

# Information and declaration of consent for treatment with the Transcranial magnetic stimulation (TMS)

Dear patient,

You are scheduled to undergo treatment with transcranial magnetic stimulation (TMS). The procedure is officially approved for the treatment of the brain in patients with severe depression that is resistant to pharmacotherapy.

If your doctor decides to treat your brain with TMS for another disorder, for example Parkinson's disease, this is a so-called healing attempt, in that other common methods have not yet shown sufficient effect. "Attempted healing" is a legal term and initially has nothing to do with healing. It is about alleviating symptoms of diseases that are to be treated with exactly the same method (TMS). Treating the brain with TMS for reasons other than depression is legally permitted as part of the healing attempt. The responsibility for these socalled "off-label" treatments lies with your doctor.

### What kind of method is TMS?

While using TMS, the coil above your head creates a magnetic field that stimulates the brain's nerve cells. This causes a change in the activation level and metabolism, which can relieve symptoms.

### The treatment methods currently used for my illness.

My doctor explained to me in detail verbally about the currently common medication and other treatment methods for my illness.

### Unchanged medication required.

Treatment with magnetic waves is an additional measure. All medications prescribed by a doctor should be taken unchanged.

### Are there any side effects?

Significant side effects were extremely rare. If side effects ever occur, they will most likely be in the form of a mild, temporary headache.

The following side effects could occur rarely to extremely rarely:

- $\varpi$  Headache
- $\boldsymbol{\varpi}$  Short-term speech disorders
- $\varpi$  Migraine attack
- σ Dizziness, lightheadedness
- $\varpi$  Seizure
- $\varpi$  Tinnitus and its increase
- $\varpi$ Manic episode
- $\varpi$  Damage to the fetus in pregnant women

 $\varpi$  When attempting to cure the disease, there may be uncertain side effects in terms of type and extent, including worsening of symptoms

## When should I not be treated with TMS (contraindications)?

Φ Pacemaker, defibrillator, vagus nerve stimulator or similar in the neck area
 Φ Heart operations with stents, heart valves or similar
 Brain surgery with clips, coils, metallic or magnetically sensitive implants in the skull or neck area
 Φ Other metal parts in the brain

π History of epilepsy or seizures

 $\varpi$  Increased intracranial pressure (e.g. hydrocephalus)

 $\varpi$  Brain tumor, aneurysm (vasodilation)

 $\boldsymbol{\varpi}$  Electrodes or tattoos with metallic ink on the facial area

 $\varpi$  Pregnancy

 $\varpi$  Insulin pump on the body and similar

σ Hemophilia (blood disorder)

σ Inner ear implant (cochlear implant)

### The procedure

At the beginning, the history of the illness is clarified and an explanatory discussion is carried out.

During the treatment itself, a coil is placed on the head. This should be pleasant. The magnetic field is transmitted through the skull into the brain via the coil. A treatment lasts around 3 to 30 minutes. The frequency of sessions is individual and depends on the agreement and effectiveness of the treatment. Maintenance therapies may make sense.

### The cost

The costs may not be reimbursed by private health insurance companies.

Also, no guarantee can be given that symptoms will be alleviated. As a patient, you can revoke your consent to this therapeutic attempt at any time without giving reasons and without having to fear that you will suffer disadvantages.

### **Declaration of consent**

• All my questions were answered. I had enough time to decide.

- I was informed in detail by Dr. med. O. Seemann, Prof. h. c. (IIOPM) or his assistant.
- I have no corresponding contraindications.

I have been fully informed about possible side effects of the treatment and with my signature I expressly agree that Dr. will carry out the transcranial magnetic stimulation. med.
O. Seemann or his assistant agrees.

### Name of patient:

Place, date, signature of the patient: or, if applicable, legal guardian

Place, date, signature of the attending physician: