Intraoperative Echocardiograsia

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INTRAOPERATIVE ECHOCARDIOGRAPHY

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Diseases of the Aorta

Foreword[®]

Echocardiography is a core component of every aspect of clinical cardiology and now plays an essential role in daily decision making. Both echocardiographers and clinicians face unique challenges in interpretation of imaging and Doppler data and in integration of these data with other clinical information. However, with the absorption of echocardiography into daily patient care, there are some voids in our collective knowledge base. First, clinicians caring for patients need to understand the value, strengths, and limitations of echocardiography relevant to their specific scope of practice. Second, echocardiographers need a more in-depth understanding of the clinical context of the imaging study. Finally, there often are unique aspects of data acquisition and analysis in different clinical situations, all of which are essential for accurate echocardiographic dis nosis. The books in the Practical Echocardiography Series are aimed at filling these knowledge gaps, with each book focusing on a specific clinical situation in which echocardiographic dathere key for optimal patient care.

In addition to Intraoperative Economics of the series are Echocardiography in Congnitation of Disease, edited by Mark Levin, and Karen Stout, MD; Echocardiograph, in Heaverallure, edited by Martin St. Jam Sutan, MBBS, FRCP, FASE, and Susan E. Tegars, MD, FASE; and Advanced Approach sin Economics aphy, edited by Linda Gillam, MD, and syself. Information is presented as consiste but and text accompanied by numerous illustrations and tables, providing a practical approach sin Economics and tables, providing a practical approach singular acquisition and analysis, including to this details, pitfalls, and clinical interpretation supplemented by web-based video case examples and volume in this series expands on the basic principles presented in the Textbook

of Clinical Echocardiography, Fourth Edition, as can be used as a supplement to that text or can be used by physicians interested in a focused introduction to echocard, rap', in a ir area folinical practice.

With advances in cardiac orgery are interventional cardiology, ech cardiology abhic nonitoring and guidance of mera, butic procedures has become an essential element in the procedure itself. These exholard grap a studies often are appropriated performed and interpreted by the anesthesiology trincolor ection with real-time review branche cannot be surgeon or interventional cardiologist. One can also attended as a surgeon of interventional cardiologist. One can also attended as a surgeon of cardiac sonographe also attended as a surgeon or interventional cardiologist. One can also attended as a surgeon or interventional cardiologist. One can also attended as a surgeon or interventional cardiologist. The optimal use of chocal agraphic data in this setting requires pecialized anowhedge, as summarized in this intraoperative echocardiography.

The cultor of this volume, Donald C. Oxorn, , is a Professor of Anesthesiology at the Univel ty of Washington Medical Center, where he is a key part of the echocardiography team in the operating room and interventional cardiology laboratory. He also is an Adjunct Professor of Medicine in recognition of his substantial clinical and teaching contributions in the Division of Cardiology. In this book, Intraoperative Echocardiography, Dr. Oxorn has built upon his extensive clinical experience and skills as an educator, along with the expertise of the chapter authors, to produce a truly practical guide to this area of clinical competence. This book introduced me to several new concepts in procedural imaging, as well as filling in many details about the use of echocardiography in the operating room. I hope you learn as much as I did.

Catherine M. Otto, MD

Preface

As the complexity of cardiac surgery and invasive cardiology has increased, so has the reliance on skilled interpretation of periprocedural echocardiography. As well as having a detailed knowledge of the pathophysiology of each disease process, the operative techniques available, and the validity of imaging information, the echocardiographer must be expert at knowing what information is critical, and the most expeditious way of obtaining it.

Intraoperative Echocardiography is one of four volumes contained within the Practical Echocardiography Series. Whereas most other textbooks of intraoperative echocardiography present an extensive review based on a detailed search of the literature, the focus in the current volume is practical aspects of image acquisition and imerpretation in the operating room. The book is on nized into 12 chapters covering all aspects of intraoperative echocardiography, including the aortic, mitral, tricuspid, pulmonic, and prosthetic heart valves; the pericardium; the aorta and the right and left ventricles; as well as cardiac asses. In addition, chapters are dedicated speculized procedures such as heart and lung transportation, the surgical treatment of cong ital hart dis the complimentary technology of picepiaortic ultrasound, and in acardiae nic dial and vascular devices, which are son with increasing frequency both in the partin room and interventional suites.

