



PF08408 (R 4/09)

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

Your test is scheduled at Covenant – 900 Cooper

Date: _____ Time: _____

You will need to arrive 2 hours early to register and prepare for the study.

Your doctor has ordered a special test called a transesophageal echocardiogram. This test is well-tolerated and routinely performed on an outpatient basis. The transesophageal echocardiogram, commonly called a TEE, is a diagnostic procedure using ultrasound to give the doctor a visual picture of your heart. The pictures obtained make it possible to measure the size of each of the four chambers of your heart, to study the appearance and motion of the heart valves, to identify abnormal structures and to evaluate how forceful the heart muscle contracts.

The procedure involves passing a probe (transducer) mounted on the end of a small flexible tube through the mouth and down the esophagus. The esophagus is adjacent to the heart; therefore the ultrasound pictures obtained are excellent. A medication spray will be given to numb your throat to make passage of the probe easier and more comfortable. An intravenous line will be inserted for the purpose of infusing fluids and sedative medication.

You will be conscious throughout the entire procedure and able to understand instructions and comments from the physician. You will be lying on your left side during the procedure, which usually take approximately 30 minutes. A nurse, ultrasound technician and a physician will be in attendance during the procedure. After the probe is in place you will be asked to rest your teeth on a bite block to prevent you biting down on the tube. You will hear a loud rhythmic sound similar to high-pitched wind when the probe is imaging your blood flow. Secretions may collect in your mouth; the nurse will remove them with suction similar to the suction used when the dentist works on your teeth.

Your family and/or significant others will be escorted to a nearby waiting area until the completion of your procedure, at which time, they may rejoin you. You will be required to stay in the procedure/recovery area until you are able to demonstrate your ability to swallow without difficulty (the effect of the spray applied to the back of your throat has worn off).

Potential complications associated with the TEE exist. It is uncommon; but injury to the breathing tube and the esophagus can occur. Damage to the esophagus is rare but if perforation occurs, surgery to repair it may be necessary. Please inform your doctor before the test of any swallowing or esophageal problems you may have experienced in the past. Due to the sedation you may feel sleepy for a few hours. Your throat may feel sore and numb for approximately an hour. Please avoid liquids and food for at least two hours after the procedure. You will remain at the hospital for a few hours for observation.



TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

PF08408 (R 4/09)

TEST PREPARATION

- Avoid food and liquids for six hours before test
- Take your medications with sips of water unless instructed otherwise
In special cases, i.e., if you have an artificial heart valve(s), additional instructions may be given by the physician that you will need to follow prior to the testing time; you will require intravenous antibiotics prior to the procedure.
- Please bring a licensed driver with you to drive you home.
You will **NOT** be allowed to drive yourself home.
- Bring your medications or an updated list with you
- If you are diabetic, please call our office (989) 583-4700 for instructions regarding fasting and insulin dosage.
- 24-48 hours before your procedure, you need to have blood work drawn—the order is enclosed.

If you have questions regarding this procedure, please call our office.



TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

PF08408 (R 4/09)

LAB REQUISITON

PATIENT NAME _____ DOB _____

DATE TO BE DRAWN _____

INSTRUCTIONS None

ORDERING PHYSICIAN _____

ADDITIONAL COPIES OF RESULTS TO FAX RESULTS TO COVENANT CVRU 989-583-6629

LAB PROFILES

- Electrolyte Panel—Includes NA, K*, Cl, CO₂
- Lipid Panel—Includes Cholesterol, Triglycerides, HDL, LDL
- VAP or NMR LipoProfile and AST, ALT, CPK
- Hepatic Function Panel—Included T. Protein, Albumin, Alk Phos, Bili T, Bili D, AST, ALT
- Basic Metabolic Panel—Includes Na, K, Cl, CO₂, Glucose, BUN, Creat, BUN/Creat Ratio, Calcium
- Comprehensive Metabolic Panel—Includes Basic Panel and Calcium T Protein, Albumin, Globulin, A/G Ratio, AST, ALT, Alk. Phos, Bili T

INDIVIDUAL TESTS

- | | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> BUN | <input type="checkbox"/> TSH | <input type="checkbox"/> Digoxin | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> LDH |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> TSH w/reflex | <input type="checkbox"/> Prottime/INR | <input type="checkbox"/> Triglycerides | <input type="checkbox"/> SGOT (AST) |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> Free T4 | <input type="checkbox"/> APTT | <input type="checkbox"/> HDL | <input type="checkbox"/> SGPT (ALT) |
| <input type="checkbox"/> CBC w/Diff | <input type="checkbox"/> T3 | <input type="checkbox"/> Mg** | <input type="checkbox"/> LDL | <input type="checkbox"/> Cardio CRP |
| <input type="checkbox"/> Hgb | <input type="checkbox"/> T4 | <input type="checkbox"/> U/A | <input type="checkbox"/> CPK | <input type="checkbox"/> Homocysteine |
- Other PT/PTT—FOR PRE-PROCEDURE TESTING FOR TRANSESOPHAGEAL ECHOCARDIOGRAM

DIAGNOSIS

- | | | |
|--|--|--|
| <input type="checkbox"/> 285.9 Anemia, unspecified | <input type="checkbox"/> 250.01 Diabetes Mellitus | <input type="checkbox"/> 9722 Lipid med/Niacin |
| <input type="checkbox"/> 4139 Angina | <input type="checkbox"/> 786.09 Dyspnea | <input type="checkbox"/> 9952 Med Adjustment |
| <input type="checkbox"/> 4241 Aortic Valve Disease | <input type="checkbox"/> 2769 Electrolyte Imbalance | <input type="checkbox"/> V675.1 Med-high risk presc. |
| <input type="checkbox"/> 4279 Arrhythmia | <input type="checkbox"/> 42490 Endocarditis | <input type="checkbox"/> 4240 Mitral Valve Disease |
| <input type="checkbox"/> 4140 ASHD | <input type="checkbox"/> 7806 Fever | <input type="checkbox"/> 7851 Palpitations |
| <input type="checkbox"/> 42731 Atrial Fibrillation | <input type="checkbox"/> 40290 HCVD | <input type="checkbox"/> 42769 PAC's |
| <input type="checkbox"/> 42732 Atrial Flutter | <input type="checkbox"/> 2720 Hypercholesterolemia | <input type="checkbox"/> 4270 P Atrial Tachy |
| <input type="checkbox"/> 42789 Bradycardia | <input type="checkbox"/> 2724 Hyperlipidemia | <input type="checkbox"/> 997.1 Post-Op Complications |
| <input type="checkbox"/> 4254 Cardiomyopathy | <input type="checkbox"/> 2721 Hypertriglyceridemia | <input type="checkbox"/> 42781 Sick Sinus Syndrome |
| <input type="checkbox"/> 78650 Chest Pain | <input type="checkbox"/> 4011 Hypertension | <input type="checkbox"/> 7802 Syncope |
| <input type="checkbox"/> 4280 Congestive Heart Failure | <input type="checkbox"/> 4589 Hypotension | <input type="checkbox"/> 7850 Tachycardia |
| <input type="checkbox"/> 4149 CAD | <input type="checkbox"/> 4149 Ischemic Heart Disease | <input type="checkbox"/> 4271 Ventricular Tachy |

Other _____