Learning Objectives

1. Describe which clinical situations are appropriate for TEE monitoring in noncardiac surgery including indications / contraindications for TEE placement.
2. Demonstrate the key diagnostic TEE views needed for quick assessment of an unstable patient.

Why is this important?

- Helps rule out pathology
- Provides an excellent diagnostic and real-time monitoring tool
- Minimally invasive and low risk

Indications for TEE

ASA Members and Consultants

Strongly Agree

• Unexplained persistent hypotension
• Life-threatening hypotension anticipated

ASA Members and Consultants

Agree

• Known or suspected CV pathology - hemodynamic, pulmonary, or neurological compromise
• Persistent unexplained hypoxia
• Major abdominal or thoracic trauma
Trauma CASE
- Volume
- Pericardial Effusion
- Ventricular function
- Valvular function
- Atrial Size
- ASD / VSD

ME 4Chamber

Pericardial Effusion

ME LAX

- Volume
- LV Function
- LVOT
- Aortic Valve
- Mitral Valve
Ascending Aortic Dissection

Pulmonary Embolism

Inferior / Apical Akinesis

Hypovolemia

- Volume
- LV Function
- Wall Abnormality
- Pericardial Effusion

TG mid SAX
Inferior / Lateral Akinesis

- Traumatic Aortic Rupture
- Dissection
- Pleural Effusion

ME Desc Aorta
SAX

Atherosclerosis

Left Pleural Effusion

Right Pleural Effusion

http://pie.med.utoronto.ca/TEE
www.echoboards.org
Myers, Greg, MD TEE for Trauma
QUESTIONS?

Reference

1. Content Outline Basic/Advanced Joint Council on Anesthesiology Examination Revised - June 2012
2. Anesthesiology 2010; 112:1084 – 96 Practice Guidelines for Perioperative Transesophageal Echocardiography