The goal of this rok is to provide content as concise to in a wally rich volume

complimented by online video and case presentions. In each chapter, background information is followed by a step-by-step approach to patient examination. Information coveyed bulled points, with each set of may rinciples pllowed by a list of key points. Potentia pitfalls a lidentified and approaches to poiding error are provided. Data measurement and contactions are explained with specific explained with specific explaines. Numerous illustrations with details figure egends demonstrate each a for point and guide the reader through the teating po

This che will a of interest to all health care providers invoced in the acquisition and interpretation to perfore properative echocardiograms. In addition to care ac anesthesiologists, this book rill be useful to cardiologists and cardiology ellows interested in expanding their knowledge diac surgery and the important aspects of itraoperative imaging, cardiac sonographers who is to participate as part of the intraoperative team, cardiac surgeons seeking to understand echocardiography, and individuals wishing to become more familiar with what actually transpires in the operating room.

This atlas is not a substitute for formal training in TEE performance and interpretation; instead it is designed to serve as an adjunct in furthering the skill required in the obtaining of relevant information critical for successful intraoperative interventions.

Donald C. Oxorn, MD

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present and much ppresented.

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Glossar

2C two-chamber

2D two-dimensional

3D three-dimensional

4C four-chamber

5C five-chamber

A late diastolic ventricular filling velocity with atrial contraction

A' diastolic tissue Doppler velocity with atrial contraction

Ab absecss

AC atrial contraction

ACC American College of Cardiology

AHA American Heart Association

AI aortic insufficiency

AIDS acquired immunodeficiency syndrome

AL anterior leaflet

ALCAPA anomalous origin of the left coron artery from the pulmonary artery

AML anterior mitral leaflet

AMVL anterior mitral valve leaflet

AO or Ao aorta

AoA effective orifice area-to-aortic area

APCs aortopulmonary collateral arteries

APV absent pulmonary valve

AR aortic regurgitation

AS aortic stenosis

ASD atrial septal defect

ASE American Society of E ocardio,

ASO arterial switch of ration

AV aortic valve

AVA aortic valvercea

AVC atriovent cura ana
AVR aortic valve replace at
AVR aortic valve epair
AVV atric on icular valve
AVVR atric ent. ar valve repair
BAV asspir aortic valve
BiVAD by acquar assist device
BLT bilateral rung transplant
BSA body surface area

BSA body surface area

BT Blalock-Taussig (shunt)

BVF biventricular flow

CABG coronary artery bypass graft

CAD coronary artery disease

CAVC common atrioventricular canal

CF color flow

CHD congenital heart disease

CHF congestive heart failure

Cl cardiac index

cm centimeter(s)

cm/s centimeters per second

CO cardiac output

CPB cardiopulmona

CS coronary sinus

CSA cross- ctiona are CT compute omogra

omogra ny

CT connective

CTGA plete a asposition of the great

ereb var ular accident CVA

VC and ve ous catheter VD collower alar disease

VP central venous pressure

entinuous wave

x circumflex coronary artery

decibel(s)

DCAV double-chamber right ventricle

DGC depth gain compensation

DILV double-inlet left ventricle

DKS Damus-Kaye-Stansel

DORV double-outlet right ventricle

dP/dt rate of change in pressure over time

DT deceleration time

D-TGA D-transposition of the great arteries

dT/dt rate of increase in temperature

DVI Doppler velocity index

E early diastolic peak velocity

E' early diastolic tissue Doppler velocity

EAU epiaortic ultrasonography

ECE epicardial echocardiography

ECG electrocardiogram

ECMO extracorporeal membrane oxygenation

EDD end-diastolic dimension

EF ejection fraction

EOA effective orifice area

ERO effective regurgitant orifice

EROA effective regurgitant orifice area

ESC European Society of Cardiology

ESD end-systolic dimension

ET ejection time

FAC fractional area of change

FL false lumen

FO fossa ovalis

FS fractional shortening

HACEK (group) haemophilus, aggregatibacter, cardiobacterium hominis, eikenella corrodens, kingella

HFNEF heart failure with a normal ejection fraction

HLHS hypertrophic left heart syndrome

HOCM hypertrophic cardiomyopathy

HPRF high pulse repetition frequency

HR heart rate

hr hour(s)

HV hepatic vein

HVF hepatic venous flow

Hz Hertz (cycles per second)

