



**Società Italiana di Ecocardiografia
Cardiovascolare S.I.E.C.**

Come si fa un TEE? Consigli per iniziare

**Napoli
16 aprile 2015**

Sara
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Contesto organizzativo

- ♥ **Tipologia della vostro ospedale (Documento Stato Regione 5 agosto 2014)**
- ♥ **Tipologia della cardiologia:**
 - ♪ **Equipe cardiologica**
 - ♪ **Complessità della attività**
 - ♪ **Medici accreditati per l'ecocardio**
 - ♪ **Case Mix**



Contesto organizzativo

Imaging e attività nella struttura

- ♣ **STRESS Echo**
- ♣ **TAC (ECG gated)**
- ♣ **MSCT**
- ♣ **Spect/TAC**
- ♣ **PET/TAC**
- ♣ **RMN**
- ♣ **LAB di emodinamica/aritmologia/ ultrasuoni intracardiaci/intravascolari**
- ♣ **CCH**



Tipo di ETE

- ♠ **ETE indirizzato a specifici quesiti diagnostici**

- ♠ **ETE nel corso di procedure:**
 - **a. procedure chirurgiche**
 - **b. procedure interventistiche**
(Catheter-based procedures)



Contesto clinico

- **Classico programmato (elezione)**
- **E/U**
- **Periprocedurale**



Consigli prima di iniziare

- ♥ **Formazione**: la progressiva acquisizione attraverso lo studio di una fisionomia culturale, o morale. O anche di specifiche competenze
- ♥ **Accreditamento eco di base**
- ♥ **Accreditamento ETE**



Esame appropriato

1. TTE non diagnostico
2. Ri valutazione di un precedente ETE
3. Atrial fibrillation/flutter: valutazione in relazione alla TAO/ NAO, cardioversione, ecc.
4. Embolia di sospetta origine cardiaca (Stroke ischemico criptogenetico)
5. Sospetta EI infective endocarditis with a moderata/alta probabilità pretest (staph batteremia, fungemia, valvole protesiche, o device intracardiaci. RIVEDI CRITERI
6. Sospetta patologia acuta aortica
7. Valutazione anatomica e funzionale della valvole cardiache per follow up/ trattamento chirurgico

8. Durante procedure interventistiche



Incerto/ Inappropriato

Incerto

- 1. Embolia di sospetta origine cardiovascolare con precedente riscontro della fonte emboligena**
-
-

Inappropriato

- 1. Uso routinario TEE con TTE diagnostico**
- 2. Controllo precedente TEE diagnostico (es. scomparsa del trombo dopo**
- 3. TAO/NAO, scomparsa vegetazioni dopo terapia antibiotica) in assenza di modifica del trattamento**
- 4. Valutazione routinaria delle VP in paziente asintomatico s/p a ablazione**
- 5. TEE per sospetta EI con bassa probabilità pre -test (rivedi Criteri)**
- 6. Embolia di sospetta origine cardiovascolare con precedente riscontro della fonte emboligena**
- 7. Atrial fibrillation/flutter: valutazione TEE in paziente in trattamento TAO/NAO e non cardioversione**



Consigli prima di iniziare

- ♣ **Informazione**
- ♣ **Rapporto con i pasti**
- ♣ **Posizione del paziente**
- ♣ **Accesso venoso**
- ♣ **Allergie note**
- ♣ **Anestesia locale**
- ♣ **Sedazione**
- ♣ **Boccaio**



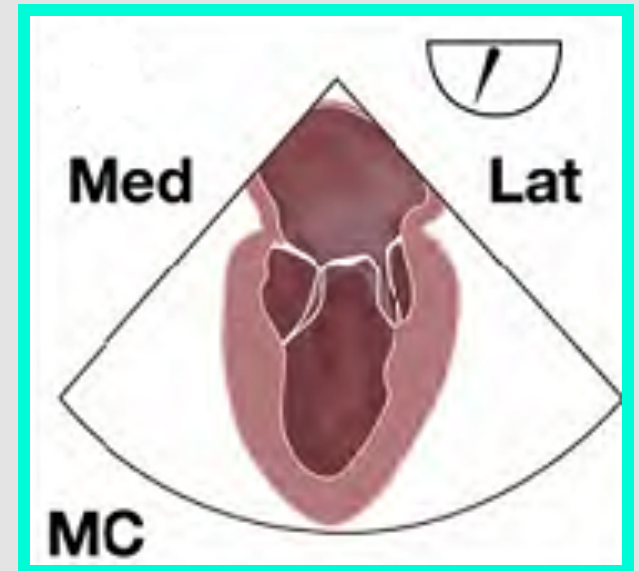
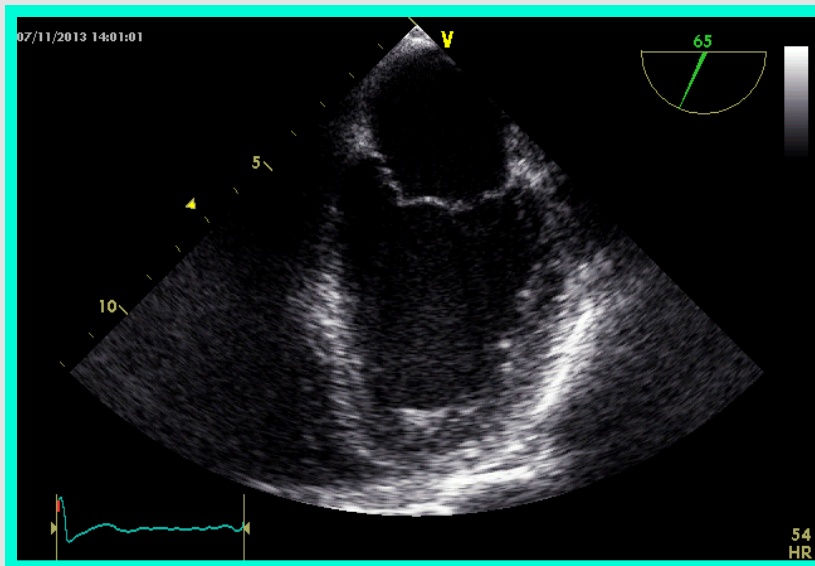
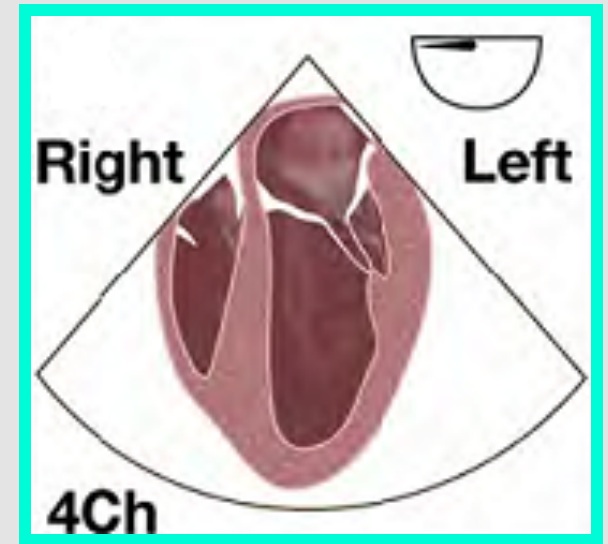
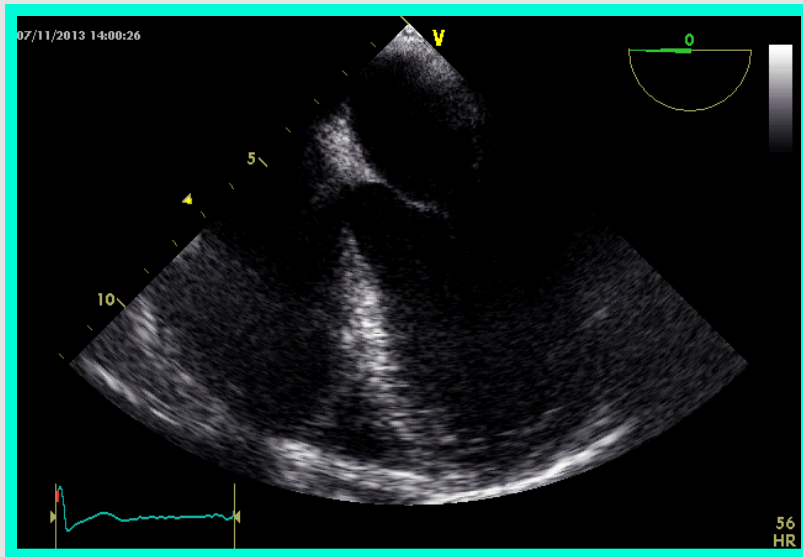
Esame semi invasivo

- ♠ **Carrello E/U**
- ♠ **Consenso informato**
- ♠ **Erogatore di O2 e aspiratore**
- ♠ **Parametri da monitorizzare**
 - ECG
 - PA
 - Sat O2
 - Frequenza respiratoria

