



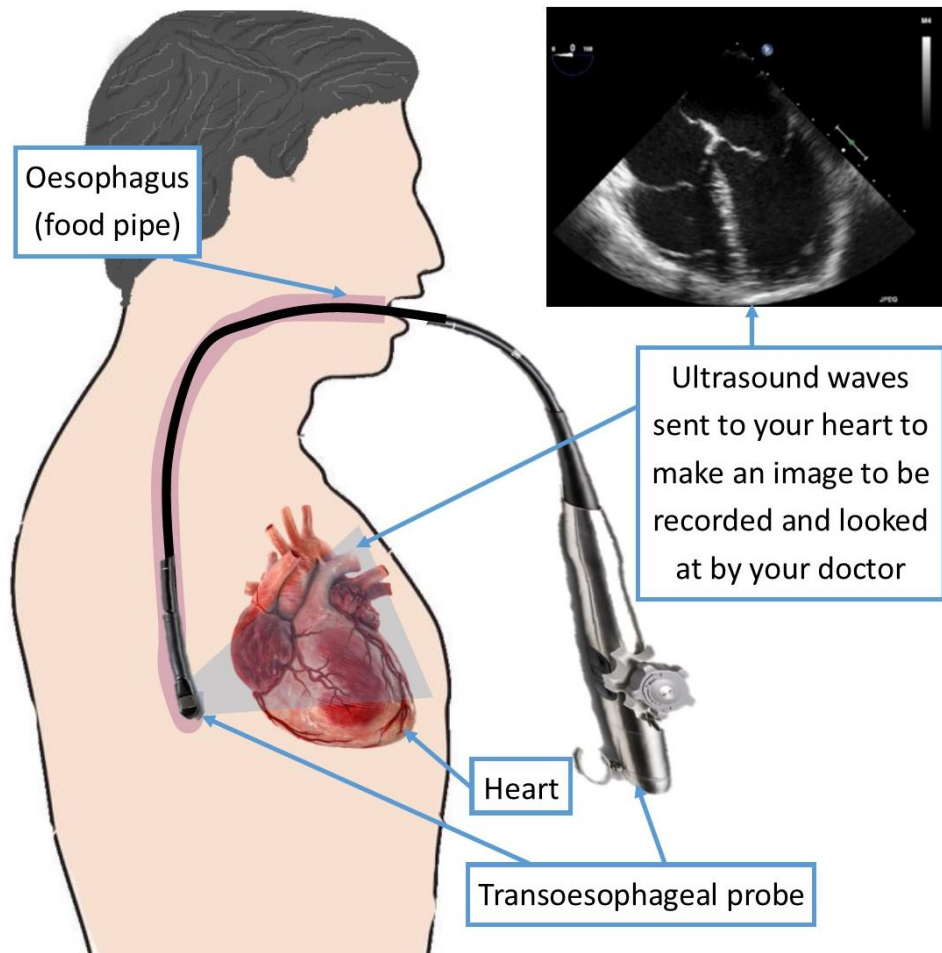
Transoesophageal Echocardiogram (TOE)

A Guide for Patients and Families

For further information please talk to your Cardiologist.

WHAT IS A TRANSOESOPHAGEAL ECHOCARDIOGRAM (TOE)?

During a TOE procedure a probe with a transducer (microphone) is put in your mouth and down your oesophagus (food pipe). The probe sends ultrasound waves (echoes) through your heart. These ultrasound waves are then sent to a computer to form an image of your heart chambers, aorta (major blood vessel from the heart) and valves. The images from a TOE are a lot clearer as the oesophagus (food pipe) is close to the heart.



HOW LONG WILL THE TOE TAKE?

Approximately 30 minutes.

WHY DO I NEED A TRANSOESOPHAGEAL ECHOCARDIOGRAM (TOE)?

Your doctor may recommend you for a TOE to exclude:

- Blood clots that can form in your heart and then break free allowing the clots to flow to other parts of your body. This can sometimes cause a stroke.
- An Infection of the heart, the heart valves or the sac that surrounds the heart.
- Heart valve stenosis (a narrowing that blocks blood flow) or regurgitation (a floppy valve causing blood to leak backwards across the valve).
- Heart failure or Cardiomyopathy (weak or thickened heart muscle that can lead to poor blood pumping from your heart).
- Congenital heart disease. This happens when the heart is not formed correctly as foetus (baby). This can affect blood flow of the heart.
- A tumour of the heart.
- Dissection (tear) in the wall of the aorta (major blood vessel).
- An aneurysm (weakening and bulging) of part of your heart muscle or aorta.
- During heart surgery to check how your heart is working and position of any new valves or prosthetics.

WHAT ARE THE RISKS?

