Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Transesophageal Echocardiography (TEE)

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

1. Introduction

1.1. Transesophageal echocardiography (TEE) aims at studying the structure and function of the heart. It is performed through introducing a probe of 1cm in diameter through the mouth into the oesophagus.

2. Importance of Procedure

2.1. Sometimes, image obtained by transthoracic echocardiography is not adequate to give satisfactory study of cardiac structure and function. The close position of the esophagus to the heart allows improved visualization of many cardiac structures. TEE is usually used to study congenital heart disease, cardiac masses, infection of heart valves and aortic dissection. TEE is also used during some kinds of cardiac surgery. If you refuse the test, we may not be able to accurately study your heart structure and function. Other alternatives are magnetic resonance imaging and cardiac catheterization. However, patients with swallowing difficulty or neck surgery are not usually considered for this test.

3. Before the Procedure

3.1. It is usually an out-patient procedure.
3.2. Fasting for 4-6 hours is required prior to the procedure.
3.3. Our staff will explain to you and/or your relatives the procedure, and to check for any history of swallowing difficulty, any history of radiation therapy to chest or neck region.
3.4. You will be asked if you have allergic history and prior intolerance of sedative medications.
3.5. You are advised to accompany by relatives.

4. The Procedure

4.1. Blood pressure cuff, pulse oximeter and ECG leads will be connected. Your vital signs will be continuously monitored during the test.
4.2. Any dentures will be removed.
4.3. Just before the procedure, Xylocaine spray will be applied to the pharynx for local anesthesia.
4.4. You will be asked to lie in left lateral position.
4.5. Low dose intravenous sedation may be given.
4.6. The probe, which is at the tip of the endoscope, will be lubricated & slowly introduced into your esophagus with the assistance of physician and your swallowing motion.
4.7. The study takes around 10-15 minutes, please relax during the examination. Dribbling out of saliva is expected and will be taken care of.
4.8. After the examination, the probe will slowly be retracted.

5. After the Procedure

5.1. No oral intake for 1 hour after the examination to avoid risk of aspiration.
5.2. If sedative has been given, it may last for 1-2 hours, you will only be allowed to leave after fully recovered from the drug effect.
5.3. Do not take sedative drug, drink any alcoholic beverage, drive a car or control any machine within 24 hours of examination.
5.4. If there is any discomfort after the examination, please contact us or attend the near-by Accident & Emergency Department.

6. Risks and Complications

6.1. The examination carries certain risks.
6.2. Major complications: death, esophageal perforation, significant arrhythmias, congestive heart failure and aspiration, occurs with a frequency of 0.3% with reported mortality of less than 0.01%.
6.3. Sore throat and blood stained saliva is common and will recover in 1-2 days.

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7. Remarks

7.1. It is hard to mention all the possible consequences if this procedure is refused.
7.2. The list of complications is not exhaustive and other unforeseen complications may occasionally occur. The risk quoted is in general terms. In special patient group (e.g. diabetics), the actual risk may be higher.
7.3. Should a complication occur, another life-saving procedure or treatment may be required immediately.
7.4. If there is further query concerning this procedure, please feel free to contact your nurse or your doctor.

8. Reference

8.1. Hospital Authority. Smart Patient Website.

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: _____