



Trans-Oesophageal Echocardiogram (T.O.E)

What is an Trans-Oesophageal Echocardiogram (T.O.E)?

A TOE is a heart scan carried out whilst under sedation. This scan is undertaken by introducing a soft flexible tube into the oesophagus (gullet) and it provides detailed information about the function sizes and structures of the heart chambers and valves.

The procedure is undertaken in our procedure room. You will be transferred there on your bed from the day case facility.

The procedure involves being given a light intravenous sedation to relax you, this is given through a needle placed into your left arm, and a local anaesthetic sprayed onto the back of the throat.

You will be lying on your left side and the T.O.E probe will be inserted into your mouth at the same time as you are being asked to swallow. If you wear dentures we will ask that they are removed. Whilst this may be a slightly unpleasant procedure it should not be painful at all.

The T.O.E probe will be moved around to get the best pictures of the heart and its structures, which will take approximately 30 minutes, after which the probe is removed and you are returned sleepy to the day case facility.

The procedure may also involve having a normal echocardiogram from the chest wall, as you may have had previously, with agitated salt water injected through the needle in your arm to look for any holes in the heart.

Why do I need a T.O.E?

You may have had symptoms such as shortness of breath and the doctor has decided that a T.O.E is the best investigation to see how your heart is functioning and whether your current symptoms may be related to your heart. The results of the T.O.E will aid the doctor in deciding upon the best treatment for you.

What are the risks to having a T.O.E?

There is very little risk with this procedure. The commonest side effect is a sore throat after the procedure and occasionally the throat can bruise or bleed slightly. Other rare but serious risks include a small chance of stomach contents entering the lungs and causing an infection and of the tube causing a hole in the gullet. These serious complications probably occur in less than 1:1000 cases. The medical staff will ensure that you are aware of any potential complications before inviting you to sign the consent form.

What do I need to do before coming into hospital?

Do not take any of your tablets on the morning of your procedure but please bring them with you in order that the admitting nurse can check what you normally take and then decide to either give or withhold certain medications prior to your T.O.E.

Similarly, if you take medications or injections for diabetes do not take them on the morning of the procedure but bring them with you so the admitting nurse can decide whether you need to take them prior to your T.O.E. You must inform the nurse as soon as you arrive if you are a diabetic.

You will usually be assisted by the nurse to 'catch up' with all your normal medications after your T.O.E procedure. If you are unsure about taking any medication before your procedure then please contact the department during office hours for advice and guidance.

Food and drink

You must have nothing to eat or drink after midnight on the day of your T.O.E. for the procedure to go ahead safely the doctor will need to have your stomach completely empty – this means at least six hours of fasting beforehand.

For approximately the hour following your T.O.E the nurse will ask you to remain nil by mouth this is to allow the local anaesthetic spray to the throat time to wear off completely before attempting to swallow. Once normal swallow sensation has returned you will be able to eat and drink as normal.

What happens immediately after the procedure?

On your return to day case facility the nurse receiving you will undertake observations of your blood pressure, heart rate and oxygen levels, and will then allow you to rest for a short while to allow the intravenous sedation to wear off, you will be allowed to sit up once you are alert and will be offered refreshment one hour after your return, once normal sensation to your throat has returned.

The doctor undertaking your T.O.E may discuss with you the results of your test, at the end of the procedure, although you may not be alert at this time, the doctor will then send the results directly to your hospital doctor requesting the procedure. A letter will also be generated to your GP to keep them informed of your progress/ management of care.

When will I be allowed home?

Once the nurse is satisfied that you are fully alert you will be allowed home. We usually make sure you have taken some refreshments without problems before we would let you home. The usual time for being allowed home is midday onwards assuming your procedure goes ahead in the morning. As you have had an intravenous sedative, we would like you to be accompanied home by a relative or friend whenever possible, and you will need to take the rest of the day quietly. You are advised not to drive or operate heavy machinery for the following 24 hours.

Transport

As mentioned above even if you are a car driver you will not be fit to drive yourself home after your T.O.E so please arrange for a friend or relative to collect you..

If you have been brought into the day unit via GP or Hospital Transport then let the nurse on the ward know, so that they can arrange your return trip at the appropriate time.

What should I bring into hospital with me?

Please bring with you all your normal medications including any insulin if you are diabetic. Bring a pair of slippers and as the day case facility may be a mixed sex ward you may wish to bring a dressing gown with you for your dignity.

If you are concerned with any aspect of your forthcoming admission for your T.O.E procedure please do not hesitate to contact us.

Please use the space below to write down any questions you may have and bring this with you to your next appointment:

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email interpreting.service@uhb.nhs.uk