Patient Information

Patient information and consent to Transoesophageal echocardiogram (TOE)

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your procedure.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for your procedure. You will have an opportunity to ask any questions from your doctor or cardiologist when you are admitted. You will sign the consent form when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- It is important that you do not eat and drink anything for six hours before the procedure. Any meal you take before this time should be light and easily digestible.

- Continue to take your normal medications (including warfarin), unless told otherwise by your doctor. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call ward K2 on telephone number 01223 256233 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the doctor, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

Transoesophageal echocardiogram, CF021, V2, January 2017
About Transoesophageal echocardiogram
An echocardiogram is a scan of the heart using ultrasound (sound waves, not x-rays). It produces moving pictures of the heart as it is beating and shows the blood flowing through the heart valves. An ultrasound probe is swallowed and passed down into the oesophagus. Clearer and more accurate pictures can be obtained from the oesophagus (the gullet), as it lies immediately behind the heart and there is no interference from the ribs or lungs.

Pictures of your beating heart are produced on a screen monitor, so your consultant can tell whether or not your heart muscle is contracting properly and that your heart valves are working normally. Other heart problems may also be identified.

Intended benefits
To tell whether or not your heart muscle is contracting properly and that your heart valves are working normally. Other heart problems may also be identified.

Who will perform my procedure?
This procedure will be performed or supervised by a cardiology consultant.

Before your procedure
We will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.

This procedure usually involves the use of sedation which is explained at the end of this leaflet.

Most people will have this procedure as a day case.

- It is important that you do not eat or drink anything for six hours before the scan. Any meal you take before this time should be light and easily digestible.
- Continue to take your normal medications (including Warfarin), unless told otherwise by your consultant. Take only with a sip of water on the day of the procedure, at least two hours before your test.
- If you are diabetic you will require additional instructions.
- Please arrange for a responsible adult to accompany you to your examination as you will need to be taken home if you have had a sedative or anaesthetic.
- If you have had a sedative or anaesthetic, you will need to arrange for someone to stay with you overnight at home in order for us to be able to discharge you safely.
Before your scan you will be asked various questions by the nurse or doctor and you will be asked to sign a consent form to confirm that you understand the procedure and agree to go ahead with it. Please ask any questions you want.

Please tell your doctor or nurse if you have:
- had surgery to and/or if you have any known problems with your nose, throat or neck
- difficulty breathing through your nose
- had surgery to and/or if you have any known problems with your mouth, gullet or stomach
- difficulty in swallowing and/or if you have ever vomited up blood.

If so, it may be necessary to examine your throat and oesophagus (gullet) more closely to check that there is no obstruction or bleeding problem.

Please also tell your doctor or nurse if you have:
- an allergy to latex® (rubber) and / or lignocaine / xylocaine (local anaesthetic)/midazolam (sedation)
- any food allergies (particularly an allergy to eggs)
- any reason to believe that you are pregnant.

**During the procedure**
- The procedure will take place in a private room and will take between 10 to 30 minutes.
- You will be given a gown to wear and then asked to lie on a bed (on your left hand side).
- You will need to remove any dentures or glasses.
- Your throat may be sprayed with an anaesthetic spray to numb it. You may be given a sedative (through a needle in your arm called a cannula) to help you relax.
- We will monitor your oxygen levels with a clip lightly attached to a finger or your ear. We will monitor your blood pressure and give you extra oxygen through your nose.
- A plastic bite guard will protect your front teeth and the probe. Your doctor will ask you to swallow the ultrasound probe.
- Once the probe is in place, pictures are taken of your heart. You can breathe through your nose or mouth (preferably through your nose as this helps with image quality).

**Will I have any pain or discomfort?**
Swallowing the ultrasound probe is rather unpleasant, but should not be painful. Once the probe is in place it is only slightly uncomfortable.

**Additional procedures**
Occasionally a contrast study may be needed during your examination, using a liquid (contrast) to outline certain areas of your heart. This involves having a small injection...
into a vein in your arm (through the cannula). There are different types of contrast; they are harmless but some should not be used if you have certain allergies (particularly an allergy to eggs) so if you have any food allergies tell the doctor who is performing the TOE.

**After the procedure**

The nurses will monitor you closely until the effects of any sedation or anaesthetic have adequately worn off and you are alert. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief if you uncomfortable.

**If there is not a bed in the necessary unit on the day of your procedure, your procedure may be postponed as it is important that you have the correct level of care.**

**If you had a sedative or anaesthetic injection**

You will need to stay in Ward K2 for at up to three hours to recover. You must arrange for a responsible adult to accompany you home and stay with you overnight (minimum 12 hours) as the sedative may affect your balance, memory and ability to perform certain tasks. Most specifically you must not swim, drive, operate machinery (including equipment such as the cooker, iron or kettle), return to work, drink alcohol or sign any legally binding documents for the next 24 hours.

