

Transthoracic Echocardiography

Patient's guide and
agreement to consent form

Your doctor has decided that you should have an Echocardiogram.

What is it?

An echocardiogram or 'echo' is a scan that uses ultrasound (sound waves) to produce pictures of the heart.

The test is painless and without side effects. It does not use radioactivity.

Why is it being done?

An echocardiogram gives your doctor information about how well the heart pumps and whether your heart valves are working properly. It is not able to tell your doctor whether you have angina.

What does it involve?

You will be taken into a darkened room. The person performing the test is called a sonographer, who may be male or female.

The sonographer will usually NOT be a doctor. This means that some questions you may have about the result may have to wait until you see your doctor in clinic.

You will be asked to undress to the waist and put on a gown that should be left open to the front. You will be asked to lie on a couch on your left hand side. If you require a chaperone, you may bring a friend or relative. Alternatively, the hospital may provide a chaperone at your request.

Stickers will be attached to your chest and connected to the machine. These will be used to monitor your heart rate during the test.

An ultrasound probe covered by a small amount of gel is placed gently on the centre of your chest and will be moved to different positions - beneath the left breast, beneath the rib cage and to the base of your neck. This provides images of your heart from a number of different angles which are then recorded.

During the echocardiogram you will hear sounds coming from the machine, which represent blood flow through the heart.

The echocardiogram will take approximately 30-40 minutes to complete.

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

No. You can take all your medication as normal. You can eat and drink as normal.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

Consent xxx Patient agreement to Transthoracic Echocardiography

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 Transthoracic Echocardiography (PI 150) 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

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:

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):

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):

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):

At the end of your echocardiogram

Once the echocardiogram is complete you can get dressed and leave. There are no limitations to what you can do after the scan, for example, you may drive.

Papworth Hospital NHS Foundation Trust
Papworth Everard, Cambridge, CB23 3RE

Tel: 01480 830541
Fax: 01480 831315

www.papworthhospital.nhs.uk

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Department: Cardiology
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