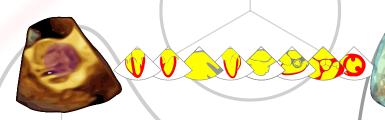
Toronto General Hospital

Perioperative Transesophageal Echocardiography Protocols

Version 1 - 2015.10.21



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Lynn & Arnold Irwin Advanced Perioperative Imaging Lab (APIL) Department of Anesthesia & Pain Management



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All proceeds from the sale of this work will go towards funding research and educational work of the Lynn & Arnold Irwin Advanced Perioperative Imaging Lab.

Legend & Abbreviations

2D Zm 2D 700m

CFD: C Colour flow doppler ("C" with measurement symbols denotes CFD measurement)

CWD Continuous wave doppler CPB Cardiopulmonary bypass LAA Left atrial appendage MPR Multi-planar reconstruction

PWD Pulsed wave doppler FW Strain Free wall strain

GL Strain Global longitudinal strain

TAPSE Tricuspid annular plane systolic excursion

TDI Tissue Doppler Imaging

Vena contracta VC. Vmax Maximum velocity ΔΡ Pressure gradient \mathbf{O} Pre-CPB only Post-CPB only Pre- and Post-CPB Calculated Value =

 $\leftrightarrow 1$ Linear measurement (2D or 3D MPR) ⋖ Angle measurement (2D or 3D MPR) Area measurement (2D or 3D MPR) # PW Pulsed wave doppler measurement ‡ CW Continuous wave doppler measurement

അ Strain

Basic Assessment

Pre O | O Post CPE



- ME4C 2D
- CFD TV
- CFD MV
- # PWD MV



- # PWD LAA
- **LUPV ‡** PWD
- MEBC 2D
- CFD IAS
- MELax 2D
- 2D Zm AV
- CFD AV
- 2D Zm MV
- CFD MV
- MERVIO 2D
- CFD TV
- ‡CWD TV
- CFD PV
- AVSax 2D
- CFD AV
- TGMSax 2D
- DAoSax 2D
- AoArchLax 2D

- LV EF (Simpson's / 3D)
 - RV function (at least 1)
 - RV FAC
 - ↔ TAPSE
 - ₩ RV GL/FW Strain

Document

Rhythm BSA

Height

ABP*

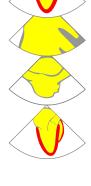
CVP*

PAP*

Surgical procedure Valve/device implanted Major complications

*Ideally during contractility and other load dependant assessment

● RVSP (↓CW)





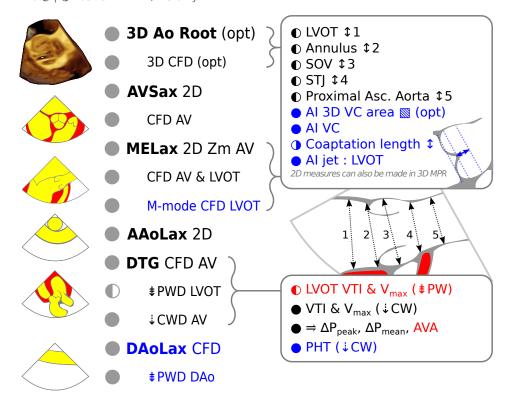




3D TEE Assessment Guide
Only measurements not included in the 2D protocols are indicated under MPR below. High volume rate (HVR) may be used instead of 3D gated acquisition. Target frame rates are for the 3D image. CFD images will have much lower rates.

Structure	Suggested Starting Point	Assessment	Optimal 3D Acquisition Modes	Frame rate	Include	2° acquisitions	Analysis
2	ME4C, MELAX, ME2C	Systolic function	Gated 4-6 Full	> 10 Hz > 20 Hz → a3DQ		Cropped ME4C, ME2C	3D LVEF (QLAB 3DQ, a3DQ, TomTec)
RV	ME4C	Systolic function	Gated 4-6 Full	> 10 Hz (> 20 Hz ideal)	N	Cropped ME4C	3D RVEF (Tomtec)
		Screening	Live Zoom	> 10 Hz		En Face, PM comm.	MPR
M	MELAX, ME4C	MR	+CFD Gated 4-6 Zoom / Full	> 20 Hz	AV, LVOT	En face, AL comm., PM comm., Ventricular	MPR: 2D valve measures + VC area on CFD
		MS	Gated 4-6 Zoom / Full	> 10 Hz		En Face, Cropped ME4C	MPR: Valve area planimetry
		Screening	Live Zoom	> 10 Hz			
AV	MELAX	AI	+CFD Gated 4-6 Zoom / Full	> 20 Hz	LVOT to prox Asc. Ao		MPR: VC area on CFD
		AS	Gated 4-6 Zoom / Full	> 10 Hz			MPR: Valve area planimetry
À	O F L	Screening	Live Zoom	> 10 Hz	Part of AV for		
2	ME4C	Æ	+CFD Gated 4-6 Zoom / Full	> 10 Hz (> 20 Hz ideal)	orientation		MPR: VC area on CFD (difficult)
04	Q	ASD/PFO	+CFD Gated 4-6 Zoom / Full	> 10 Hz	Part of SVC and		MPR: ASD dimensions, ASD rim
<u> </u>		Trans-sept. punct. guidance	Live Zoom / X-plane (Multi-D)	> 10 Hz	orientation		
*	MES	Screening / thrombus	Live Zoom / X-plane (Multi-D)	> 10 Hz (> 20 Hz ideal)	Part of MV &		
{		Closure Device	Gated 4-6 Zoom / Full	> 5 Hz	orientation		MPR: LAA dimensions
Desc. Aorta	DAoSax	Plaque, Dissection	+CFD X-plane (Multi-D) Live Zoom large plaques	> 5 Hz		LAX/SAX high risk lesions	MPR: measure large lesions

