

Patient Information to be retained by patient

Transoesophageal echocardiogram (TOE)

affix patient label

What is a transoesophageal echocardiogram (TOE)?

This is an ultrasound scan that allows the doctor to look closely at your heart without other organs blocking the view. To carry out the procedure, a special scope (a long flexible tube) attached to an ultrasound machine is passed through your mouth and down your throat. The scope then produces images of your heart which can be seen on the ultrasound machine monitor by the doctor.

Why do I need this procedure?

A transoesophageal echocardiogram (TOE) is a test that produces images of your heart. Doctors use this procedure to find problems in your heart's structure and function. A TOE can provide detailed images of the following:

- the size of your heart and how thick its walls are
- how well your heart is pumping
- if there is abnormal tissue around your heart valves that could indicate infection
- if blood is leaking backward through your heart valves (called regurgitation)
- if your valves are narrowed or blocked (called stenosis)
- if you have blood clots in the chambers of your heart.

The benefit of this procedure is that information gained from the TOE images can help the doctor:

- find out the reasons for your symptoms
- decide if you need any further treatment or procedures.

What does it involve?

You will usually come in to hospital on the day of your examination. A nurse will complete a pre-procedure check list and you will be given a hospital gown to change into. A specialist doctor will explain the proposed procedure to you and ask you to sign the consent form to confirm that you understand the procedure and agree to go ahead with it. Please ask any questions you want. A porter will take you to the treatment room where you will have the examination:

1. A blood pressure cuff will be attached to your arm and a small monitor placed on your finger to monitor oxygen levels in your blood.
2. The doctor will spray your throat with some local anaesthetic to numb the area.
3. A mouth guard will be placed between your teeth to protect the scope and your teeth.
4. You will then be asked to lie on your left side and the main light will be dimmed.
5. You will be given sedation into a small tube in your vein. When you are sleepy, the procedure will begin. You can choose to have this done without sedation.
6. The doctor will put the tube/scope into your mouth. Try to breathe gently through your nose and try not to talk or swallow. You may find your mouth waters; this is normal and nothing to be embarrassed about.
7. You will then swallow the tube/scope and it is passed down until it reaches the correct position to achieve the images required.
8. When finished, the tube/scope is removed quickly and easily.

How long does it take?

The procedure takes about 45 minutes.

Will I have any pain or discomfort?

The procedure can feel uncomfortable, but the throat spray and sedation are designed to minimise the discomfort. You may have a sore throat for a short time following the procedure.

What happens afterwards?

- Following the procedure you will spend a further hour or two on the ward.
- The sedation has an amnesic effect, which means that you should not remember much of the investigation.
- Your blood pressure, breathing and pulse will be monitored for a short time. You may need to wear an oxygen mask whilst the sedation wears off.
- Once fully awake you will be able to eat and drink.
- The cannula will be removed before you go home.
- As you have had an anaesthetic, you must not drive, drink alcohol or sign legal documents for 24 hours following the procedure.

Are there any risks?

Risks from having a TOE are very low. Most patients tolerate the procedure, although you may experience some discomfort during the procedure, mostly coughing.

Serious risks are very rare and include:

- **Bronchospasm/hypoxia** (difficulty breathing) – 0.8% (8 patients in 1000).
- **Bleeding** – 0.2% (2 patients in 1000).
- **Arrhythmia/palpitations** (irregular heart beat) – 0.7% (7 patients in 1000).
- **Oesophageal perforation** (split or damage of the pipe that takes food from your mouth to your stomach) – 0.02% (1 patient in 5,000).

Will I need further appointments?

This depends on the outcome of the procedure and your doctor will discuss this with you.

Any questions?

If you need any more information or have any queries please contact the Cardiac Investigation Unit on 01872 252726.

Further support and information is available from the:

British Heart Foundation

08450 708070

www.bhf.org

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Transoesophageal echocardiogram (TOE)

Ultrasound scan of the heart.

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by 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:

- *To help the doctor find out the reasons for your symptoms and to decide if you need any further treatment or procedures.*

Significant, unavoidable or frequently occurring risks:

- *Pain*

Uncommon but more serious risks:

- *Bronchospasm/hypoxia (difficulty breathing) 0.8% (8 patient in 1000)*
- *Bleeding 0.2% (2 patients in 1000)*
- *Arrhythmial/palpitations (irregular heart beat) 0.7% (7 patients in 1000)*
- *Oesophageal perforation (split or damage of the pipe that takes food from your mouth to the stomach) 0.02% (1 patient in 5000)*

Uncommon possible later issues:

- *None*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

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.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Transoesophageal echocardiogram (TOE) (CHA3642) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: 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 in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given 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 agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Transoesophageal echocardiogram (TOE) (CHA3642) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

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

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by 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.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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