

# Transoesophageal Echocardiogram (TOE)

## What is it?

A transoesophageal echocardiogram (TOE) is similar to an echocardiogram, but is performed via an ultrasound transducer, or probe, sitting in the oesophagus or food pipe. This test takes approximately 10 minutes but you can expect to be at the clinic for 90 minutes or thereabouts.

## When is it used?

A 'trans-thoracic' or traditional echocardiogram is performed by placing a transducer on the chest wall. The ultrasound waves need to pass through skin, fat and muscle while avoiding the ribs and lungs. As you can imagine these factors play a significant role in the quality of results obtained. In certain instances this test does not allow clear vision of specific areas of the heart. The TOE transducer will lie much closer to the heart than a traditional transducer, providing a clearer and more detailed view of your heart's structures.

## Preparation

**YOU MUST FAST FOR 6 HOURS PRIOR TO THE TEST - ABSOLUTELY NO FOOD OR DRINK.**

Before the test commences you may be asked to sign a standard consent form.

Due to the small dose of relaxant given during the test, you will be observed for a short time after the test and then allowed to go home accompanied by another adult.

## Procedure

For the transducer to sit in your oesophagus it is necessary that the probe be passed over the back of your tongue and swallowed. To aid in this, the back of the throat is sprayed

with a local anaesthetic. This causes the area to become numb - much the same feeling as you would experience at the dentist.

A nurse will insert an intravenous line to allow for the administration of a small dose of relaxant. This medication helps the muscles of the throat and neck to relax. This in turn aids swallowing of the small transducer.

During this procedure you will have a small mouth-guard placed between your teeth. Should you have dentures these will temporarily be removed.

The probe will be passed over the tongue into the back of the throat and at this point you will be asked to swallow. An effective swallow will have the probe in the correct position so that you can relax while the images are being acquired.

You may experience excess saliva 'dribbling' while the tube is down your throat but you should not be concerned since protective sheets will be in place and suction provided if necessary.

Once the test has been completed, the nurse will monitor your recovery.

Only a small amount of relaxant will be used and you can expect to be quite awake following the procedure.

The nurses will set up before the test and will take care of you after the TOE procedure. You will be observed for a short time but we do require that you be accompanied by an adult / carer on the day that will remain with you at the clinic and can then take you home.

For the rest of the day you must not:

- Drink any alcohol or hot drinks
- Drive a vehicle
- Travel on public transport

If you need any further information please phone (08) 8297 6888 or visit our website at **saheart.com.au**

- Sign important documents
- Participate in heavy lifting or sports

You should not experience any significant side-effects following this test. However, if you have any concerns, please call the clinic on 8297 6888 and the registered nurse or cardiologist will assist you.

## What to bring on the day

You will need to bring

- Medicare card
- A current referral from your GP or specialist
- Any concession or health insurance cards
- A list or bag of all of your current medications

## Results

The doctor performing the TOE will briefly discuss the results following the procedure. A written report will be provided to your usual cardiologist. If you have a review appointment the results will then be discussed in detail.

## Risks

The risk of complication is very low. A sore throat and minor bleeding can be experienced.

**If you have any questions or concerns about the risks involved with this type of procedure please discuss them with your cardiologist.**

**FULL PAYMENT WILL BE REQUIRED  
ON THE DAY OF THE TEST**

If you need any further information please phone (08) 8297 6888 or visit our website at  
**saheart.com.au**



# Consent

I, (Patient Name) \_\_\_\_\_

born (Date of Birth) \_\_\_\_/\_\_\_\_/\_\_\_\_

acknowledge that I have read and agree to the conditions outlined in this document, that I understand the risks associated with Transoesophageal Echocardiography and I consent to the procedure.

I do / do not (please circle) want to proceed with Transoesophageal Echocardiography.

**Sign:**

\_\_\_\_\_

(Patient or Legal Representative)

**Witness:**

\_\_\_\_\_

**Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient ID (office use only)**

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**Please return this consent at your earliest convenience**