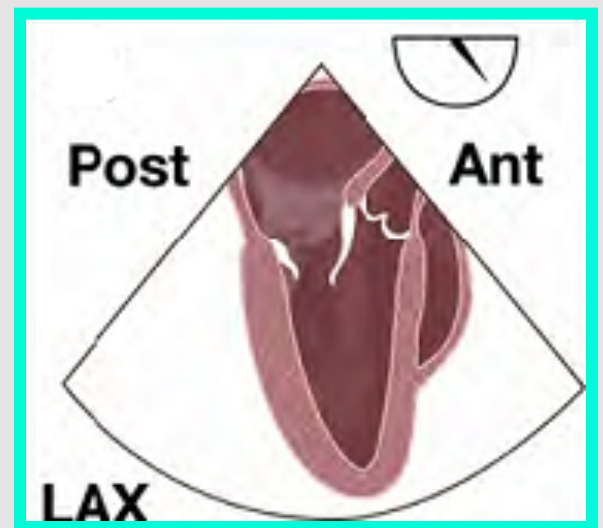
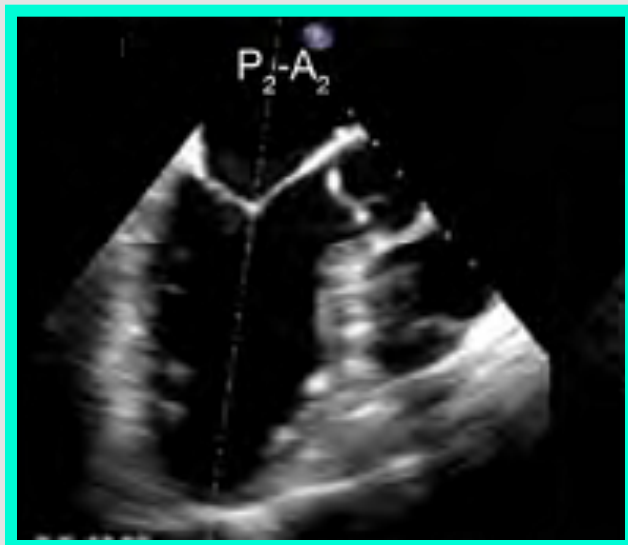
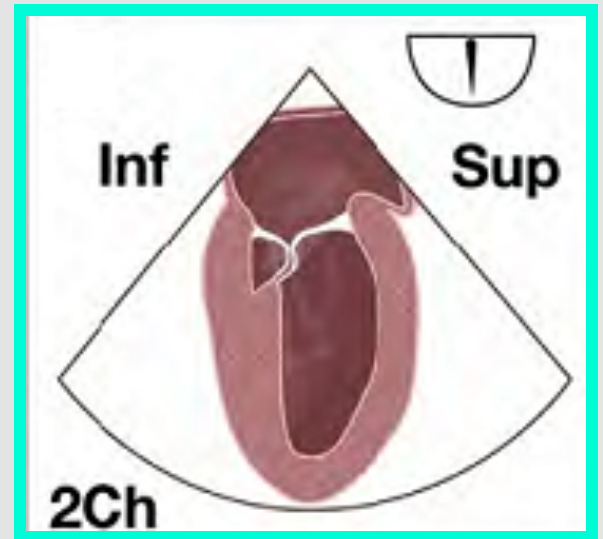
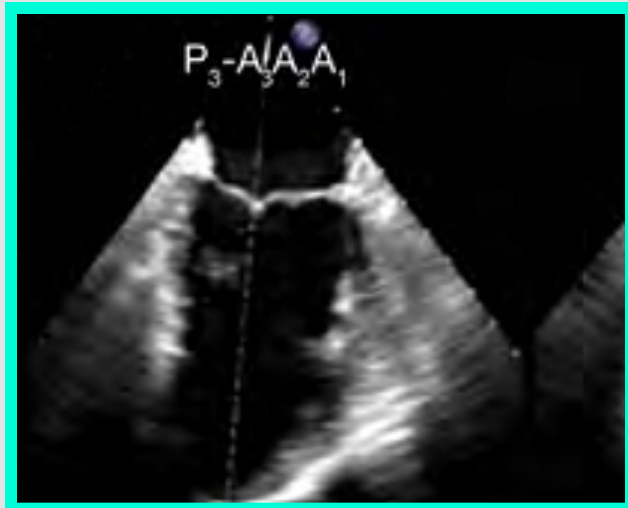


Manipolazione sonda

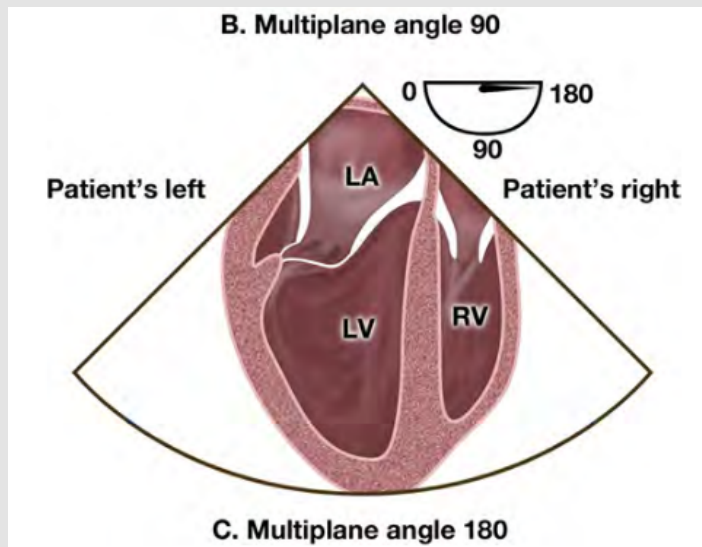
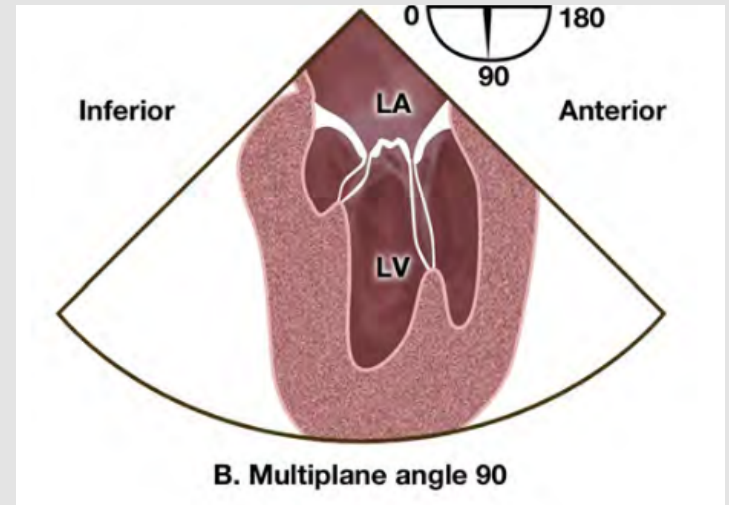
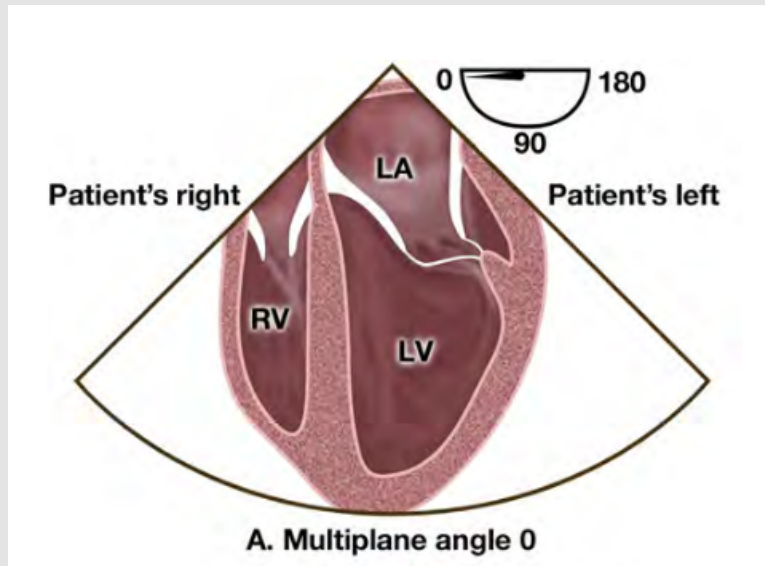
- ♥ **Up-down**
- ♥ **Ruotazione a sin (antioraria) o dx (oraria) del paziente**
- ♥ **Flessione anteriore, posteriore, a dx o sin del paziente**
- ♥ **Ruotazione elettronica (0-180°)**