Your doctor has recommended you for a transoesophageal echocardiogram (TOE) as they believe the benefits to you outweigh the risk of not going ahead with the procedure. There are risks and complications related to this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Sore throat for 1-2 days after the procedure

Uncommon risks and complications (1- 5%) include:

- Damage to your teeth or jaw because of the TOE probe/mouthguard in your mouth
- A tear in your oesophagus which normally heals by itself

Rare risks and complications (less than 1%) include:

- Breathing problems. You may need medication to fix this
- A large tear/perforation of your oesophagus. You may need surgery to fix this
- An abnormal heartbeat that normally settles by itself
- Death as a result of a TOE is extremely rare

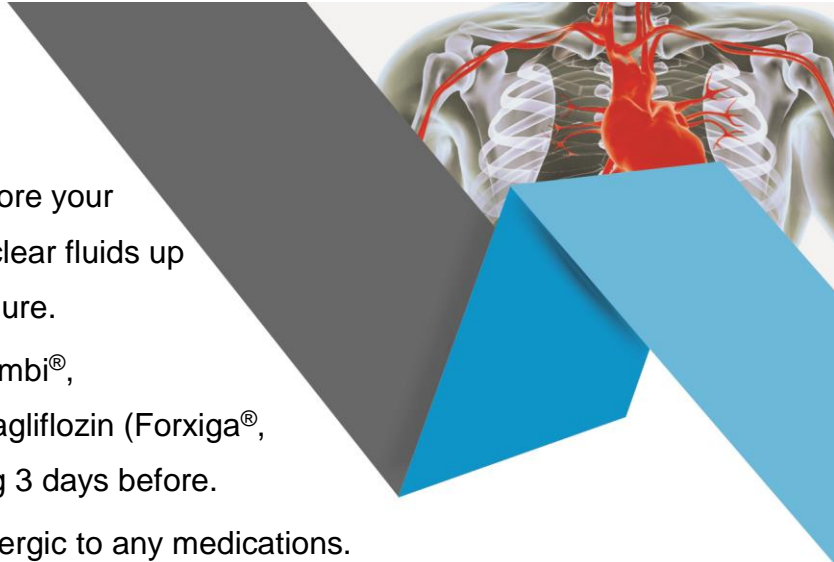


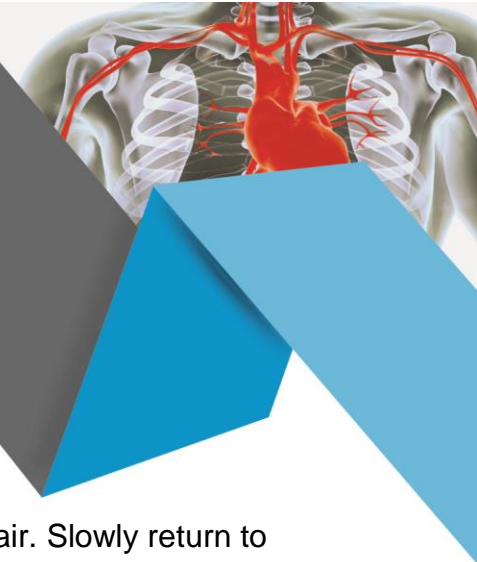
BEFORE YOUR PROCEDURE

- Do not eat anything 6 hours before your procedure, you may drink only clear fluids up until 2 hours before your procedure.
- If you take Empagliflozin (Glyxambi[®], Jardimet[®], Jardiance[®]) or Dapagliflozin (Forxiga[®], Xigduo XR[®], Qtern[®]) stop taking 3 days before.
- Please let us know if you are allergic to any medications.
- Ask any questions that you or your family may have before signing and consenting to the procedure.
- Please arrange for a friend or family member to take you home from hospital and stay with you for your first night at home. You cannot go home alone or in a taxi or on public transport.
- You will change into a hospital gown, an ID band applied.
- The healthcare team will take your blood pressure and pulse and insert an IV (intravenous) line into a vein in your arm.

DURING YOUR PROCEDURE

- If you have dentures or plates you will be asked to remove them before the probe is inserted.
- The back of your throat will be sprayed with a local anaesthetic (numbing medication) to make passing of the probe more comfortable. You may experience a sour taste.
- You will be asked to lie on a bed on your back or side and the room will be made dark.
- A bite protector will be placed in your mouth.
- You will be given some sedation medication through your IV to make you sleepy and relaxed. Oxygen will be given to you through small nasal tubes.
- Once you are sleepy the probe will be passed through your mouth and down your throat to your oesophagus (food pipe). You may be asked to swallow to help pass the probe.
- Once the probe is in the right place ultrasound images are taken on the computer.
- After all the images have been taken the probe will be removed and you will be moved to the recovery area for monitoring.
- If no other tests or care is needed you may be able to go home 2-4 hours afterwards.





ACTIVITY AFTER THE PROCEDURE

- 1 hour after your TOE you will be given a small amount of water to swallow. If you do not have any problems with swallowing you will be allowed to eat and drink after another hour.
- Do not have any hot food or hot drinks on the day of your procedure.
- Rest on the day of your procedure in a bed or recliner chair. Slowly return to normal activities the next day.
- Restart your normal medication and insulin after your procedure.
- Do not make any major decision or sign any important documents for 24 hours after your procedure.
- Do not drink any alcohol or take medications that make you sleepy for 24 hours after your procedure.

SYMPTOMS TO LOOK OUT FOR AFTER YOUR PROCEDURE

If you have any of the following please seek medical attention:

- Back or chest pain
- Shortness of breath
- Continued difficulty swallowing
- Blood in your bowel motions
- Bleeding from your mouth or coughing up blood
- Vomiting

DRIVING ONCE YOU ARE HOME

- Do not drive for at least 24 hours after your procedure.
- More information can be obtained from your Cardiologist or the Roads and Maritime Services (RMS NSW).

FOLLOW UP

Please see your local doctor in 3 days and make an appointment to see your Cardiologist in 4 weeks.