

## Information and patient consent form

### Transoesophageal echocardiography

Dear patient,

You were referred by your physician for an examination, which is known as **transesophageal echocardiography**. This is an ultrasound examination of the heart that is performed from the oesophagus. This allows your heart and the adjacent large vessels to be examined "up close", which gives a more accurate illustration of the individual structures. In order to allow this, a special ultrasonic probe of about 1 cm in diameter must be inserted through the mouth into the oesophagus and into the stomach. Pulse, blood pressure and the oxygen saturation in the blood are measured before, during and after the examination. Throughout the investigation, you can breathe normally.

The ultrasonic waves emitted and received by the probe, generate an ultrasound image of the heart and surrounding vessels, which is displayed on a screen.

#### **Prior to the examination:**

Do not eat or drink for at least 4 hours before the examination. However, the usual medications must be taken at least 2 hours before the intervention as usual (possibly with a small glass of water).

#### **Procedure of the examination:**

Before the start of the examination, we will ask if you have any possible swallowing problems, drug allergies, asthma, etc., in order to decide which drugs shall be administered. Then a small plastic cannula is inserted into an arm vein, through which the drugs are infused. The examination is performed in the left lateral position and takes about 15-20 minutes. A sleeping aid will be administered through the vein.

#### **Possible side effects:**

Harmless mucosal irritations, vocal cord dysfunction (rarely) or cardiac arrhythmias that disappear spontaneously may occur. More serious complications are extremely rare.

**After the procedure:**

Take food or drinks only when you are fully awake. Do not drive the vehicle on the same day; legally there are no liability claims in the event an accident. It is advisable to arrange for someone to accompany you so that you can safely return home after the examination. Do not sign any legally binding documents or contracts within 24 hours following the examination.

**Space for a sketch / personal notes:**

**Please contact us,**

if you do not understand something or if something seems to be important that was not mentioned in this document or in the personal consultation with your doctor.

**Declaration of consent**

Dr. med. ....

held an informed consent discussion with me. I have understood the information provided to me and could make all the pertinent questions. After sufficient time to think and answering of all my questions I hereby declare myself ready for the proposed therapy exam.

Signature of patient: \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Place and date: \_\_\_\_\_

**Consent to data collection and evaluation**

I agree with the collection and analysis of scientific data of my treatment in an encrypted, electronic form. If necessary, the traceability of data for quality assurance is ensured. We assure you with an unrestricted right of access to inspect the data archived about you.

Signature of patient: .....

Place and date: .....