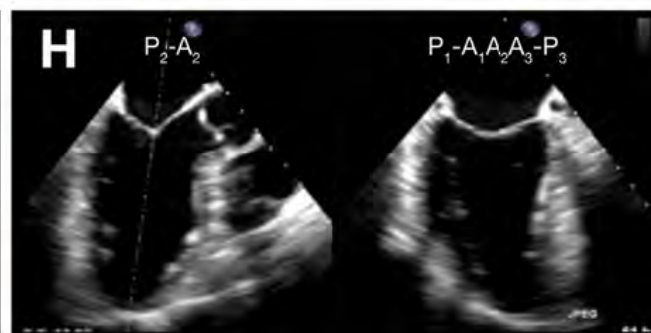
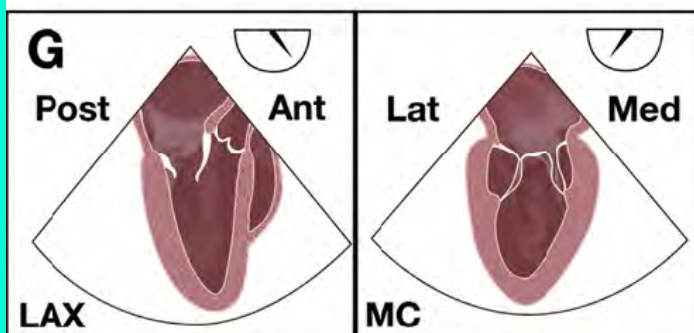
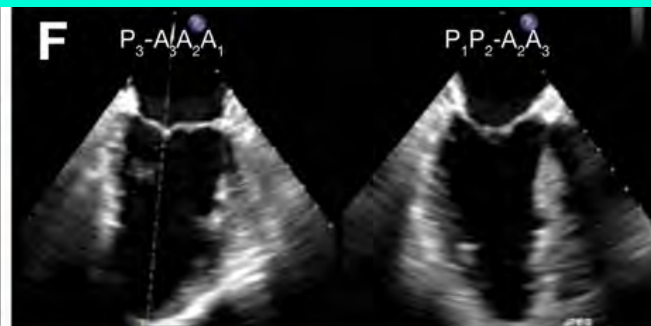
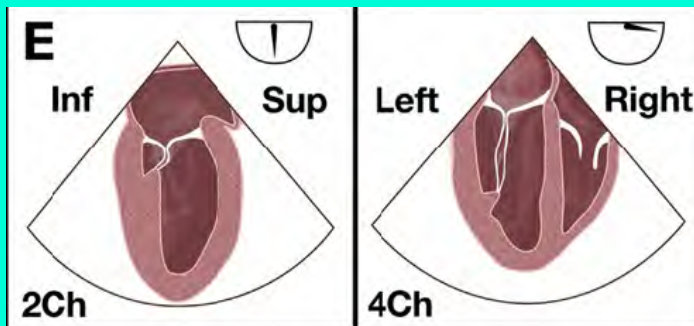
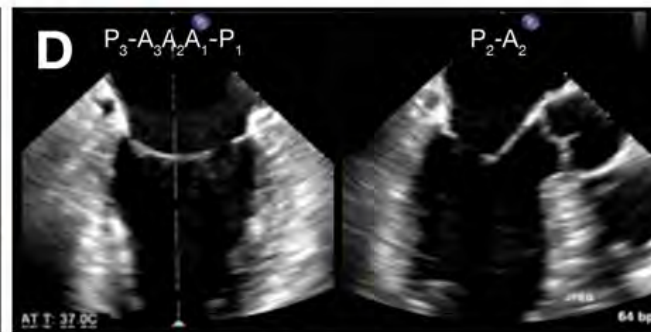
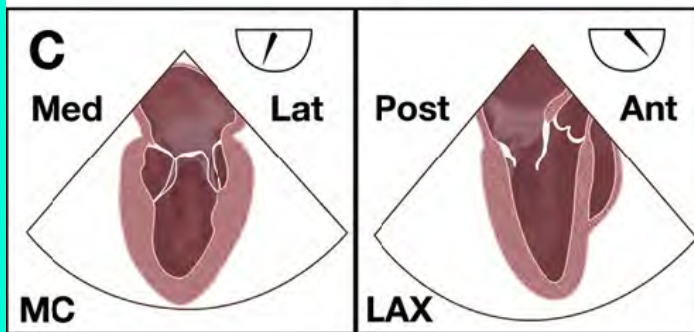
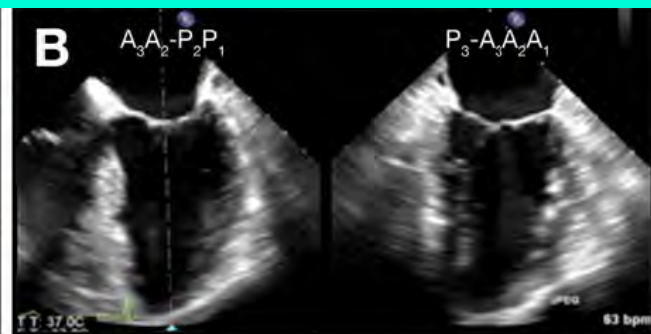
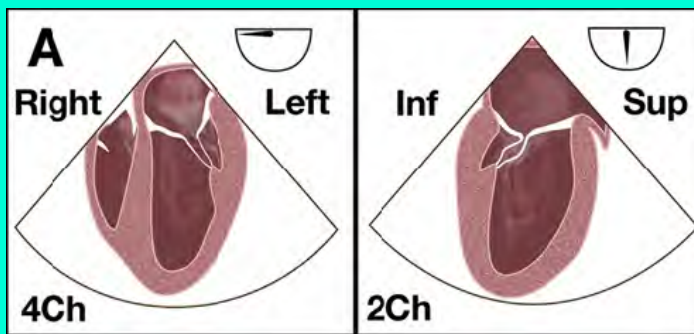


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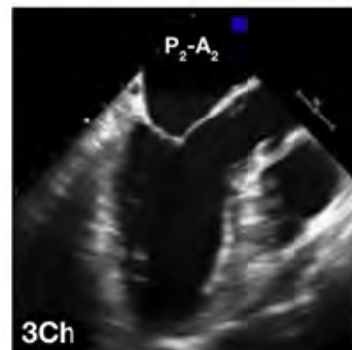
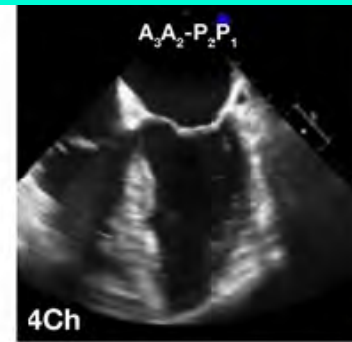
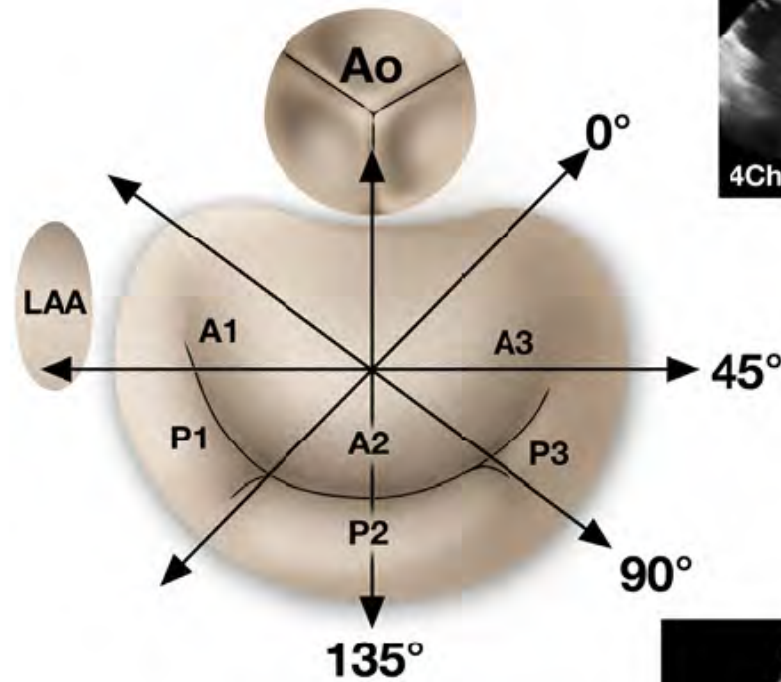


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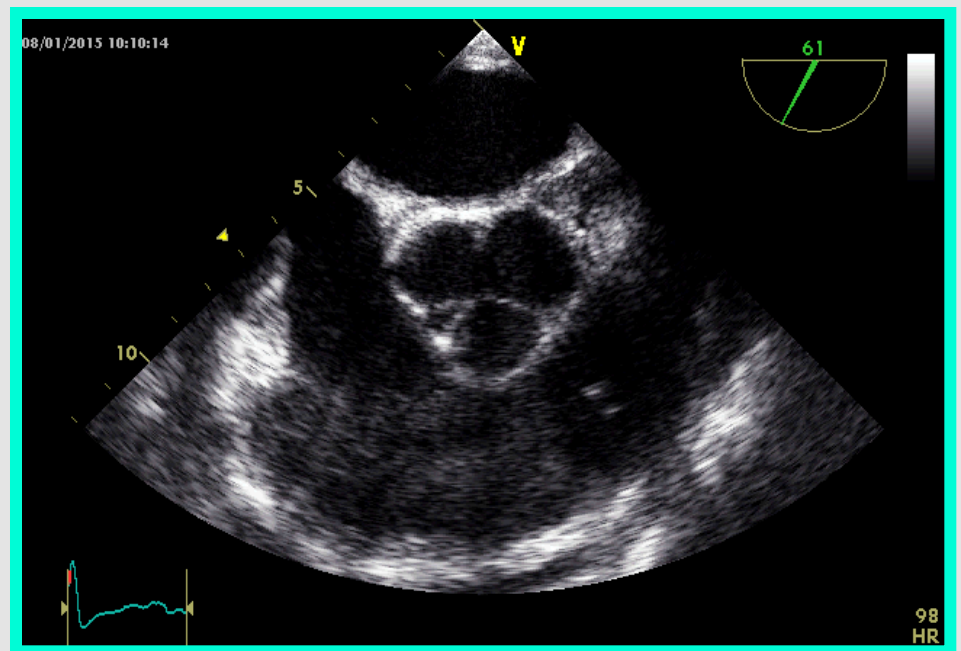
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10. ME AV SAX View