Aortic Valve



Pre-surgical assessment

1. Confirm diagnosis & severity

AS: 2D, 3D, gradients & AVA;

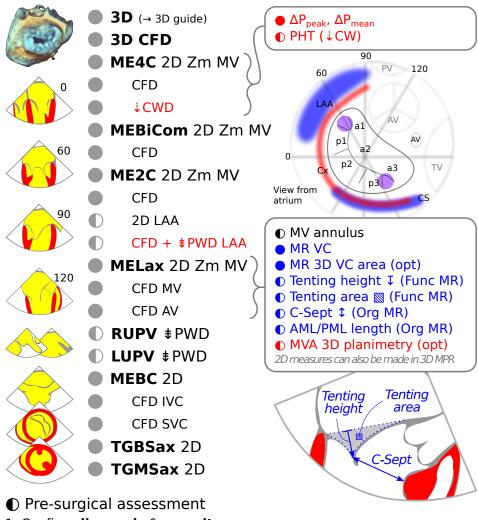
AI: 2D, 3D, VC, PHT, %LVOT, DAo diast. rev.

- 2. Identify **mechanism** & **viability of repair** (if planned)
- 3. Sub-valvular or supra-valvular / aortic pathology?
- 4. Associated LV pathology: Dilation? Hypertrophy / LVOTO?
- 5. Associated MV pathology?

- 1. Coaptation length (valve sparing repair; MELax)
- 2. Proximal end of coaptation above annular plane? (MELax)
- 3. Paravalvular or central leak? (MELax, MEAVSax)
- 4. New **SAM** or **LVOTO**? (MELax)
- 5. **latrogenic AS?** ΔP_{mean} & V_{max} (DTG)
- 6. New **SWMA** suggesting **coronary injury**? (TGMSax; AVSax RCA/LM)
- 7. latrogenic aortic injury or dissection? (AAo / DAo)

Mitral Valve

Pre
Post CPB MR / MS only



- 1. Confirm diagnosis & severity
- 2. Identify mechanism & viability of repair (if planned)
- 3. LV morphology and function? (EF; SWMA? Consider LV strain)
- 4. Associated AV pathology?
- 5. LA dilation or LAA thrombus?
- Post-surgical assessment
- 1. Mean gradient
- 2. Residual **MR** or paravalvular **leak**?
- 3. SAM or LVOTO?
- 4. New AI?
- 5. Injury to bicaval cannulation sites?
- 6. New **SWMA** suggesting **circumflex** injury?

Tricuspid Valve

Pre O | O Post CPB



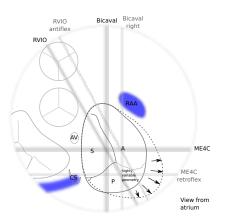
- ME4C 2D Zm TV
- CFD TV
- MERVIO 2D TV
- CFD TV

- ◆ TV annulus (0°)
- TR vena contracta
- \bullet ΔP_{mean}
- RV function (at least one)
 - **™** RV FAC
 - **↔** TAPSE
 - ய RV GL Strain
 - ⅏ RV FW Strain
- RVSP (↓CW)



- MEBCmodTV 2D TV
- CFD TV

- IVC Lax CFD Hep. V.
- **PWD Hep. Vein**
- TGBSax 2D TV
- CFD TV
- TGRVI 2D TV
- CFD TV



Pre-surgical assessment

- 1. Confirm diagnosis & severity
- 2. Identify **mechanism** & **viability of repair** (if planned)
- 3. RV morphology & function: FAC / TAPSE / RV strain
- 4. Pulmonary hypertension?

- 1. Mean gradient
- 2. Residual TR, paravalvular or central leak?
- 3. New **SWMA** suggesting coronary (**RCA**) injury?
- 4. RV function: At least one of FAC / TAPSE / RV strain
- 5. Bicaval cannulation site injury?

