

PROTOCOL: DISMISSAL ECHO

CV SURGERY / STRUCTURAL INTERVENTION



Inclusion Criteria

- Dismissal echo requests from CV in patients who are status post cardiac surgery
- Does **NOT** include non-dismissal study types (example: rule out effusion).
- When uncertain if echo is for dismissal, please consult the ACS or interpreting physician

EIMS Data

Procedure Components: 2-D, Color Flow Doppler, Doppler

Coded Referral Diagnosis: Surgical procedure type

Serial Study: General. Stop/remove serial studies that no longer apply (ex: AS studies in AVR patients)

First Finding: Echocardiogram performed per dismissal echo protocol.

Second Finding: Status post... (surgery type, usually found in the post-operative history folder)

Billing Diagnosis: Variable (echo findings, surgery/intervention type, symptoms, physical exam, etc.)

Procedure: (TTE) 2D Echo Doppler Color

Obtain **LV Function Protocol + the following:**

AVR/Clinical TAVR = All views of AR, AV gradient from all windows, ascending aorta & arch

Device closure for periprosthetic AR = All views of AR, AV gradient-all windows, ascending aorta & arch

Device closure for periprosthetic MR = All views for MR, zoom SAX of MV, MV gradient, atrial septum

Open MV repair/replace = All views for MR, zoom parasternal SAX of MV, MV gradient, LV outflow gradient if SAM (do not Valsalva), ascending aorta & arch

Mitral Edge-to-Edge = All views for MR, zoom parasternal SAX of MV, MV gradient, atrial septum

Tricuspid Edge-to-Edge = All views for TR, TV gradient

TV surgical repair/replace = All views for TR, TV gradient, ascending aorta & arch

PV repair/replace = All views for PR, PV gradient from all windows, ascending aorta & arch

CABG = ascending aorta & arch

Septal myectomy = LV wall thickness, VSD/septal perforator flow (parasternal SAX & LAX, apical 4ch & LAX), AR (all windows), LV outflow gradient (do not Valsalva), ascending aorta & arch. Do not do strain

Ascending aorta replacement = Measure ascending aorta from left and right parasternal windows, arch

Pericardiectomy = Ascending aorta & arch if cardiopulmonary bypass used. Respirometer not needed

Caveats and Tips

- **LV tissue Doppler can be excluded (still do mitral inflow)**
- Visualize the ascending aorta and arch to assess for dissection
- Valve replacements/repair acquire 2D zoomed views in all windows
- Comment on LA and RA size (visual estimate only)
- **Most patients can be rolled onto their left side; ask nurse if you have questions or need assistance**