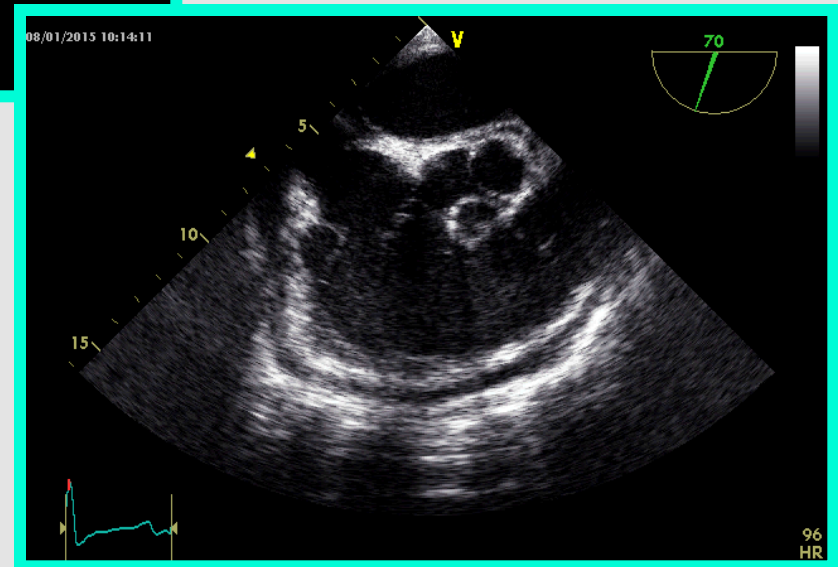
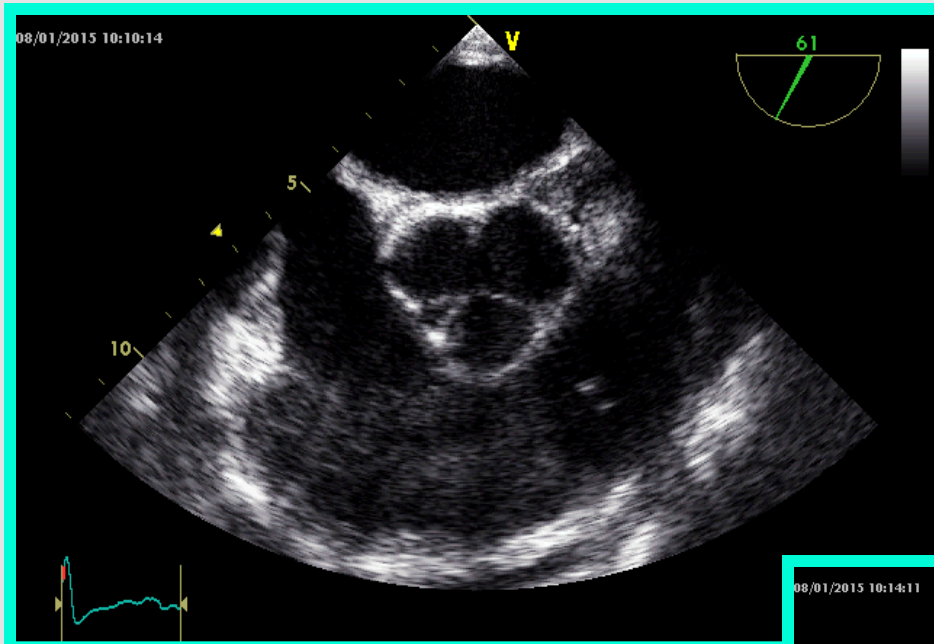
11. ME RV Inflow-Outflow View



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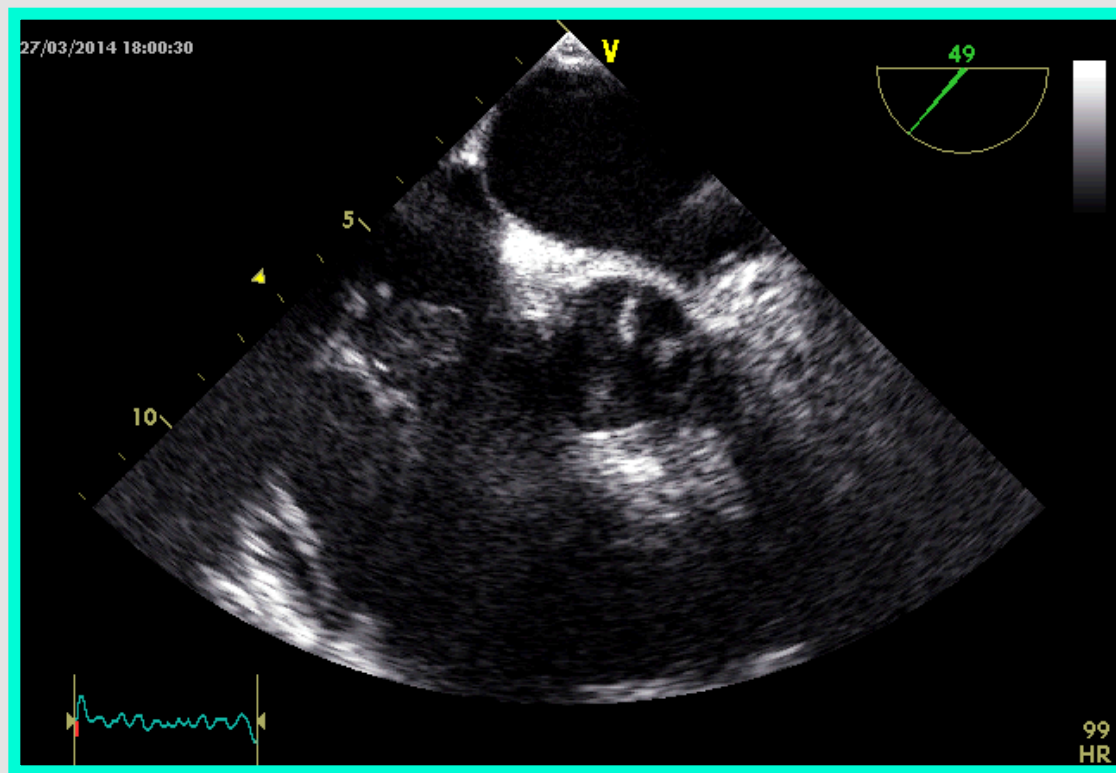
AORTA-VDX-POLMONARE 60°



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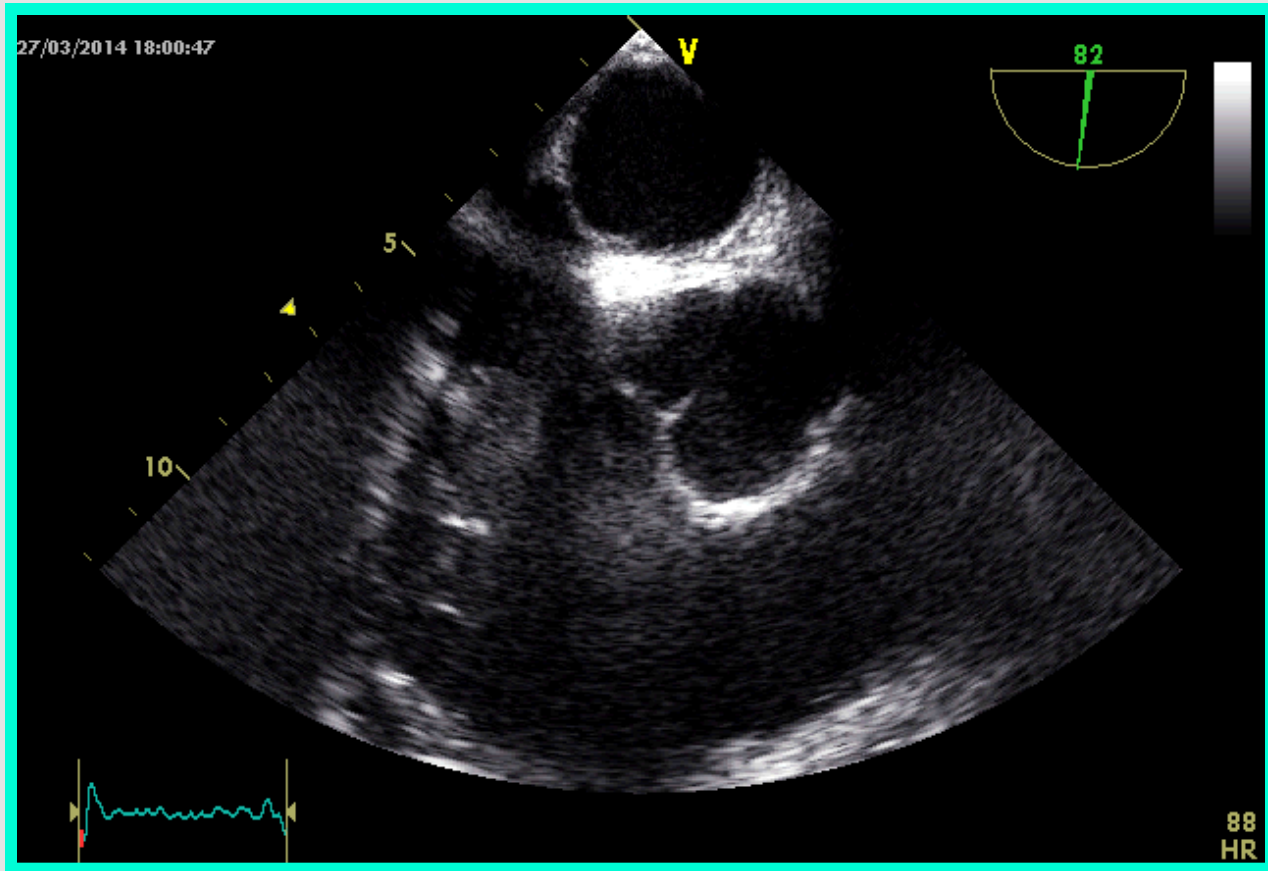
EB su catetere



