



TRANSESOPHAGEAL ECHOCARDIOGRAM

Your procedure has been scheduled for **Christian North-East Hospital**
on _____ at _____ am / pm.

You will need to arrive at outpatient surgery department by
_____ am / pm.

INSTRUCTIONS:

**PLEASE NOTE THAT IF FOR ANY REASON THE
FOLLOWING STEPS ARE OVERLOOKED IT MAY BE
DETERMINED FOR YOUR SAFETY THAT YOU
RESCHEDULE THE PROCEDURE.**

1. **NOTHING** to eat or drink after midnight the night prior to the procedure.
2. You **MAY** take all other medications that do not require food, with small sips of water.
3. **YOU WILL NEED SOMEONE TO DRIVE YOU HOME.** You will be sedated for this procedure, therefore failure to have someone with you **WILL** result in rescheduling the procedure.

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