Pulmonary Valve



ME4C 2D Zm RV

CFD TV

‡CWDTV

MERVIO 2D PV

CFD PV

CFD TV

↓CWD TV

AoArchSax 2D PV

CFD PV

↓CWD PV

TGRVO 2D PV

CFD PV

↓CWD PV

- ◆ TV annulus (0°)
- RV function (at least one)
 - **™** RV FAC
 - ↔ TAPSF

₩ RV GL Strain

ய RV FW Strain

RVSP (↓CW)



- PV annulus
- ΔP_{mean} (↓CW)

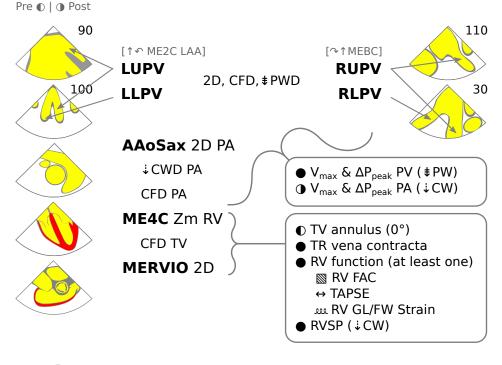
Pre-surgical assessment

- 1. Confirm diagnosis & severity
- 2. RV morphology & function: FAC / TAPSE / RV strain
- 3. TV morphology & function
- 4. Function of **previous repairs** (e.g. VSD patch)
- 5. Pulmonary hypertension?

- 1. Mean gradient
- 2. Paravalvular or central leak?
- 3. New SWMA suggesting LAD or LM coronary injury?
- 4. RV function: FAC / TAPSE / RV strain

Lung Transplant

All vein views are mid-esophageal Large variation in angles and technique





- Pre-surgical assessment
- 1. RV morphology & function: FAC / TAPSE / RV strain
- 2. Tricuspid regurgitation?
- 3. Pulmonary hypertension? RVSP (↓CW)
- 4. Pulmonary regurgitation? Pulmonary or RVOT stenosis?
- Post-surgical assessment
- Obstruction, thrombus or air in venous anastamosis? Laminar flow: \$PV ≥ 5mm: \$PWD < 100 cm/s
- 2. Obstruction in arterial anastomoses?
- 3. TV and PV assessment
- 4. Pulmonary hypertension? RVSP
- 5. **RV function:** At least one of FAC / TAPSE / RV strain
- 6. (If on CPB) cannulation site injury?

Septal Myectomy

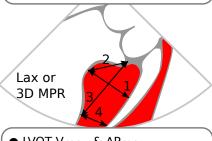


- 3D Ao Root & LVOT (opt)
- 3D CFD LVOT (opt)
- **MELax** 2D LVOT
- CFD AV & LVOT
- CFD MV
- CFD LV Cavity
- CFD IVS



- ME4C 2D Zm MV
- CFD MV
- **DTG** CFD LV Cavity
 - **↓CWDIVOT**

- Max. septal thickness¹
- Distance from RCC base²
- Distal septal thickness⁴



LVOT V_{max} & ΔP_{max}

Pre-surgical assessment

- LVOT obstruction or turbulence? Measure gradient.
- 2. Define **obstructing area** (extent of required resection)
- 3. **SAM**? **MR**? Assess severity and mechanism.
- 4. Mid-cavitary obstruction or turbulence?

- Residual LVOT obstruction or turbulence? Measure gradient
- 2. Residual **SAM? MR?** Assess severity and mechanism.
- 3. latrogenic **VSD**?
- 4. Injury to AV?

LVAD Implantation

Pre ● | ● Post CPB



ME4C 2D

CFD TV*

2D Zm LV Apex

↓CWD MV

CFD LVAD inflow

↓ CWD LVAD inflow

‡ PWD LVAD inflow

- TV Annulus ↔
- TR Vena contracta ↔
- MV ∆P_{mean}

 C

RV function (at least one)

RV FAC

→ TAPSE

ய RV GL Strain

№ RV FW Strain

V_{max} LVAD inflow (↓C + ₱P)



MERVIO 2D RV

CFD TV

CFD PV

MERC 2D IAS

CFD IAS +/- bubble

ME2C 2D Zm LAA

CFD LAA

#PWDIAA



AVLax 2D Zm AV

CFD AV

 V_{max} LVAD outflow (↓C+ ‡P) AVLax / **AscAoLax**

- CFD LVAD outflow
- ↓ CWD LVAD outflow
- **‡ PWD LVAD outflow**

Pre-surgical assessment

- 1. Thrombus? (LV apex, LAA)
- 2. MS?
- 3. RV function: At least one of FAC / TAPSE / RV strain
- 4. TV/PV disease? Complete TV/PV study if sig. abnormal CFD
- 5. **Shunt** (PFO/ASD/VSD)? (Risk of $R \rightarrow L$ shunt with LVAD)
- 6. AI? (Risk of circular flow with LVAD)

- 1. Adequate LV decompression?
- 2. RV function?
- 3. LVAD inflow/outflow obstruction/turbulence? In/outflow V_{max}
- 4. **Shunt**? (PFO may show new flow after LVAD)
- 5. AI?

Selected References

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- 8. (3D) Lang RM, Badano LP, Tsang W, Adams DH, Agricola E, Buck T, et al. EAE/ASE recommendations for image acquisition and display using three-dimensional echocardiography. J Am Soc Echocardiogr. 2012 Jan;25(1):3–46.