



PATIENT INSTRUCTIONS: Transesophageal Echocardiogram

Date of Procedure _____ Time: _____ a.m.

Physician: Dr. Andrews
 Dr. Willie-Carnegie

Location, address, and where to report within the facility:

Howard University Hospital - 2041 Georgia Ave., NW Wash. DC 20060 - Main Hospital 6th floor

Heart Center

Univ. of Md Capital Region Health - 3001 Hospital Dr., Cheverly, Md 20785 - Bear to the right around the back of the hospital and follow sign to Surgical Services.

Instructions:

- Do not eat or drink for 6 hours prior to the procedure. If you have diabetes, please ask your Dr. for special instructions.
- Please ask someone to drive you to and from the hospital on the day of the procedure.
- Please inform your Dr. if you have any conditions involving your esophagus or stomach, or if you have problems swallowing.
- Please inform your Dr. if you have allergies to sedatives or anesthesia.
- The transesophageal echocardiogram procedures' potential benefits and risks will be explained to you by your Dr. during your office visit. Feel free to ask questions.
- You will be asked to sign a consent form, and patient education material regarding the test will be given to you at the end of your office visit.
- If you have additional questions, please feel free to contact any of the he offices listed below.