

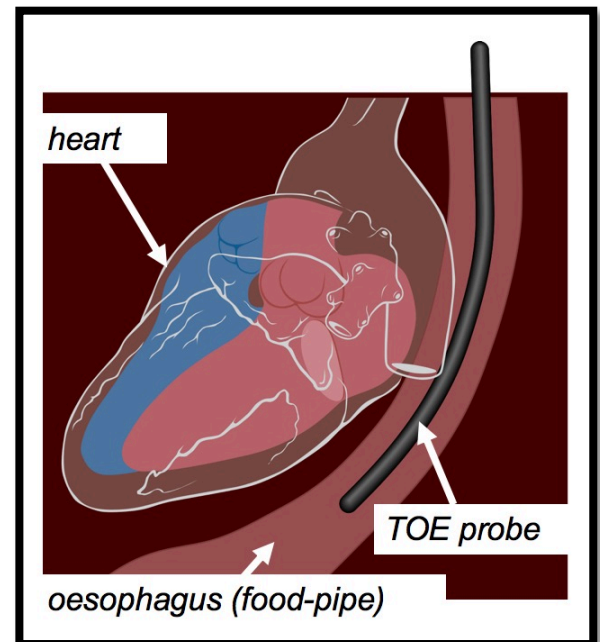
# Transoesophageal Echocardiography (TOE)

## Procedure Information Sheet

Your doctor has recommended a procedure called **transoesophageal echocardiography (TOE)**. Please take some time to read this information sheet and discuss any questions or concerns you may have with a medical professional.

### What is TOE?

Echocardiography (echo) uses ultrasound waves to create detailed 3-dimensional images of structures within the body, such as the heart. In most cases the ultrasound probe is placed on the outside of your chest, however in some patients the images are not clear enough to give your doctor all of the information they need. A transoesophageal echocardiogram involves passing a probe on the end of a long flexible tube down the food pipe (oesophagus) where it is much closer to the heart and can therefore provide much clearer pictures, which will help in diagnosis and future treatment of heart conditions.



### How is a TOE performed?

Before the procedure, a small plastic tube (cannula) will be placed into a vein. This enables sedative drugs to be given during the procedure to make you more relaxed. You will be closely monitored by medical staff throughout your procedure who will take regular readings of your blood pressure and oxygen levels. Any dentures should be removed, and a local anaesthetic is sprayed onto the back of the throat and swallowed. This has a bitter taste initially but will make it much easier to swallow the ultrasound probe. You will then lie on your left side and a plastic mouth guard is inserted to protect your teeth from the ultrasound probe. Sedative medication is then given into your vein.

The probe is then gently passed into your mouth and directed towards the food pipe (oesophagus). Once swallowed the probe usually only causes very minor discomfort, but should not be painful. You should breathe through your nose for the duration of the procedure. The doctor will then record the images of the heart which usually takes 10-15 minutes. The probe is then removed.

## **What are the risks of the procedure?**

In recommending this procedure, your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding.

### **Common risks and complications (more than 5 people in 100) include:**

- Sore throat for a day or two afterwards

### **Uncommon risks or complications (between 1 and 5 people in 100) include:**

- Damage to your teeth or jaw due to the ultrasound probe in your mouth. The plastic mouth guard helps to reduce this risk significantly
- Minor tear in the food pipe (oesophagus) that usually settles without any treatment

### **Rare risks or complications (less than 1 person in 100) include:**

- Abnormal heart beat that usually settles without any treatment
- Breathing problems. You may need medication to treat this
- Perforation of the food pipe (oesophagus). This is extremely rare (approximately 1 in 10,000 cases) but may need surgery to repair.
- Death as a result of this procedure is extremely rare

## **What happens after the procedure?**

After the procedure your throat will feel numb. You should not eat or drink anything for two hours after the test or until the numbness goes away. You may not drive until the sedation has completely worn off. If your doctor has advised you may be discharged on the same day as the procedure you will need a friend or relative to take you home.

## **What happens next?**

Your doctor will speak to you about the procedure and answer any questions you may have. You will also be asked to sign a written consent form to confirm you are happy to have the procedure.