

# Having a transoesophageal echocardiogram (TOE) scan to look at your heart

Cardiology Department

Information for Patients

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## Introduction

You have been asked to have a transoesophageal echocardiogram (TOE). This leaflet will help you understand your procedure. If you have any questions, please ask the nurse or doctor caring for you.

## What is a transoesophageal echocardiogram?

This scan is an ultrasound examination of the heart structure. The scan uses a probe that you swallow into your gullet/ food pipe and stomach. You will be awake for the procedure. We will give you local anaesthetic to numb your throat. We will also offer you a sedative that is given through a vein. This will help you to feel relaxed.

## Why is this procedure needed?

It will let us look at your heart's structure and function.

Common reasons for having this scan are:

- to look for infection of the heart valve (endocarditis).
- before certain operations such as stretching (valvuloplasty).
- to repair the mitral valve in the heart.
- to look at birth defects of the heart (congenital heart disease such as a hole in the heart).
- to look for clots or tumours in the heart.

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## What are the risks of having this procedure?

A TOE scan uses a probe that goes into and down your gullet (oesophagus). We will investigate for problems with swallowing, narrowings or surgery in your gullet before the procedure is performed.

Sometimes we are unable to pass a probe down the gullet and the procedure cannot take place. This is less than 2 in 100 cases.

You may get minor damage (abrasion) and bleeding from the mouth and gullet during the procedure. This may cause temporary pain on swallowing or a sore throat. This should get better within 24 hours.

Complications happen in less than 2 in 100 cases.

Serious complications are rare. This is less than 1 in 1000 cases. These include:

- bad bleeding
- injury to the teeth and mouth/ gullet structures
- infection
- allergy
- having too much sedation and breathing problems

A very rare but serious complication is a tear of the gullet. This can be life threatening. This happens in less than 1 in 10,000 cases.

Change in heart rhythms can happen but often last only a short time.

## Do I need to stop taking any medicines before the procedure?

If you are taking warfarin or any blood thinning medicine, you usually do not need to stop taking them before the procedure. We may check your levels with a blood test when you arrive on the ward if you are taking warfarin. If it is too high, we may rearrange the procedure to another time.

## Preparing for your procedure

**You must not eat or drink for 6 hours before the procedure. You can have small sips of water up to 2 hours before.**

The procedure will take place in the Endoscopy suite on Ward 25.

1. When you arrive on ward we will show you to your bed. We will introduce you to the nurse who will be caring for you.
2. Your nurse will talk to you about your procedure. They will answer any questions you may have. The doctor will also see you and talk about the scan with you. They will ask you to sign a consent form to confirm you understand the procedure and the risks.

3. A nurse or doctor may insert a small needle into the back of your hand. This is if you need any drugs or saline salt solution to be given to you during your scan.
4. The nurse will bring you a hospital gown to change into before your procedure. We will ask you to remove your shirt/ blouse or top. You can keep your underwear left on.

## What happens during the procedure?

1. You will lie on your left side on the bed.
2. We will put a clip on the end of your finger before the procedure starts. This will check the oxygen level in your blood and your pulse. We will also give you oxygen through a plastic tube into your nose throughout the procedure. We will monitor your heart trace (ECG).
3. We will give you a mouthguard to protect your teeth from the equipment. We will use a local anaesthetic spray to numb the back of your throat. We may use a relaxing injection (sedative) called midazolam if needed. This is given through the needle in the back of your hand. If you have sedation, you may find that you do not remember parts of the procedure afterwards.
4. We will put the probe into your mouth and throat. We will ask you to swallow as it is passed down your gullet. Once the probe has been placed into the gullet, the doctor will be able to see parts of your heart (chambers and valves) on the video screen of the echocardiograph machine.
5. The procedure will often take between 20 to 30 minutes.
6. When the scan is finished, we will take out the probe. You will need to stay on your side. The nurse will take your pulse and check the oxygen level in your blood.
7. When you are back on the ward, the nurse will check your blood pressure and pulse. Your tongue and throat may feel swollen. You should not eat or drink for 45 minutes.
8. You will usually be able to get out of bed 15 to 30 minutes after the procedure. This depends on the effects of any sedation and your mobility. A call bell will be left by your side should you need to call the nurse for help.

## How do I get the results?

The consultant who referred you for this scan will be sent the results.

## Going home

If you had sedation, it is important to have a family member or friend drive you home and stay with you for the first 12 hours after discharge. You must not drive or operate machinery for 24 hours.

