



Queensland Government

# Trans-Oesophageal Echocardiogram (TOE) Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

*This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.*

## A. Does the patient have capacity to provide consent?

### Complete for ADULT patient only

- Yes → **GO TO** section B  
 No → **COMPLETE** section A

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

### Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the 'Guide to Informed Decision-making in Health Care' [www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare](http://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare) for further information.  
→ **GO TO** section B

- No Parent/legal guardian/other person\* with parental rights and responsibilities to provide consent and complete this form.  
→ **COMPLETE** section A

\*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

## B. Is an interpreter required?

- Yes  No

If yes, the interpreter has translated:

- in person  over the telephone

*A verbal translation is a summary of the form.*

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

## C. Procedure details

I confirm that the referring doctor has informed me about the following procedure(s) and I consent to:

Trans-Oesophageal Echocardiogram (TOE):  Yes

## D. Risks specific to the patient in having a Trans-Oesophageal Echocardiogram (TOE)

(Doctor to document additional risks not included in the patient information sheet)

## E. Risks specific to the patient in *not* having a Trans-Oesophageal Echocardiogram (TOE)

(Doctor to document specific risks in not having a Trans-Oesophageal Echocardiogram [TOE])

## F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)



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## G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Trans-Oesophageal Echocardiogram (TOE)' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires sedation or general anaesthetic
- the specific risks and benefits of the procedure
- the prognosis and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if an immediate life-threatening event happens during the procedure:
  - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
  - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- that if the doctor wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.
- I was able to ask questions and raise concerns with the doctor.
- I understand I have the right to change my mind regarding consent at any time, including after signing this form.

### I have received the following consent and patient information sheet(s):

- 'Trans-Oesophageal Echocardiogram'
- 'About Your Anaesthetic' (*Adult patient only*)
- 'About Your Child's Anaesthetic' (*Child/young person patient only*)
- Other (*specify*):

On the basis of the above statements,

### I consent to having a Trans-Oesophageal Echocardiogram (TOE).

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

*If the patient is a child/young person:*

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

## H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature:

Date:

## I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s):  Yes  No
- assist with examination(s)/procedure(s):  Yes  No
- conduct examination(s)/procedure(s):  Yes  No

*Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.*

*For further information please see [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students)*

# Trans-Oesophageal Echocardiogram (TOE)

Adult and Child/Young Person  
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.**

*This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.*



## 1. What is a Trans-Oesophageal Echocardiogram (TOE) and how will it help me?

A Trans-Oesophageal Echocardiogram (TOE) is a diagnostic procedure used to look at the chambers and valves of your heart, using a flexible telescope, with an ultrasound probe attached. The flexible telescope is put into your mouth and passed down your oesophagus (feeding tube connecting mouth to stomach, while you are sedated), and allows your heart specialist to get close-up views of your heart as it is beating.

A TOE is used to help assess a problem with one of your heart valves or to look for infection.

A TOE can also be used to help guide the heart specialist, during procedures, such as to close holes between heart chambers, or when inserting devices.

If you need a controlled electric shock to treat an abnormal heart rhythm (cardioversion), a TOE is sometimes used first to check for any blood clots in your heart.

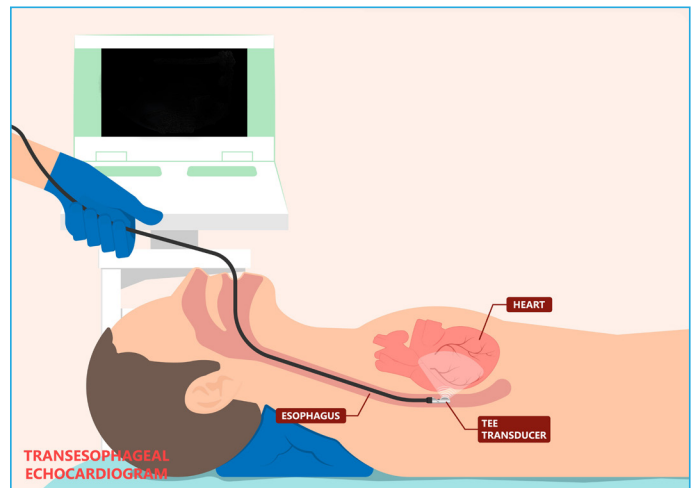


Image: Trans-Oesophageal Echocardiogram (TOE).  
ID: 1806965224 (adapted) [www.shutterstock.com](http://www.shutterstock.com)

## Preparing for the procedure

The Cardiac Investigations or Cardiology department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

This procedure will require the use of a local anaesthetic and sedation or a general anaesthetic. If you received sedation or a general anaesthetic, and are being discharged on the same day, you cannot drive and you must have someone available to escort you home.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the sedation anaesthetic.

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Sex:  M  F  I

Please tell the doctor/clinician if you:

- are breastfeeding or pregnant, or suspect that you may be pregnant
- have a drug or medication dependence.

