

Transoesophageal echocardiogram

Cardiology Department Patient Information Leaflet

Introduction

You have been given this leaflet as your doctor has suggested you would benefit from having a transoesophageal echocardiogram. This leaflet gives more information on what this involves.

If you have any questions or concerns, please do not hesitate to contact a member of the Cardiology Department (**Monday to Friday, 9am – 5pm on 01384 456111 ext. 3582/2728**).

What is a transoesophageal echocardiogram?

A transoesophageal echocardiogram (TOE) is a **more invasive** ultrasound scan of the heart.

Ultrasound uses high frequency sound transmitted from a special probe. The probe receives ultrasound echoes that bounce back from your heart. These echoes enable moving pictures of the heart to be displayed on a monitor.

A TOE is performed by passing a long, small, thin, flexible probe/tube into your oesophagus (food pipe).

The oesophagus lies directly behind the heart, with no other structures in between. Therefore, the images are much clearer than those from the front of the chest, where the chest wall, ribs and lungs get in the way.

What are the benefits?

TOE is particularly useful for looking very closely at the heart valves and surrounding structures. It is also a good test to find holes in the heart, blood clots or evidence of infection. It will give your doctor important information about the health of your heart.

What are the risks?

The procedure is relatively safe and complications are rare. The cardiac physiologist and/or consultant cardiologist will explain the risks of the procedure and ask you to sign a consent form, if you are happy to go ahead with the TOE.

Most commonly some people may have a sore throat after the procedure. A post care TOE information sheet is provided to each patient, once the test is completed.

Before swallowing the probe, you will be offered an anaesthetic throat spray to numb your throat. By numbing your throat, the procedure should be painless, and only a little uncomfortable when the probe is swallowed. A light sedative can be offered to relax you and make the procedure more comfortable.

Safety

The sedating drug we use is very safe. There are cardiac physiologists and consultant cardiologists with you at all times who will monitor you during the procedure and in the recovery area afterwards. Oxygen is always given during the procedure.

The risk of complications is slightly higher in the elderly or those with chronic chest or heart disease.

What are the alternatives?

You may be able to have a different type of test. Please speak to your consultant about the alternatives suitable for you.

What should I do before the test?

- Do not eat or drink for six hours, before your test. This includes water (you can take medications, see next point).
- Unless instructed otherwise by your doctor, you should continue to take normal medications. Have them with just a sip of water.
- Please read your appointment letter carefully with regards to blood thinning medications, i.e. Warfarin, Riveroxiban, Epixiban etc.
- You will also be instructed in your appointment letter to have an MRSA screen, approximately two weeks before the test. Information on where to have this done is provided in the appointment letter.
- Many patients prefer to have a sedative for the test. Therefore, you will need to arrange for a responsible adult/relative/friend to come with you to your appointment. They will need to take you home as you may feel sleepy after having the sedation. Your test may not be carried out unless a responsible adult is with you.
- If you have difficulty in swallowing, or have ever had surgery on your throat or oesophagus, you should tell the Cardiology Department as soon as you receive your appointment. You may need to have other investigations before this test.

What will happen when I arrive?

When you arrive, you will be taken to the cardiac day case unit, where the doctor or cardiac physiologist will come and explain the test to you and ask you some routine questions. They will also run through all the risks to the procedure. They will check that you understand the test and are happy to proceed with it. After this, you will need to sign a consent form, if you are happy to proceed.

Once the consent form is signed, the doctor, a nurse, or cardiac physiologist will place a cannula into your arm. This will allow for sedating medication to be given if required.

What happens during the test?

- You will need to lie on a couch or bed.
- If you wear dentures (false teeth) or glasses, you will need to remove these before the procedure starts.
- If you are having a sedative, we will insert a cannula (small, plastic tube) into a vein in your arm.
- We will attach three ECG leads, from the echocardiogram machine, to monitor your heart rate throughout the test. A blood oxygen monitor (SATS probe) will be placed on your finger. (Please ensure nail varnish is removed). We will give you oxygen through your nose, via a nasal cannula.
- We will spray your throat with local anaesthetic to make it numb, and put a bite guard between your front teeth.
- The doctor will lubricate the protective tubing with sterile ultrasound gel which covers the probe, and then put it at the back of your mouth. The ultrasound gel allows for better contact with the oesophagus, and enables better image quality.
- We will ask you to swallow a small number of times to help the tube pass into the food pipe. This may be uncomfortable but it will not be painful. Once the probe is in place, it is only mildly uncomfortable. You will be asked to calmly breathe through your nose.

You will be given the following medication during the test: midazolam (the sedative).

How long will it take?

The procedure may take up to one hour, excluding preparation. If you are having a sedative, you will need to stay in hospital afterwards until you recover, for approximately 90 minutes, however, this can vary depending on how you react to the midazolam. You will be recovered either in the cardiac day case unit, or in the echocardiogram room. The probe is usually in the food pipe for up to 45-50 minutes.

What happens after the test? (For outpatients)

If you have not had sedation, you can go home straight away. You must not eat or drink for one hour, until the sensation returns to your throat. An after procedure care sheet will be provided and explained to you by the cardiac physiologist.

Occasionally, some patients have a sore throat after the procedure. This will usually go away in a day or so, without medication.

If you have had sedation, you will need to sit or lie in a recovery area in the department (see above - under 'How long will it take?'). The length of time will vary from one hour up to two hours depending on how you respond to the sedation, and how soon you return to your normal self. Once you feel awake enough to travel, you can go home.

You will need a responsible adult to take you home afterwards by car or accompany you in a taxi. A responsible adult will need to stay with you overnight for your safety. You will need to rest for the remainder of the day.

As it takes time for the effects of the sedative to fully wear off, you should not:

- drive or ride a bicycle
- sign legal documents
- operate machinery
- drink alcohol
- take any sleeping tablets
- attempt to cook, use sharp utensils or pour boiling fluids

for 24 hours after having sedation.

The policies of individual motor insurers will vary slightly so it is advisable to check their recommendations before you drive.

In addition:

- You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours following the procedure.
- The effect of the sedation may be prolonged by other drugs you are taking.

What happens after the test? (For inpatients)

If you had a sedative injection, you may feel sleepy for several hours after the procedure.

- Do not eat for at least two hours after the test. After this time, your gag reflex will return and there will be no risk of choking when you eat and drink again. (A post procedure information leaflet will be provided by the nurse looking after you).
- The nurse will check your blood pressure, breathing rate and pulse, until you are completely awake.
- Occasionally, some patients have a sore throat after the procedure. This will usually go away in a day or so, without medication.
- If you have any worries or queries, please do not hesitate to ask the hospital doctor or nurse.

How do I get the results?

We will send the results of the test to the consultant who requested the scan. They, or one of their team, will send you an appointment to see your consultant in clinic for these results.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The Cardiology Department on 01384 456111 ext. 3582/2728
(9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/cardiology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

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