

Transoesophageal Echocardiogram

Patient's guide and
agreement to consent form

Your doctor has decided that you should have a Transoesophageal Echocardiogram.

What is it?

A transoesophageal echocardiogram (TOE) is a heart scan that uses ultrasound (sound waves) to produce images of the heart. The test is painless and does not use radioactivity. It involves swallowing a soft flexible tube as the pictures are taken via the gullet.

Why is it being done?

A TOE allows your doctor to take extremely detailed images of your heart. A TOE is often used to look carefully at the valves and the structure of the heart.

The TOE will help the doctor decide on the best treatment for your heart.

What does it involve?

This procedure is performed as a day-case. Three people will usually be present to perform the scan: a doctor, a sonographer and an assistant.

You will have stickers attached, so that your heart rate can be monitored throughout the scan. You will also have your blood pressure checked, and be given oxygen. You will be able to breathe completely normally throughout the test.

You will have some local anaesthetic sprayed on the back of your throat and then asked to lay on your left hand side. A drip will be placed in your arm. If you have dentures, you will be asked to remove them before the test. Often, you will then be given some sedation to relax you, although you will not be completely asleep.

You will then be asked to swallow the TOE probe. This part may cause discomfort, but is not painful. Recorded images of the heart will then be obtained.

At the end of the procedure, the tube will be removed, your blood pressure will be checked again, and you will be allowed a short period of recovery.

Are there any special precautions that I need to take before the TOE?

- You must NOT eat or drink anything for six hours before the test.
- Normal medications should be taken on the morning of the TOE with a small sip of water. Please bring a copy of your prescription with you. If you are diabetic, please inform the nurses as soon as you arrive at the Day Care unit. If you are on Warfarin, your INR should have been checked within the preceding seven days.
- Please inform your doctor if you have any problems with swallowing, or if you have had any bleeding from your stomach. This may prevent the TOE from being performed.

Are there any risks in having the TOE?

The TOE scan is extremely safe, but there are some risks you need to be aware of:

- It is not uncommon to have a sore throat after the procedure. This may last for a day or two.
- Occasionally the throat may bruise or bleed slightly, but usually clears quickly with no ill effects.
- There is a small chance of inhaling stomach contents during the procedure. This is why it is **important that you do NOT eat or drink anything for six hours before the procedure.**
- There is an extremely small risk (less than **1 in 5-10,000**) of damaging or tearing the gullet. In extreme circumstances this may require an operation to repair the damage.

Your doctor would not be requesting the TOE unless he or she felt it would help in deciding on the best treatment for your heart. If you have any questions regarding the TOE please contact your doctor's secretary, or this unit.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

Consent xxx

Patient agreement to Transoesophageal Echocardiogram

Intended procedure/surgery

Statement of health professional

(To be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in consent policy). I have explained the procedure to the patient. *In particular I have explained:*

The intended benefits

- As detailed on page of this booklet

Any extra procedures, which may become necessary during the procedure:

- Blood transfusion
- Other procedure - please specify below:

.....
.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve:

- General anaesthesia
- Local anaesthesia and sedation

Consultant/Performer

Signed:

Date:

Name (PRINT):

Job title:

Contact details
(If patient wishes to discuss options later)

.....
.....

Statement of patient

Please read the patient information and this form carefully.

If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now.

If you have any further questions, do ask - we are here to help you. *You have the right to change your mind at any time, including after you have signed this form.*

- **I understand** what the procedure is and I know why it is being done, including the risks and benefits.
- **I agree** to the procedure or course of treatment described on this form and have read the information leaflet on Transoesophageal Echocardiogram (PI 147) and had the opportunity to ask questions.
- **I agree** to the use of photography for the purpose of diagnosis and treatment and I agree to photographs being used for medical teaching and education.
- **I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- **I understand** that any procedure in addition to those described on this form will be carried out only if necessary to save my life or to prevent serious harm to my health.
- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

.....
.....

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

- I have been told in the past by Public Health that I am at increased risk of CJD (Creutzfeldt-Jakob disease) or vCJD (variant Creutzfeldt-Jakob disease).

Yes (*Health professional to refer to Trust CJD procedure DN92.*)

No

Confirmation of consent

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Signed:

Date:

Name (PRINT):

Job title:

Patient

Patient signature:

Date:

Name (PRINT):

Statement of interpreter (where appropriate).

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signed:

Date:

Name (PRINT):

Important notes (tick if applicable).

Patient has advance decision to refuse treatment (e.g. Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign/date here)

Patient signature:

Date:

Name (PRINT):

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signed:

Date:

Name (PRINT):

At the end of your echocardiogram

After the TOE, you will be monitored for a short period of recovery. When you are fully alert and the sensation has returned to your throat, you will be allowed a drink.

You will be allowed home when you are fully awake, usually 2-3 hours after the procedure. Before you are discharged, the results of the scan will be explained to you.

If you have been given sedation, you should NOT drive or operate heavy machinery for the remainder of the day.

You should be accompanied home by a friend or relative who should stay with you overnight. You can go back to normal activities the following day.

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