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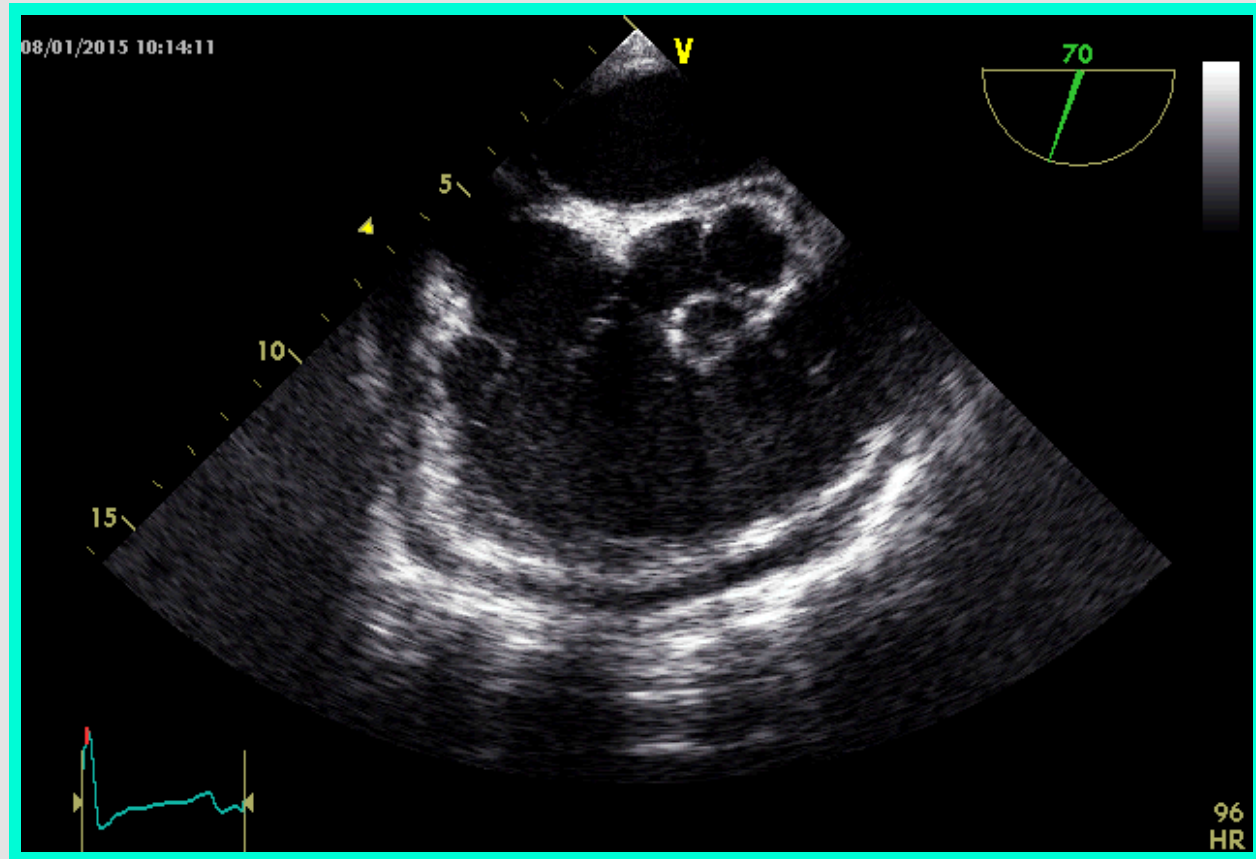
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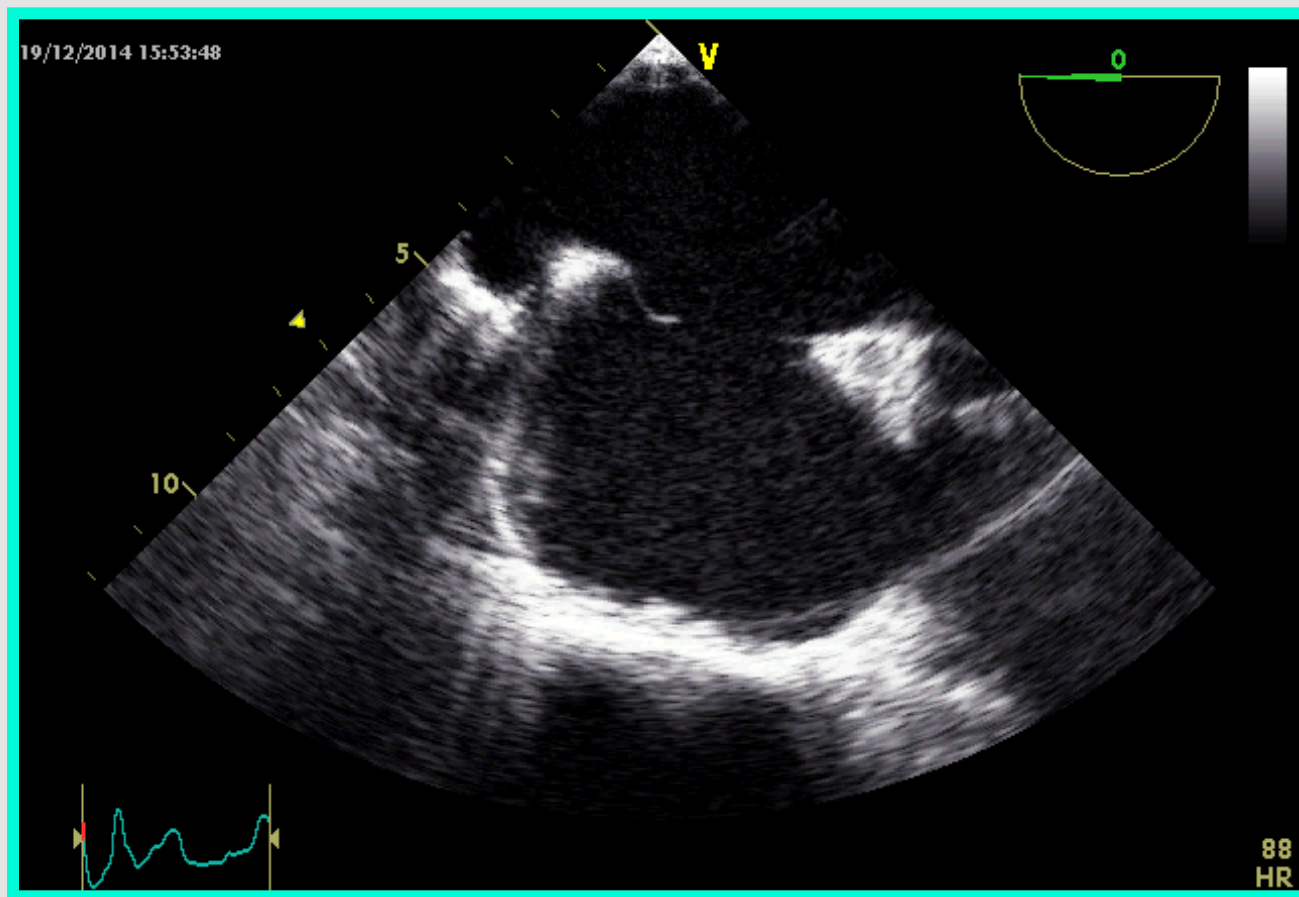
Aorta VDx - polmonare



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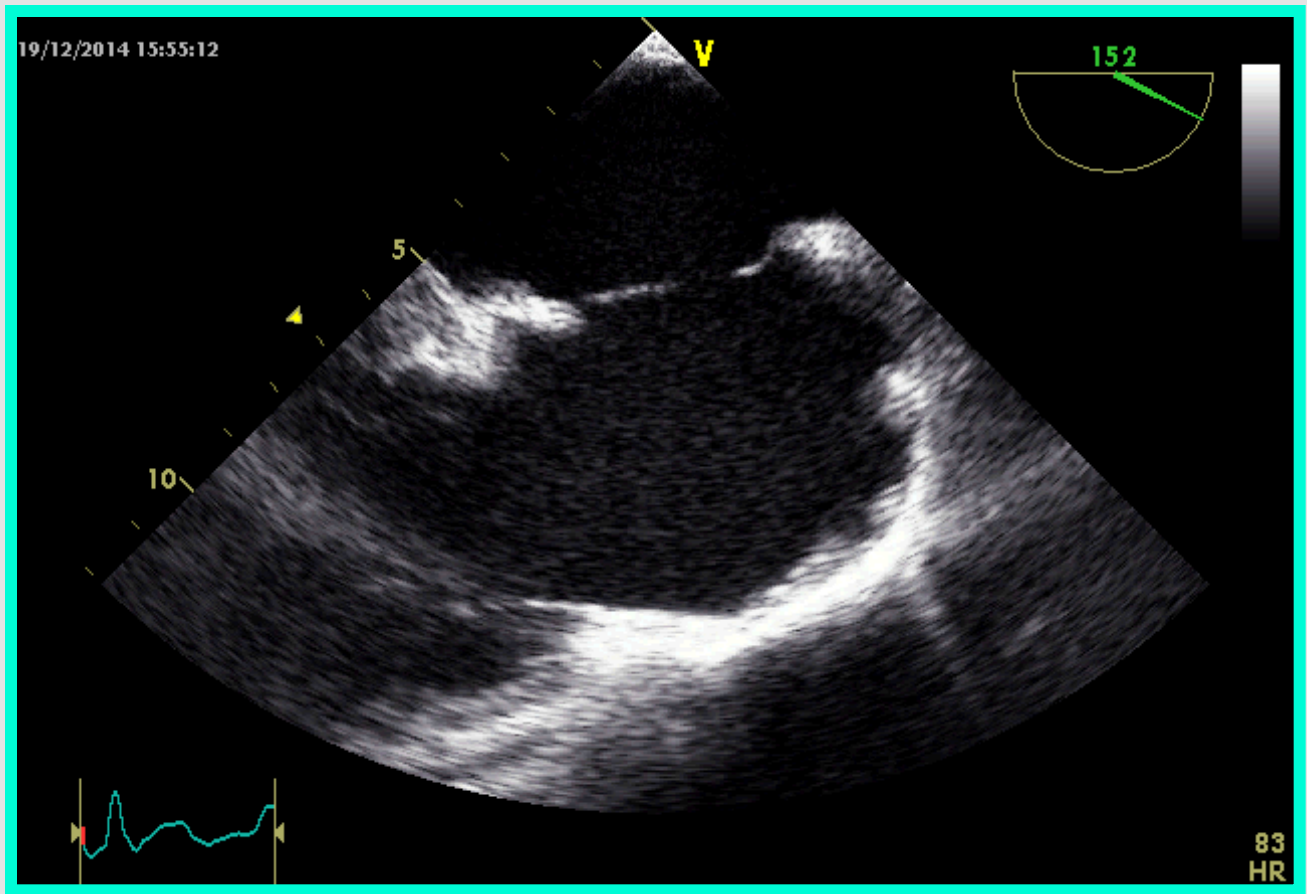
DIA