## On the day of your procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- If you take medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:
  - your doctor will provide specific instructions for this
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements. This may include and is not limited to blood-thinning medicines, the contraceptive pill, antidepressants, and/or medicines for treating diabetes (e.g. insulin).
- If you feel unwell, telephone the Cardiac Investigations or Cardiology department for advice.
- Tell your doctor if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
  - had previous problems and/or known family problems with anaesthetic
  - false teeth, caps, loose teeth or other dental problems

– allergies/intolerances of any type and their side effects.

- Please tell your doctor if you have any history of swallowing problems or upper gastrointestinal conditions or surgery.
- You will be required to change into a hospital gown and remove some of your jewellery. Your belongings will be kept in a safe location during the procedure.

## Sedation

Sedation is the use of medicines that help make you feel relaxed and drowsy for your procedure. You may remember some or little about what has happened. You may still be aware of your surroundings and should be able to follow simple instructions, such as holding your breath, when instructed by the doctor.

If you are booked for an anaesthetic or sedation, please read the information sheet *About Your Anaesthetic (for adults)* or *About Your Child's Anaesthetic (for child/young person)*. If you do not have one of these information sheets, please ask for one.

### For a parent/legal guardian/other person of a child/young person without capacity to consent having a TOE

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

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At the discretion of the procedure staff:

- a parent/adult may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic, you may be able to see them off to sleep. Once they are asleep, you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

## During the procedure

Before the procedure begins, an intravenous (I.V.) cannula (a small plastic tube) will be inserted into a vein, usually in your hand or arm. This is for any medication or fluids required during the procedure, including sedation.

Routine observations will be measured before and during the procedure, these may include cardiac rhythm, blood pressure, heart rate, respiratory (breathing) rate and oxygen levels.

You may need to remove your dentures (if applicable) before the procedure begins. These will be labelled with your name and stored safely until they are given back to you after the procedure.

You will be positioned lying down on your back or left side (occasionally right side) for the procedure. The back of your throat may be sprayed with local anaesthetic, which will make it easier to swallow the ultrasound probe.

The probe will be in place for 15-30 minutes until the test is completed. At the end of the test, the probe will be removed. Your throat may feel numb after the test. You will not be able to eat or drink anything for two hours after the test or until the throat numbness goes away.

Once the procedure is complete, you will be transferred to a recovery area, where your observations will be monitored until you are fully awake.

If the local anaesthetic spray/gel has been used in your throat, wait 1 hour after the procedure before testing your gag reflex, or ability to swallow normally again, with sips of water, before trying your usual diet.

If you are an inpatient, you will be transferred back to your ward once you are awake and observations are stable.

If you are an outpatient, you will be discharged into the care of your support person, once you have recovered.

If the I.V. cannula is no longer required, it will be removed after you have recovered.



## 2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.



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## Common risks and complications

- mild pain or discomfort may occur around the I.V. insertion site
- sore throat, this may last up to two days.

## Uncommon risks and complications

- damage to your teeth or jaw due to the presence of instruments in your mouth
- tear in the oesophagus, which usually settles without treatment
- the procedure may not be possible due to medical and/or technical reasons.

## Rare risks and complications

- abnormal heartbeat that usually settles without treatment
- breathing problems. You may need medication to treat this
- oesophageal perforation (a hole in the oesophagus). This may need surgery to repair
- death as a result of this procedure is extremely rare.

## If a general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as a heart attack or pneumonia
- stroke resulting in brain damage.

## What are the risks of not having a TOE?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure.



## 3. Are there alternatives?

An alternative may be available. Your doctor will discuss the most appropriate examination for your circumstances.

Making the decision to have a procedure requires you to understand the options available. Your doctor will discuss any alternative procedure options and their risks or benefits with you, before signing the consent form.



## 4. What should I expect after the procedure?

The cardiologist (doctor) will review the final images after the procedure and send the report to your treating team.

You will receive the results of the procedure from your treating team at your next follow-up appointment. Please make an appointment if you do not already have one.

A doctor will discuss any relevant discharge instructions with you before you leave.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell.

If you had sedation or an anaesthetic, this will affect your judgement for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.

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- Do NOT operate machinery including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications.



## 5. Who will be performing the procedure?

Doctors, cardiac scientists, radiographers, cardiac sonographers, pharmacists, nurses, patient support officers and administration staff make up the cardiology team. All or some of these professionals may be involved in your journey.

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor will be performing your procedure, please discuss this with the doctor.

### Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students)



## 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website at [www.health.qld.gov.au/system-governance/records-privacy/health-personal](http://www.health.qld.gov.au/system-governance/records-privacy/health-personal)

You can also see a list of blood-thinning medications at [www.health.qld.gov.au/consent/blood thinner](http://www.health.qld.gov.au/consent/blood-thinner)

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor.

Queensland Health recognises that First Nations People's culture must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

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## 7. Questions

Please ask the doctor if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Cardiac Investigations or Cardiology department via the main switchboard of the facility where your procedure is booked.

## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.