

Transoesophageal echocardiogram

A patient's guide and
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 and may be life-threatening.

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.

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 two to three 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.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

PIC 147: patient agreement to PI 147 - Transoesophageal echocardiogram

Statement of healthcare professional

(To be filled in by healthcare 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:

.....

.....

Significant, unavoidable or frequently occurring risks:

[Death, stroke, bleeding, infection, insert, insert]

[Can also be bullet points]

- ☐ Additional risks specific to you or your operation - please specify below:

.....

.....

.....

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.

Healthcare professional

Signed:

Date:

Name (PRINT):

Job title:

Contact details

.....

.....

Has a ReSPECT form been considered and, if relevant, appended to this form?

☐ Yes ☐ No

Statement of patient

Please read the patient information and this form carefully. If the treatment has been planned in advance, you should already have your own copy of 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.

Yes No

- ☐ ☐ **I agree** to the procedure or course of treatment described on this form and have read this information leaflet on insert title (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** what the procedure is and I know why it is being done, including the risks and benefits.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:



Royal Papworth Hospital

NHS Foundation Trust

- **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:

.....

.....

.....

.....

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

☐ No

(Where patient indicates 'yes' health professional to refer to Trust CJD procedure DN092)

Statement of interpreter (where appropriate)

If an interpreter was present to support this consent, please state the name and number of the interpreter present:

Date:

Interpreter's number:.....

Name (PRINT):

If a telephone / video service has been used, please document the name of the interpreter and company below

.....

.....

.....

Patient

Patient signature:

Date:

Name (PRINT):

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:

Important notes (tick if applicable).

☐ Patient has advance decision to refuse treatment

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

Patient signature:

Date:

Name (PRINT):

Please use and attach Consent form C for a young person who is not Gillick competent.

Recommended summary plan for emergency care and treatment (ReSPECT)

What is ReSPECT?

ReSPECT stands for 'Recommended summary plan for emergency care and treatment'. It is a process that helps people to think about what treatment is suitable in an emergency, should they be unable to make decisions at the time.

Why is it important?

We know that, when people are very unwell, they are often unable to think clearly about what treatment they may or may not want because their brain and body are overwhelmed by the illness. It is also normal for people to feel anxious about what is happening when they are sick and in hospital, and this can also make it difficult to think clearly. This is why we think it is a good idea, where possible, for decisions about medical treatment to be made in advance – before there is an emergency situation or crisis.

How does it work?

The ReSPECT process is designed to help conversations between you and your healthcare professionals: they need to make sure you understand your health problems and which treatments may or may not benefit you. You need to make sure the healthcare professionals understand what matters most to you and whether there is anything you are particularly worried about or would want to avoid.

This conversation is used to complete a ReSPECT form that records a person's health problems, their preferences and which medical treatments may or may not be suggested. The original form should stay with the patient, though it is extremely helpful to have a record of the content of the form on their electronic patient record.

A ReSPECT form is NOT a legally binding document and can be changed or withdrawn at any point.

The ReSPECT form is often used to indicate treatments that someone may not want and/or treatments that their healthcare professionals consider would no longer be of benefit to them.

If people are getting worse from progressive conditions, it may be helpful to consider in advance about things such as whether they would wish to go back into hospital and, if in hospital, what sort of treatments might or might not be helpful for them.

This often includes a decision on whether or not they should have attempted cardiopulmonary resuscitation (CPR) if their heart was to stop.

Who is it for / is this relevant for me?

This process has increasing relevance for people who have complex health needs, people who may be nearing the end of their lives and those who are at risk of sudden deterioration or cardiac arrest.

However, many people come to Royal Papworth to have major procedures or surgery with the intention of curing a progressive disease or with the intention of substantially prolonging their life and, if that is you, you may wonder how a ReSPECT discussion applies to you and others like you.

One of the key things to understand about the ReSPECT process is that it can be used simply to document a person's wishes and priorities, without setting any limitations on what treatment they should have.

This is important because all the procedures and operations we do here come with the risk of complications. In the unlikely event that things do not go as planned, it is really helpful to have some idea about a person's preferences and about their fears, worries and hopes.

Once again, the document is not legally binding, but it can help those looking after you to know what you might want if you weren't able to say for yourself.

Royal Papworth Hospital NHS Foundation Trust

A member of Cambridge University Health Partners



Papworth Road
Cambridge Biomedical Campus
CB2 0AY



royalpapworth.nhs.uk



01223 638000

Alternative versions of this leaflet

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.



Become a member

As a member of Royal Papworth Hospital Foundation Trust, you could have your say on how the organisation is run, now and in the future. You will receive regular information and news from Royal Papworth and get invited to exclusive events. Membership allows you to vote for your representatives on the Council of Governors, talk to your Council of Governor representatives and stand as a governor.

Scan the QR code or head to royalpapworth.nhs.uk/membership to find out more.



Author ID:	Lead echo cardiac physiologist
Department:	Cardiology
Printed:	August 2024
Review date:	August 2026
Version:	2
Leaflet number:	PI 147