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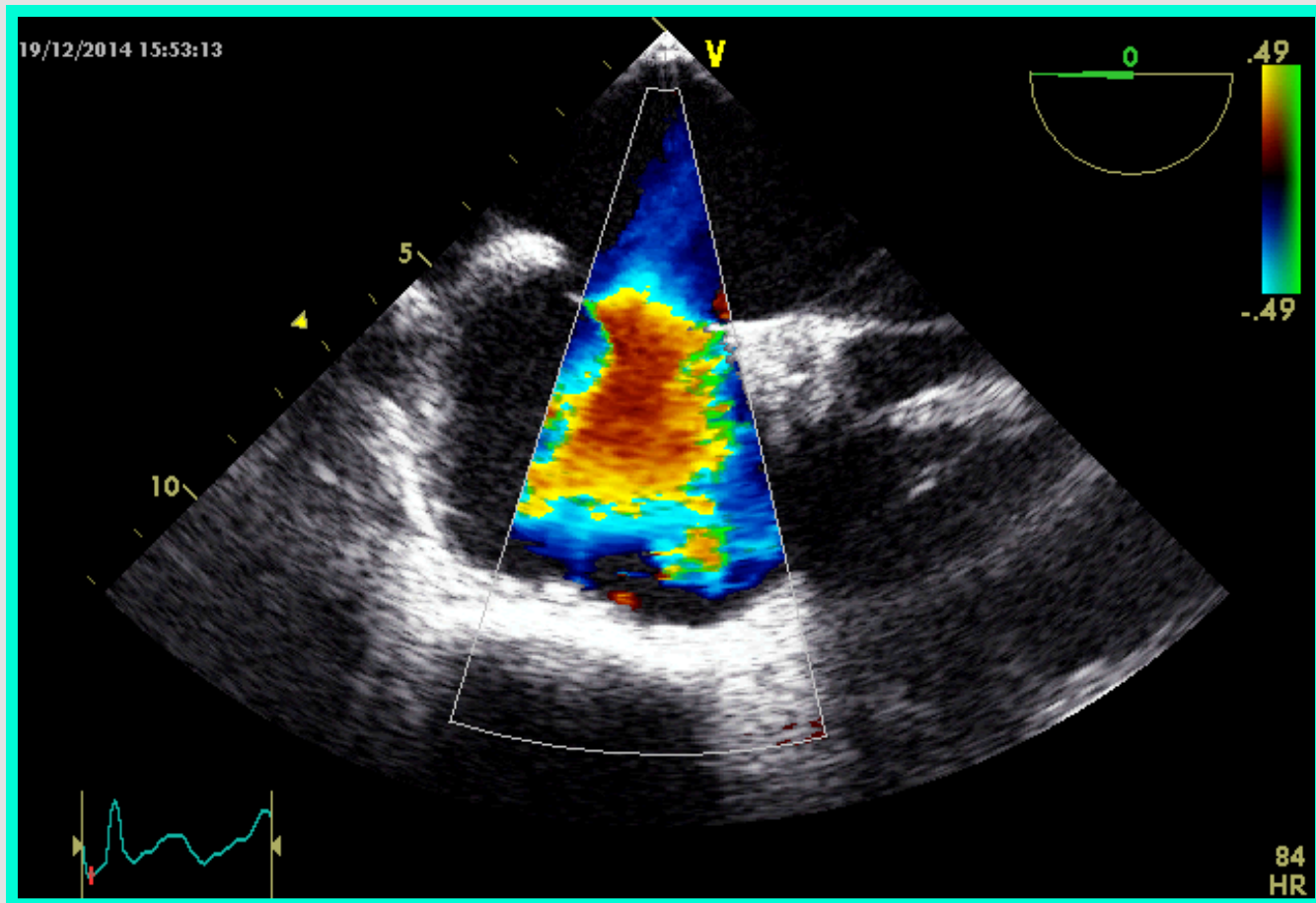
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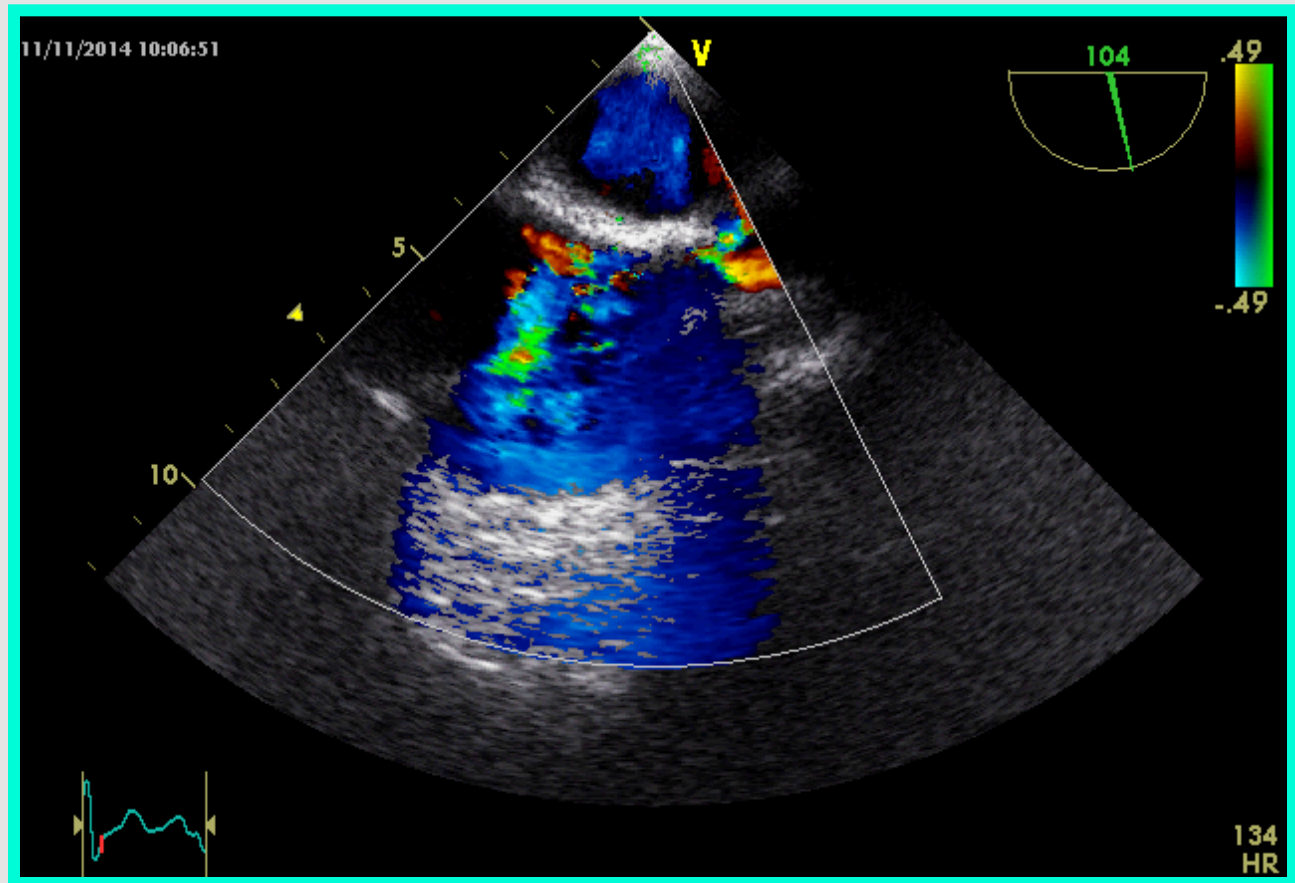
DIA color



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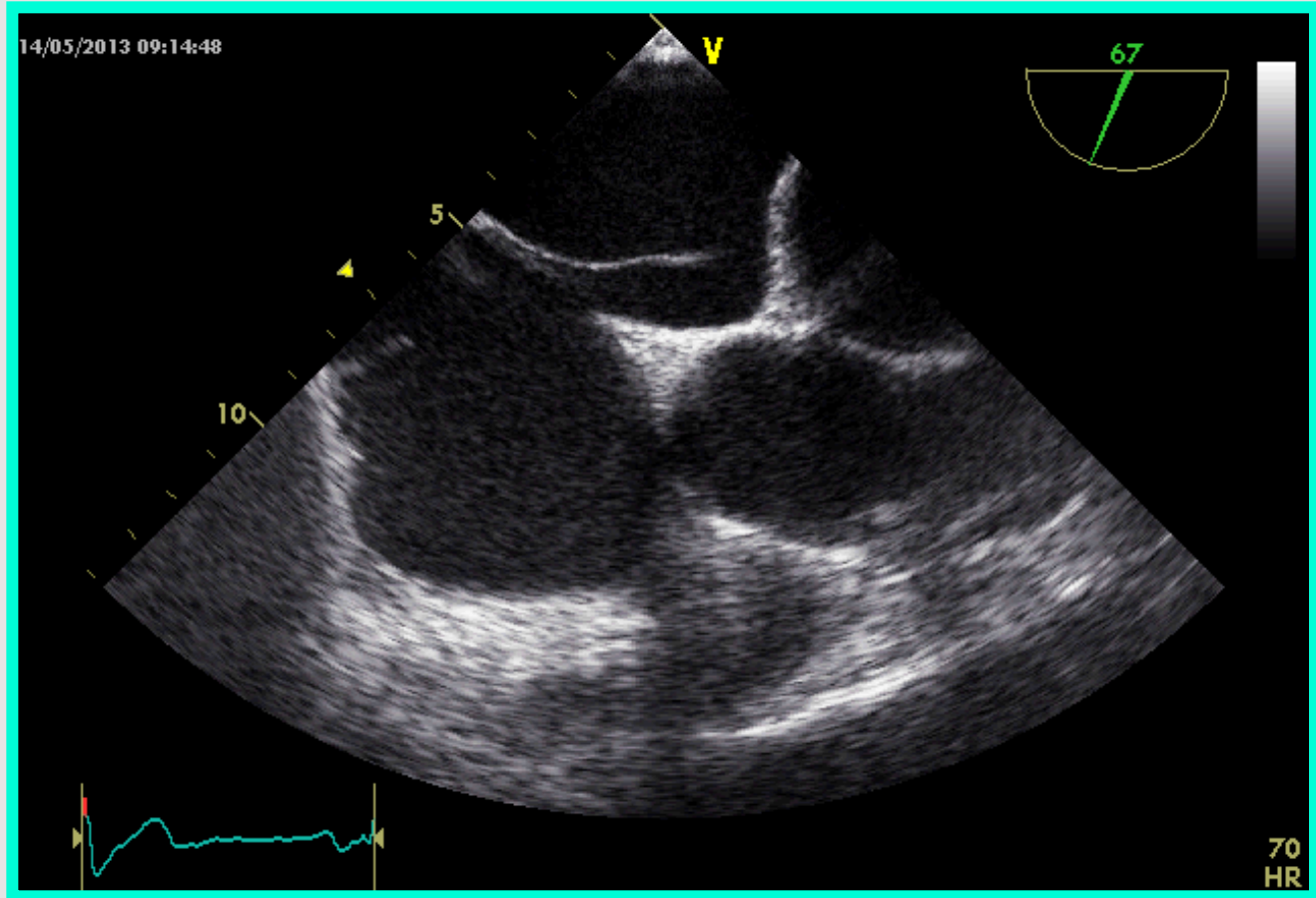
DIA seno venoso



