

## Guidelines for Procedures Requiring Transesophageal Echocardiography

### Departments of Echo Cardiology and Cardiac Anesthesia October 2003

1. Increase our already high level of care and vigilance with TEE probe insertion, especially in patients with increased risk for esophageal injury
2. Improve the communication between the Cardiac Anesthesia Staff and Echo Cardiology Staff regarding the patient and the TEE concerns—mandate communication between staff anesthesiologist and staff Echo Cardiologist prior to induction of anesthesia in any patient with a history of esophageal or gastric pathology.
3. The Cath Lab should notify the Cardiac Anesthesia service and the Echo Cardiology service as soon as possible for cases that will require TEE, preferably the day prior to the procedure. Echo Cardiology staff must be able to assess the patient prior to induction of anesthesia.
4. Interventional Cardiology should request Cardiac Anesthesia and Echo Cardiology Consults for patients with significant esophageal or gastric pathology (see below) who will/may need a TEE. Whenever possible, this should occur prior to booking an elective case:
  - a. In patients with significant risk factors, consider consulting the GI service for clearance prior to the procedure
  - b. The Cardiac Anesthesia service and the Echo Cardiology service must ensure that the Interventional Cardiology Service is aware of the increased risk associated with TEE

#### **Absolute contraindications to TEE:**

- 1) unwilling or uncooperative patient
- 2) esophageal obstruction (cancer or stricture)  
if clinical history of difficulty swallowing any food or liquids need clearance by GI first
- 3) active GI bleed
- 4) perforated viscus

#### **Relative contraindications to TEE:**

- 1) esophageal varices
- 2) esophageal reflux refractory to medical therapy
- 3) esophageal stricture
- 4) esophageal (Zenkers) diverticulum
- 5) hiatal hernia
- 6) odynophagia or dysphagia
- 7) previous esophageal or gastric surgery
- 8) previous esophageal or gastric bleed
- 9) severe cervical arthritis
- 10) profound oropharyngeal distortion
- 11) recent radiation to head and neck
- 12) significant dental pathology

#### **Risk of perforation increases in:**

- 1) elderly
- 2) small patients - in our experience female >>>> male (fixed scope size may be too large for the patient's esophagus)
- 3) anything that makes the esophagus friable, thinner  
GERD, prior radiation to head, neck or esophagus, steroid treatment, etc
- 4) prolonged duration of probe in patient