**If you had the anaesthetic throat spray**

Don’t have anything to eat or drink for one hour and nothing hot for four hours until the spray to numb your throat has worn off.

**Eating and drinking**. After this procedure, you should not have anything to eat or drink until advised – please see above regarding use of the throat spray.

**Leaving hospital**. We advise patients to stay at least until they have had something to eat and drink and feel steady on their feet. Your doctor will explain the results of the TOE to you. This will probably be done after he has completed all the patients on the list (ie; at the end of the morning or afternoon). We encourage patients to wait until they have seen the doctor.

**Resuming normal activities including work**. Usually you can resume normal activities after 24 hours. Your doctor will advise you on how quickly you can resume normal and more vigorous activity.

**Special measures after the procedure**: Most specifically you must not swim, drive, operate machinery (including equipment such as the cooker, iron or kettle), return to work, drink alcohol or sign any legally binding documents for the next 24 hours. We will give you a post procedure leaflet about any special measures you need to take after the procedure.
Check-ups and results: Before you leave hospital, we may give you an appointment. At this time, we can check your progress and discuss any further treatment. The results of your examination will be sent to the doctor who requested it.

Significant, unavoidable or frequently occurring risks of this procedure

This is a very safe examination. Complications are rare, but may include trauma to your gullet or stomach, leading to trauma or bleeding, which may require an operation (less than 1 in 2000).

Dislodgement or damage to your teeth/crowns/dental bridgework can also occur but again is a rare complication.

If you have had certain types of contrast study, there is a very small risk of an allergic reaction to the contrast (less than 1 in 10 000).

For some patients the risks may be higher; please speak to your doctor before your examination if you have any worries.

Alternative procedures that are available

This type of echocardiogram is usually requested to investigate valve problems, look for holes in the heart or to see if there are any blood clots, tumours or infections inside the heart; it is the best way to diagnose these. Alternatives are sometimes a CT scan or MRI scan, although neither provide images as good as the echocardiogram. Without the echocardiogram, your doctor may be unable to diagnose and treat the cause of your symptoms.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your cooperation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk
Information and support

If you need any more information or have any queries, please contact ward K2 on (01223) 256575.

Further support and information are available from the:

**British Heart Foundation**
08450 70 80 70
www.bhf.org.uk

**British Cardiac Society**
020 7383 3887
www.bcs.com

Information about important questions on the consent form

1 **Creutzfeldt Jakob Disease (‘CJD’)**

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 **Photography, Audio or Visual Recordings**

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 **Students in training**

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.
A Consultant or other responsible health professional

Name and job title: ____________________________

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

To tell whether or not your heart muscle is contracting properly and that your heart valves are working normally. Other heart problems may also be identified.

b) the possible risks involved. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

- Trauma to your gullet or stomach, leading to trauma or bleeding, which may require an operation (less than 1 in 2000).
- Dislodgement or damage to your teeth/crowns/dental bridgework can also occur but again is a rare complication.
- If you have had certain types of contrast study, there is a very risk of an allergic reaction to the contrast (less than 1:10,000).

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Consent Form

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d) any extra procedures that might become necessary during the procedure such as:
☐ Blood transfusion ☐ Other procedure (please state)

The following information leaflet has been provided:

Version, reference and date: CF021 version 2 January 2017
or ☐ I have offered the patient information about the procedure but this has been declined.

This procedure will involve:
☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): ____________________________ Date: D D / M M / Y Y Y Y
Name (PRINT): ______________________________________ Time (24hr): H H : M M
Designation: ________________________________________ Contact/bleep no: ____________________________

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.
☐ Yes ☐ No

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Consent Form

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I have listed below any procedures that I do not wish to be carried out without further discussion.

[Blank lines]

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): .............................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ........................................................................ Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient: ..................................................

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ............................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): .............................................
Address: ........................................................................

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D Confirmation of consent

**Confirmation of consent** (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

**Signed** (Health professional): .................................................. Date: ..................

**Name (PRINT):** ................................................................. Job title: .........................................................

**Please initial to confirm all sections have been completed:**

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

**Signed** (Interpreter): .................................................. Date: ..................

**Name (PRINT):** .................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

**Signed** (Patient): .................................................. Date: ..................

**Signed** (Health professional): .................................................. Date: ..................

**Name (PRINT):** ................................................................. Job title: .........................................................

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