-inflammatory effects in tissue.

In case the first series has not led to the desired result, a second series that often leads to success is usually performed after about 8 weeks. A third series is generally not necessary but it is useful in some cases.

Your doctor will check the results a few weeks after treatment. After about 8 weeks after completion of treatment, we recommend a follow-up conversation with the physician in charge to evaluate the success of therapy. Here further procedures will be discussed.

Consent

I have read and understood this information sheet. After a detailed consultation with the physician _____ I feel informed and questions have been clarified. Alternative treatments were explained and individual risks were discussed. I have no further questions regarding radiation therapy and I give my consent to planned treatment.

Please tick this box to indicate that medical findings necessary for your treatment can be obtained in compliance with legal regulations and that your medical and personal data can be stored electronically, be used for evaluations, such as the billing of the payers, and be announced to third parties that are bound to secrecy.

To ease the administrative workload of our physicians and enable them to devote more time to their patients, we have transferred parts of the practice management services, especially IT tasks, to CAPITAL HEALTH Hospital Group a services provider company. Each employee of the named company has been obliged to confidentiality and is subject to the data protection regulations with the same legal obligations.

I agree to allow taking and storing images for documentation purposes, as part of the treatment. These images are part of the medical record and are subject to medical confidentiality.

I would like the first treatment session to be performed right after this explanatory consultation, if possible. I had sufficient time for reflection. I expressly waive the statutory cooling-off period of 24 hours for further consideration.

For women: I confirm that I am not pregnant.

Place, date, time: _____

Signature of the patient
/ authorized representative _____

Signature of the physician _____

No consent (see next page)

This information sheet in German can be found under the following link:
www.radio-strahlentherapie.de/fuer-patienten/formulare/

No consent

I have read and understood this information sheet and reject the recommended treatment for the following reason:

Place, date, time: _____

Signature of the patient _____
/ authorized representative

To be completed by the physician

A copy of this information sheet was given to the patient upon request after consultation.

Medical documentation in accordance to PRG und SGB §5. Patient has

- Power of attorney / Living will Yes No
- Patient can decide independently Yes No
- Patient is represented by a guardian Yes No

Name, first name, age: _____

- Transportation home by taxi private car public transport ambulance on foot

- The patient refuses a treatment for the following reasons:

Notes

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