

	<b>CONSENT FORM FOR TEE</b>		Ver.	Rev.	01
			01	Data	20.04.2016
	<b>UNI - EN - ISO 9001:2008</b>			Faqja 1 nga 1	

### 1. Health Condition and Proposed Procedure

Your physician has explained your current medical condition. It is:

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### 2. Diagnosis:

This condition requires the above-mentioned procedure to carry out a proper diagnosis. The transesophageal echocardiography involves the insertion of an ultrasound probe, resembling a flexible tube, through the mouth into the esophagus (the passage through which food travels to the stomach). The probe will remain in place for approximately 15–20 minutes to complete the examination. This procedure facilitates the capture of high-quality ultrasound images of the heart, which are more precise than those obtained via standard transthoracic echocardiography.

### 3. Risks Associated with Transesophageal Echocardiography

This examination procedure carries potential risks and complications. These include, but are not limited to:

#### Common Risks and Complications (more than 5%):

- Temporary sore throat following the procedure.

#### Rare Risks and Complications (1-5%):

- Esophageal abrasions, which typically resolve without medical intervention.

#### Very Rare Risks and Complications (less than 1%):

- Cardiac arrhythmias (abnormal heart rhythms) that usually resolve spontaneously.
- Respiratory complications, which may necessitate additional medical intervention.
- Perforation of the esophagus, which may require surgical repair or other interventions.
- Mortality associated with this procedure is exceedingly rare and typically related to severe complications.

### 4. Risks of Not Undergoing the Procedure

The physician should specify the risks of not performing this procedure in the space below. Additional notes can be included in the medical record if necessary.

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### 5. Patient Consent

I acknowledge that the physician has explained:

- My medical condition and the proposed diagnostic procedure, including any further treatments if unforeseen findings arise. I understand the risks, including those specific to me.
- Alternative procedures/treatments and their associated risks.
- The potential progression of my medical condition and the risks of not undergoing this procedure.

I confirm that I have had the opportunity to ask questions and discuss my health condition, the proposed diagnostic procedure, its risks, and potential treatments. My questions and concerns have been addressed satisfactorily.

I understand that I have the right to change my mind at any time, even after signing this form.

I am aware that photographs or recordings may be taken during this procedure to assist the physician in diagnosing my condition.

### 6. Patient Declaration

**Based on the information provided, I voluntarily consent to undergo the proposed TTE procedure.**

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 7. Physician Declaration

**I confirm that I have thoroughly explained the procedure, including its purpose, potential risks, and alternatives, to the patient. I believe the patient has understood the provided information.**

Physician Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_