

Transoesophageal Echocardiogram

What is it?

A transoesophageal echocardiogram (TOE) is an ultrasound imaging test of the heart. In contrast to a routine ultrasound to the heart or echocardiogram, a TOE is done by having the patient swallow a long slender, flexible tube that has an ultrasound microphone near its tip. By looking at the heart from behind, a TOE gives a much clearer picture of your heart and is generally performed in circumstances where a standard echocardiogram has suggested an abnormality.

Why is a necessary?

Some common reasons for doing the TOE include: assessment of heart function, looking for blood clots within the heart; malfunction or infection of heart valves; congenital abnormalities of the structure of the heart; and disruption or disease of the large central artery of the chest, the aorta.

What happens during the test?

You will be asked not to eat or drink anything for about 6 hours prior to the test. Your mouth and throat will be sprayed with a local anaesthetic, and a sedative will be administered through an intravenous line. If you have any problems with swallowing food or if you have had problems with your food pipe (oesophagus) you should inform us before the test. Your heart rate, blood pressure, and oxygen level will be monitored continuously during the procedure and the test takes about 15 minutes. A heart specialist, an anaesthetist and several nurses will be present throughout the test. You will be asked to lie on your left side during the test, and you should try not to talk or swallow while the tube is in place. Normally there is not much discomfort once you have swallowed the tube.

After the test is completed, you will be observed closely for about one hour or so, as the effects of the sedative wear off. You will need to have someone come with you who can drive you home after the test, and you should not drive until the next day, after the sedative has completely worn off. You will be asked not to eat or drink anything for an hour or two after the test. Once the sensation in your mouth and throat is back to normal, you will be gradually allowed to start eating and drinking again. A preliminary report will be made available as soon as the test is completed.

What are the risks?

In very rare instances, injury to the food pipe may occur and every care is undertaken to prevent this.