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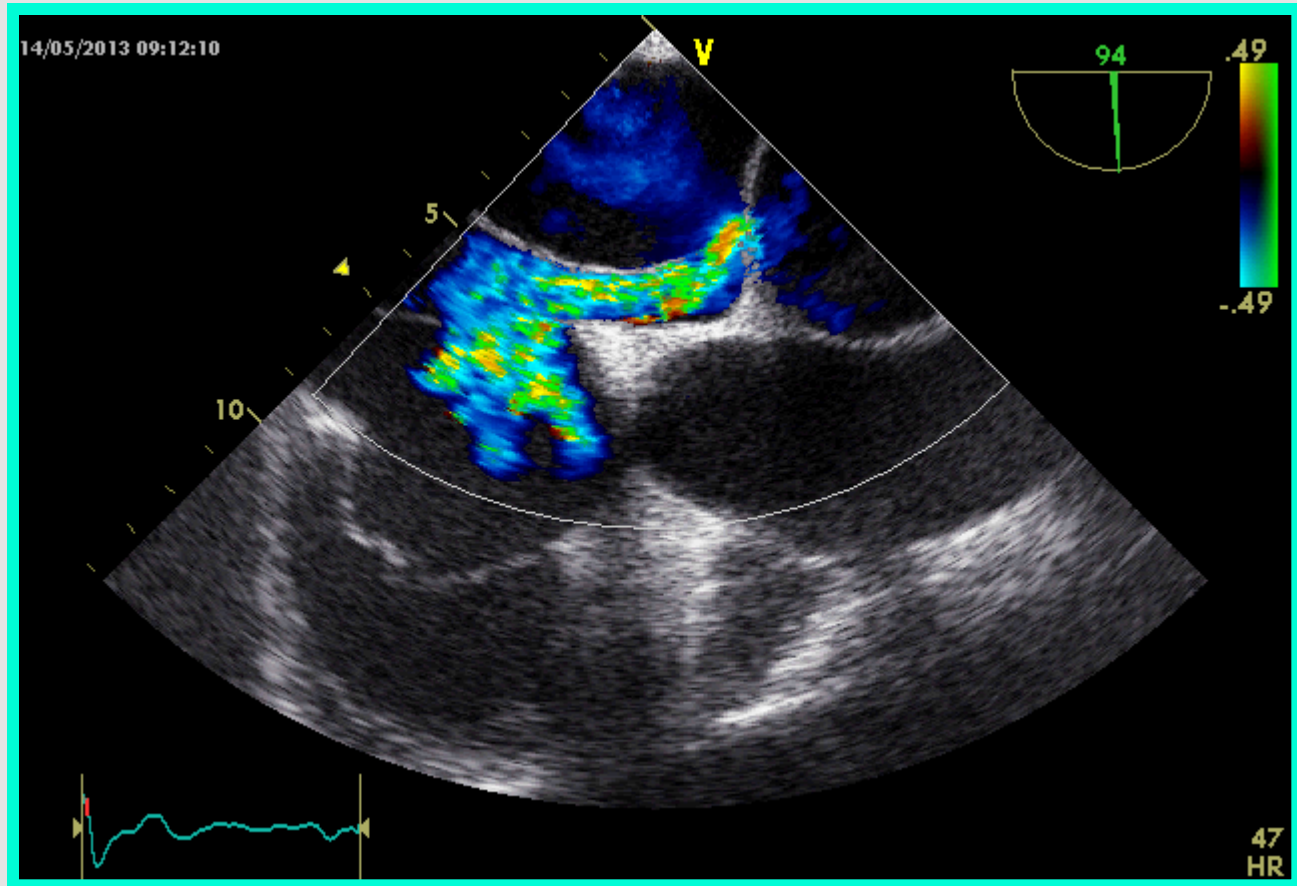
FOP



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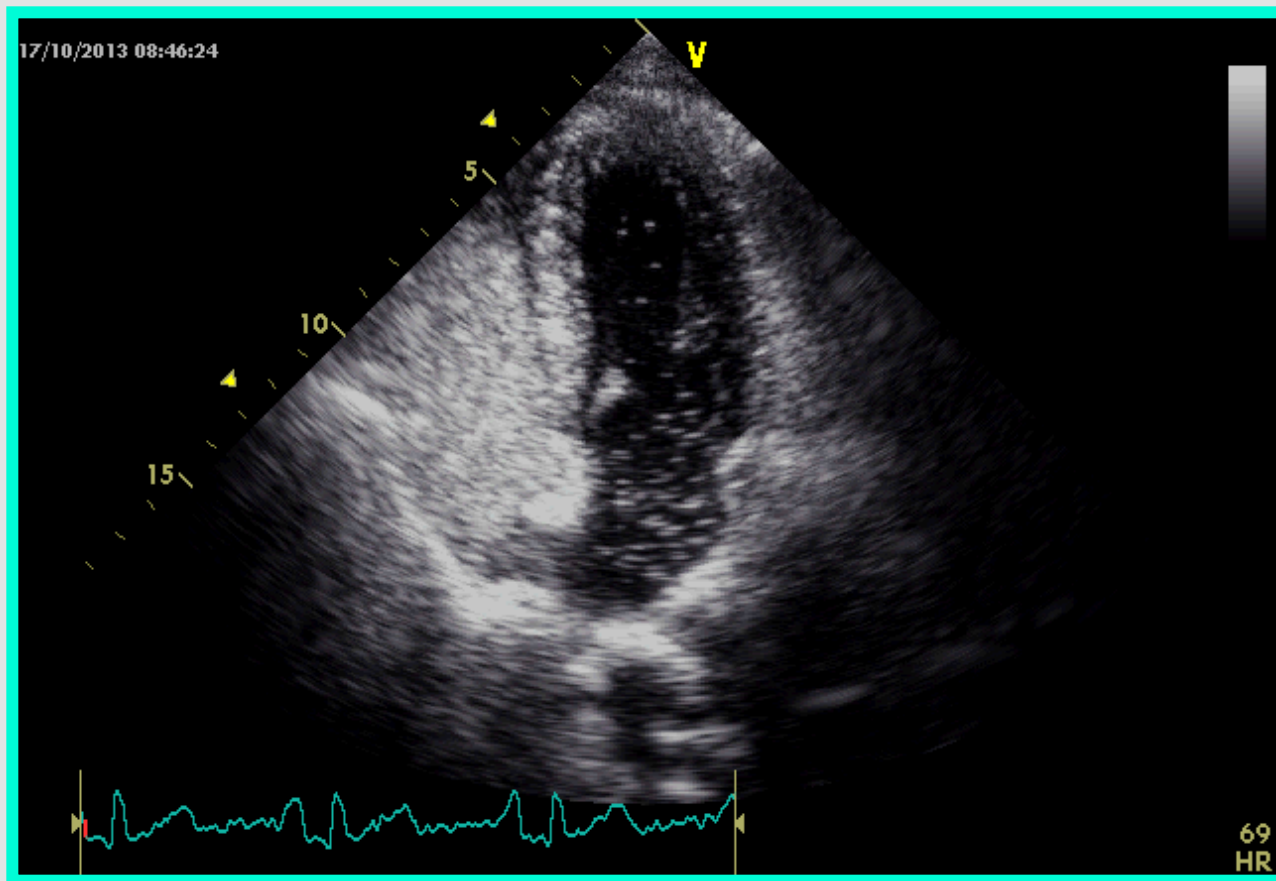
FOP