IABP intra-aortic balloon pump

IAS interatrial septum

IE infective endocarditis

iEOA indexed effective orifice area

IV innominate vein

IVC inferior vena cava

IVR isovolumic relaxation

IVRT isovolumic relaxation time

IVS interventricular septum

LA left atrium/left atrial

LAA left atrial appendage

LAD left anterior descending artery

LAE left atrial enlargement

LAP left atrial pressure

LAX long axis

LCA left coronary artery

LCC left coronary cusp

LCX left circumflex artery

LLPV left lower pulmonary vein

LMCA left main coronary artery

LPA left pulmonary artery

LPV left pulmonary vein

LSPV left superior pulmon. vein

LSVC left superior vena va

LTGA left transposition of the great ateries

nar vein LUPV left upper p

LV left ventricle/left en

LVAD left vertricht an in end-diastole LVAs left vertricht an in end-systole

LVDd ven icular end-diastolic dimension

LVDs 1 it ular end-systolic dimension K left entry ar enlargement

LVEL le ventricular end-diastolic pressure

LVEDV rentricular end-diastolic volume

LVEF left ventricular ejection fraction

LVESV left ventricular end-systolic volume

LVH left ventricular hypertrophy

LVOT left ventricular outflow tract

LVOTO left ventricular outflow tract obstruction

LVP left ventricular pressure

M-mode motion display (depth versus time)

MAPCAs multiple aortopulmonary collateral

arteries

ME midesophageal

MG mean valve gradient

min minute(s)

mL milliliter(s)

mPA or MPA main pulmonary artery

MR mitral regurgitation

MRI magnetic resonance imaging

MS mitral stenosis

MV mitral valve

MVA mitral valve area

MVR mitral valve replacement

MVR mitral valve repair

n number of subjects

NCC noncoronary cu

NVE native valve endo

NYHA New York Heart A ciation

OR operating room

PA pulmonary arr

PAC pulmonary stery a PAIVS pulmona atr sia w intact ventricular

septum

PAP puln of v arte

PAPVD partia nomalous pulmonary venous

pul anary blood flow

zent ctus arteriosus

PD. posteri descending artery

PE p. ...al effusion

PFO patent foramen ovale ressure half-time

PHTN pulmonary hypertension

pulmonic insufficiency

PISA proximal isovelocity surface area

PL posterior leaflet

PLs paravalvular leaks

PM papillary muscle

PPM patient-prosthesis mismatch

PR pressure recovery

PR pulmonic regurgitation

PRF pulse repetition frequency

PS pulmonic stenosis

PulmV pulmonic valve

PV pulmonary vein

PVC pulmonary vein confluence

PVD pulmonary vascular disease

PVE prosthetic valve endocarditis

PVF pulmonary venous flow

PVR pulmonary vascular resistance

PW pulsed wave

RA right atrium/right atrial

RAA right atrial appendage

RAE right atrial enlargement

RAP right atrial pressure

RCA right coronary artery

RCC right coronary cusp

RF rapid filling RLPV right lower pulmonary vein RMPV right middle pulmonary vein ROA regurgitant orifice area RPA right pulmonary artery RPV right pulmonary vein RUPV right upper pulmonary vein RV right ventricle/right ventricular RVAD right ventricular assist device RVAd right ventricular area in end-diastole RVAs right ventriclular area in end-systole RVDCA right ventricle-dependent coronary

RVE right ventricular enlargement RVEDP right ventricular end-diastolic

RVEDV right ventricular end-diastolic volume RVESV right ventricular end-systolic volume RVEF right ventricular ejection fraction RVH right ventricular hypertrophy RVOT right ventricular outflow tract RVOTO right ventricular outflow tract obstruction

RVP right ventricular pressure RVSP right ventricular systolic pressure RWMA regional wall motion abnormality s second(s)

SAM systolic anterior motion SAX short axis

SBP systolic blood pressure SCA Society of Cardiovascular Anesthesiolog

SF slow filling SL septal leaflet SLT single lung transplant SOB shortness of breath SoV sinus(es) of Valsalva SR sarcoplasmic reticulum STJ sinotubular junction

SV single ventricle

SV stroke volume

SV ASD sinus venosus atrial septal defect

SVC superior vena cava

SVR systemic vascular resistance

TA transapical

TAA thoracic aortic aneurysm

TAFS tricuspid annulus fractional shortening

TAPSE tricuspid annular plane systolic

TAPVD total anomalous pulmonary venous discharge

TEE transesophageal echocardiography TEVAR thoracic endovascular aortic repair

TF transfemoral

TG transgastric TGA transposition of the arteries

TGC time gain compensation

TL true lumen

TMF transmitral infl

TOF tetralogy of F lot

TR tricuspi regura ation

TS tricuspid nosis

TTE transthera of echo graphy

qow.

TV tricaspic live
TVR ricust a velve repair
UE u per esoph geal
a alia og vele rty

AD vent ar assist device

🗬 vena contracta

Oo a. nchronous ventricular pacing

ventricular septum

V ventricular septal defect

VTI velocity time integral

WMAs wall motion abnormalities