

Having a transoesophageal echocardiogram (TOE) scan to look at your heart

Cardiology Department

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Information for Patients

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Introduction

You have been asked to have a transoesophageal echocardiogram (TOE). This leaflet will help you understand your procedure. If after reading this you have any further questions, please do not hesitate to ask the nurse or doctor caring for you.

What is a transoesophageal echocardiogram?

This scan is an ultrasound examination of the heart structure using a probe that you swallow into your gullet/ food pipe and stomach. You will be awake for the procedure. You will have a local anaesthetic to numb the throat and we will also offer you a sedative that is given through a vein. This will help you to feel relaxed during the procedure.

Why is this procedure needed?

This procedure allows us to look at your heart's structure and function.

Common reasons for having this scan include:

- to look for possible infection of the heart valve (endocarditis).
- before certain operations such as stretching (valvuloplasty).
- to repair the mitral valve in the heart.
- to look at birth defects of the heart (congenital heart disease such as a hole in the heart).
- to look for possible clots or tumours in the heart.

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What are the risks of having this procedure?

A TOE scan uses a probe that goes into and down your gullet (oesophagus). If you've had any problems with swallowing, narrowings or surgery in your gullet, this should be investigated first before the procedure is performed.

Occasionally we are unable to pass a probe down the gullet (in less than 2% of cases or 2 in every 100) and the procedure cannot take place.

Minor damage (abrasion) and bleeding from the mouth and gullet may happen during the procedure. This may cause temporary pain on swallowing or a sore throat, but should get better within 24 hours.

Complications happen in less than 2% of cases (2 people in every 100). Serious complications are rare (less than 0.1%, or 1 in 1000). These include:

- severe bleeding
- trauma to the teeth and mouth/ gullet structures
- infection
- allergy
- having too much sedation and breathing difficulties

A very rare but potentially serious complication is a tear of the gullet which can be life threatening (less than 0.01% or 1 in 10,000).

Disturbances of heart rhythms can happen but usually only last a short time.

Do I need to stop any current medication before the procedure?

If you are taking warfarin or any blood thinning medication, you don't usually need to stop taking this before the procedure. However, if you are taking warfarin, we may check your levels with a blood test when you arrive on the ward. If it is too high, the procedure may have to be rearranged.

Preparing for your procedure

We ask that you have nothing to eat or drink for 6 hours before the procedure, but can have just small sips of water up to 2 hours before.

The procedure will take place in the Endoscopy suite on Ward 25. On your arrival to the ward you will be shown to your bed and introduced to the nurse who will be caring for you. Your nurse will talk to you about your procedure and answer any questions you may have. The doctor will also see you and discuss the scan with you. We will ask you to sign a consent form to confirm you understand the procedure and the risks.

If needed, a nurse or doctor will insert a small needle into the back of your hand to allow any drugs or saline salt solution to be given during your scan.

The nurse will bring you a hospital gown to change into before your procedure. You will be asked to remove your shirt/ blouse or top, but underwear may be left on.

What happens during the procedure?

You will lie on your left side on the bed.

Before the procedure you will have a clip placed on the end of your finger, which will monitor the oxygen level in your blood and your pulse. You will also be given oxygen through a plastic tube into your nose throughout the procedure. Your heart trace (ECG) will be monitored.

A mouthguard will be used to protect your teeth from the equipment. A local anaesthetic spray will be used to numb the back of your throat. If needed, a relaxing injection (sedative) called midazolam is given through the needle in the back of your hand. If you have sedation, you may find that you do not remember parts of the procedure afterwards.

A probe will be placed into your mouth and throat, and you will be asked to swallow as it is passed down your gullet. Once the probe has been placed into the gullet, the doctor will be able to see parts of your heart (chambers and valves) on the video screen of the echocardiograph machine.

The procedure will usually take no longer than 20 to 30 minutes.

Once the scan is done, the probe is taken out and you will be asked to stay on your side. A nurse will take your pulse and check the oxygen level in your blood. When you are back on the ward, the nurse will check your blood pressure and pulse. Your tongue and throat may feel swollen. You should not eat or drink for 45 minutes.

You will usually be able to get out of bed 15 to 30 minutes after the procedure, depending on the effects of any sedation given and your mobility. A call bell will be left by your side should you need to call the nurse for help.

How do I get the results?

The results will be sent to the consultant who referred you for this scan.

Going home

If you had sedation, it is important to arrange for a family member or friend to drive you home and stay with you for the first 12 hours after discharge, and you must not drive or operate machinery for 24 hours.

Contact details

Department of Cardiology: 0116 258 3908 or 0116 258 3903.

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ consultant/ doctor:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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