

# PATIENT INFORMATION SHEET

## TRANSOESOPHAGEAL ECHOCARDIOGRAM (TOE)

### WHAT IS A TOE?

Your condition requires a test called a Transoesophageal Echocardiogram (TOE). This is a special type of heart ultrasound. Pictures of the heart are taken from inside the body. This gives better quality pictures of the heart.

The equipment that takes the pictures is called the "ultrasound probe". The probe is put into the mouth

and it passes down the connecting tube to the stomach. This connecting tube is called the oesophagus.

Dr Allada will see the back of the heart from this position.

### THINGS TO DO BEFORE YOUR TEST

**It is very important that you have nothing to eat or drink for six hours before your appointment time.**

Medications can be taken with a very small sip of water.

### HOW IS THE PROCEDURE PERFORMED?

A small needle will be inserted into the back of your hand. The nurse will give you some medication to help you relax. The back of your throat will be sprayed with a local anaesthetic. This will make it easier to swallow the probe. The probe will be in place for about 15 minutes

Your pulse, blood pressure and electrocardiogram will be watched during the test. If Dr Allada is worried about these, the test will be stopped.

At the end of the test, the probe will be removed. You will be taken to the recovery area. Nursing staff will monitor your pulse, blood pressure and general condition.

Your throat will feel numb after the test. You will not be able to eat or drink anything for two hours after the test or until the numbness goes away.

You will feel sleepy after the test. Please make sure you have someone with you who can drive you home afterwards.

You should allow for about two hours in the hospital.

The staff who will be with you during and after the test are trained to deal with any complications.

Please discuss any worries you may have before you agree to the test.

### RISKS OF THIS PROCEDURE

This test involves only a very small risk to you.

These are some of the more serious risks that can happen but are not the only risks:

#### 5 in 1000 people

(a) Abnormal heart beat. This may settle without treatment.

#### 7 in 1000 people

(b) Abnormally high or low blood pressure. You may need medication to treat this.

(c) Breathing problems. You may need medication to treat this.

#### 3 in 10000 people

(d) Tear in the oesophagus. This may settle without treatment.

#### 2 in 10000 people

(e) Death

#### Most people

(f) Sore throat for a day or two afterwards.

### I ACKNOWLEDGE THAT

I acknowledge that:

Dr Allada has explained my medical condition and the proposed procedure.

I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

Dr Allada has explained other relevant treatment options and their risks.

He has explained my prognosis and the risks of not having the procedure.

I have been given this Patient Information Sheet which explains the procedure and its risks.

I was able to ask questions and raise concerns with Dr Allada about my condition, the procedure and its risks, and my treatment options.

My questions and concerns have been discussed and answered to my satisfaction.

I understand that a doctor other than Dr Allada may conduct the procedure. I understand this could be a doctor undergoing further training

Dr Allada has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements,

**I REQUEST TO HAVE THE PROCEDURE.**