Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Echocardiogram

1. Introduction

1.1. An echocardiogram is an ultrasound scan that uses high-frequency sound waves to reveal the structures of the heart. It is a painless and non-radioactive procedure.

1.2. It is used to examine the heart to evaluate the structure and function of the heart, check heart valves and defects, and use different color spectra to display the direction and speed of blood flow.

2. Procedural Preparation

2.1. No fasting is required before this procedure and you can take medicine as usual.

3. Procedure

3.1. The test will be performed by a qualified sonographer or cardiologist.

3.2. You will need to lie on your left side in the examination bed or stretcher with clothes pulled down to waist level. A blanket will be provided to keep warm.

3.3. An ultrasound probe covered with gel is placed gently in the center of the chest to create a good, airtight contact between the skin and the probe.

3.4. The probe will be moved to different positions beneath the left breast, rib cage and to the base of neck throughout the test, in order to capture images of your heart from different angles.

3.5. The lights in the room will be dimmed to make it easier to visualize the images of the heart.

3.6. During the procedure, sound waves are sent to a computer that can create moving images of the heart walls and valves.

3.7. The whole procedure takes around 30 to 40 minutes to complete.

3.8. Report will be generated on same day and the test results will be explained in details by your doctor.

4. Possible Risks and Complications

4.1. It is a common procedure and generally safe.

4.2. It is a non-invasive procedure and does not have any side effects.

5. Remark

5.1. If there is further query concerning this procedure, please contact your physician for further enquiry.

6. Reference

6.1. Doncaster and Bassetlaw Hospitals, National Health Service (NHS) Foundation Trust: Echocardiogram.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____