

Informed Consent for TEE (Trans Oesophageal Echocardiogram)

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/myhave the following medical condition:

.....

and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

.....

I authorise Dr. and

his/her associates to perform the above treatment/ procedure.

The doctor should document the site and/or side where relevant to the procedure:.....

.....

Introduction

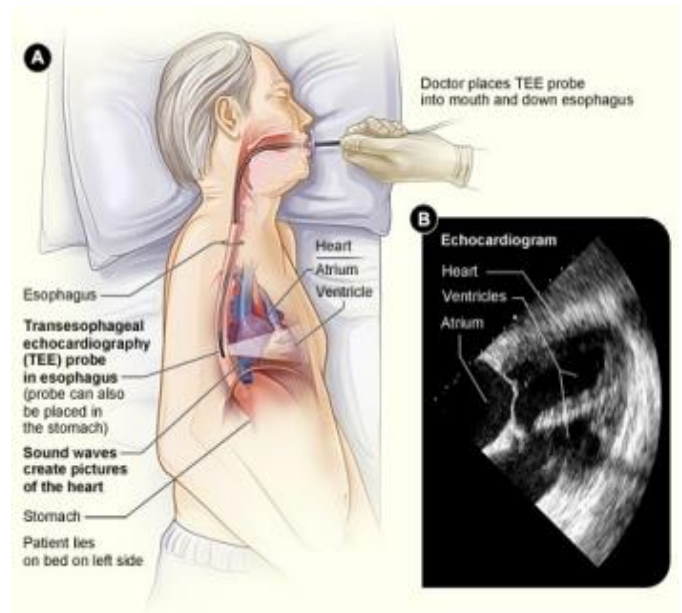
A transesophageal echocardiogram (TEE) is a test which is used to assess the structure and functioning of heart. The test takes about 15-30 minutes. With the TEE, the only separation between the device and the heart is the thin wall of the oesophagus or stomach.

Common reasons for doing the TEE include:

- To identify blood clots in the heart.
- To identify malfunction or infection of one or more of the native or artificial heart valves.
- To detect congenital abnormalities of the structure of the heart.
- To detect disruption or disease of the large central artery of the chest and the aorta.

You will be asked not to eat or drink anything for about four hours prior to the test. During the test, your mouth and throat will be sprayed with a local anaesthetic. A small dose of sedative may be given if required (for which separate consent shall be obtained). You will be asked to lie on your left side during the test. You will be asked to swallow a long slender, flexible tube that has an imaging device near its tip. It is normal to be anxious about the test. You will not feel discomfort once you have swallowed the tube.

Your heart rate, blood pressure and oxygen level will be monitored continuously during the procedure, which takes about 15-30 minutes. A cardiologist, nurse and echocardiography technician will be present throughout the test. After the test, you will be asked not to eat/drink for 45 minutes as the effects of local anaesthetic wear off. Once the sensation in your mouth and throat is back to normal, you will be gradually allowed to start eating and drinking again. The cardiologist will be able to give you a preliminary report of the results as soon as the test is completed but may wish to study the recording before giving final recommendations.



Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Intended Benefits (To be documented by doctor)

- To aid in diagnosis.
- Others, if any specify:

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Risks (To be documented by doctor)	Risks and Outcome of No Treatment (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)
<p>Probe related complication:</p> <ul style="list-style-type: none"> • Unsuccessful / failure of probe introduction • Thermal injuries • Pressure injuries: Damage the oesophageal or gastric mucosa. <p>Respiratory:</p> <ul style="list-style-type: none"> • Laryngospasm (Spasm of vocal cords). • Hypoxia (Low oxygen in blood). • Bronchospasm (Tightening of bronchial muscles) <p>Cardiovascular:</p> <ul style="list-style-type: none"> • Angina pectoris (Chest pain) • The procedure can lead to heart failure. • Temporary low blood pressure or high blood pressure. 	<p>Dysrhythmias:</p> <ul style="list-style-type: none"> • Tachyarrhythmias: Ventricular tachycardia (Heart rhythm disorder). • Supraventricular tachycardia (Fast or irregular heartbeat). • Bradyarrhythmias (Slow heartbeat): Third degree atrioventricular block. <p>Others:</p> <ul style="list-style-type: none"> • Minor pharyngeal bleeding • Nausea • Vomiting • Bacteraemia (Presence of bacteria circulating in the blood) • Death (rare) 	<p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>
<p>Specific Notes Related to Procedure (Strike out if not required)</p>	<p>Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)</p>	
<p>Patient's Authorisation</p> <ul style="list-style-type: none"> • The doctor has explained my/patient's medical condition and proposed treatment/procedure. I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/ patient, and their likely outcomes. • The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion. • I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction. • The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken). • The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants. • I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained. • I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal. 		
<ul style="list-style-type: none"> • I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. <input type="checkbox"/> Yes <input type="checkbox"/> No • For purposes of advancing medical education, I consent to the admittance of observers to the operating room. <input type="checkbox"/> Yes <input type="checkbox"/> No 		

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the surgery/procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	