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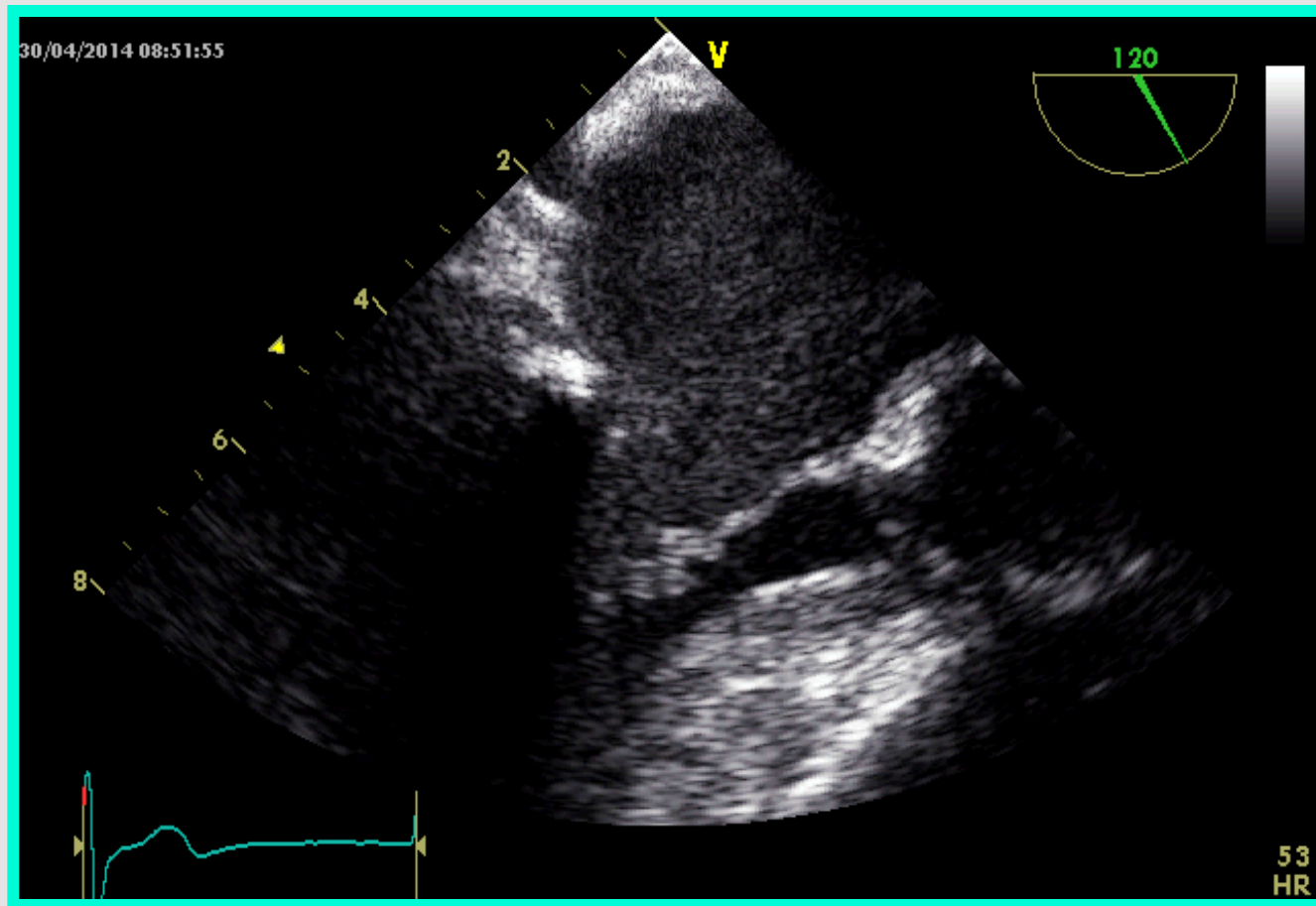
FOP TTE



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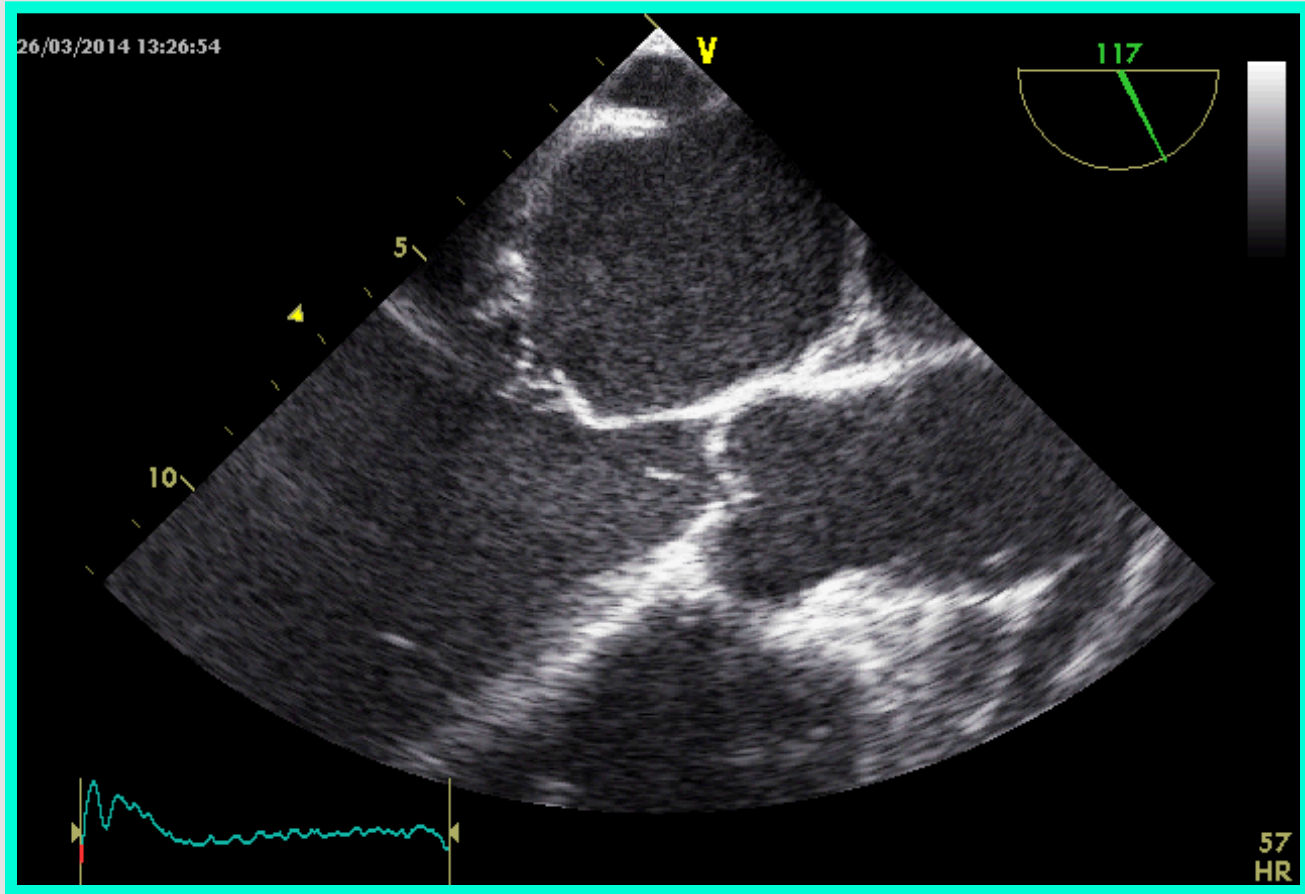
EB su mitrale



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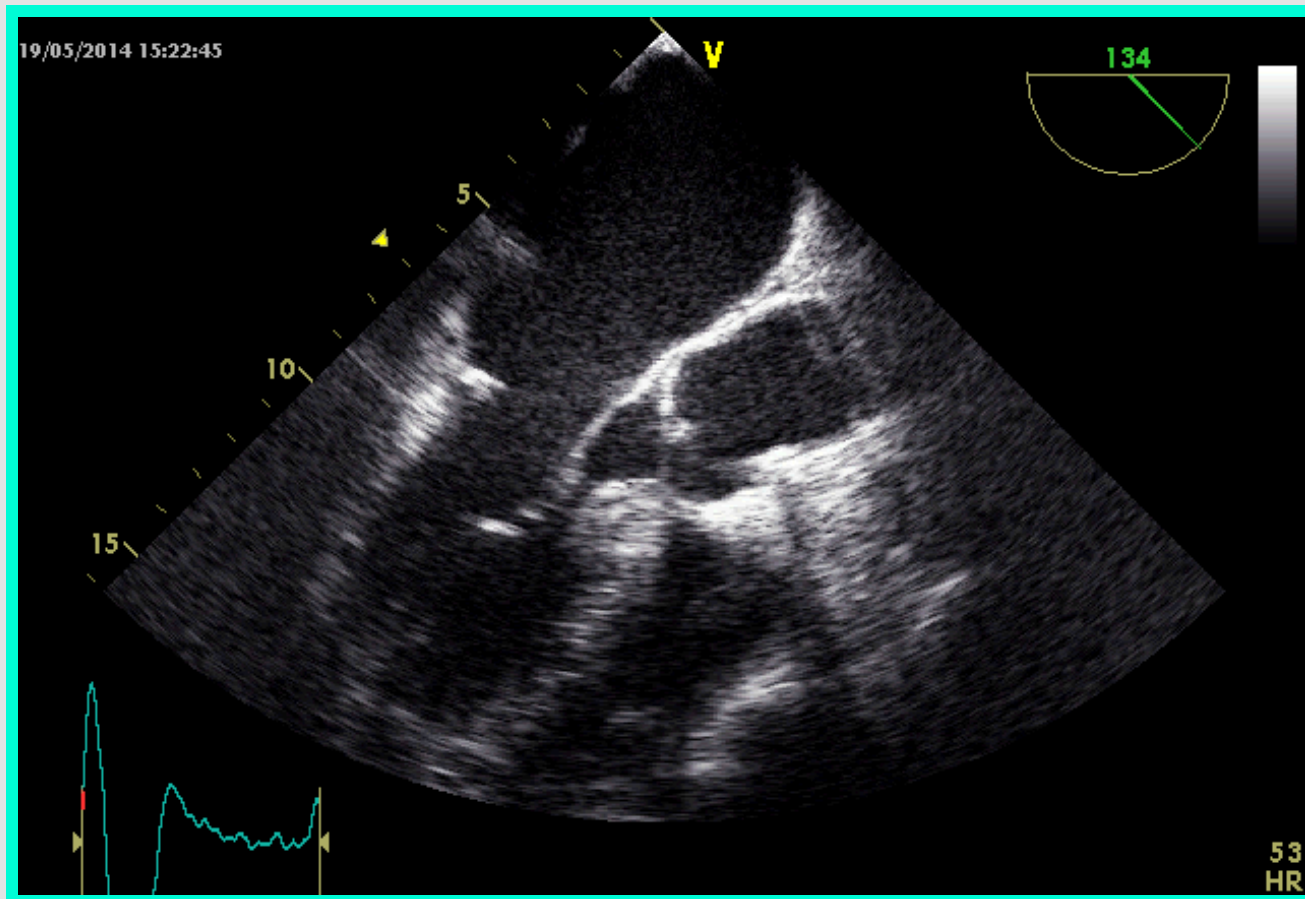
Ecocontrasto spontaneo



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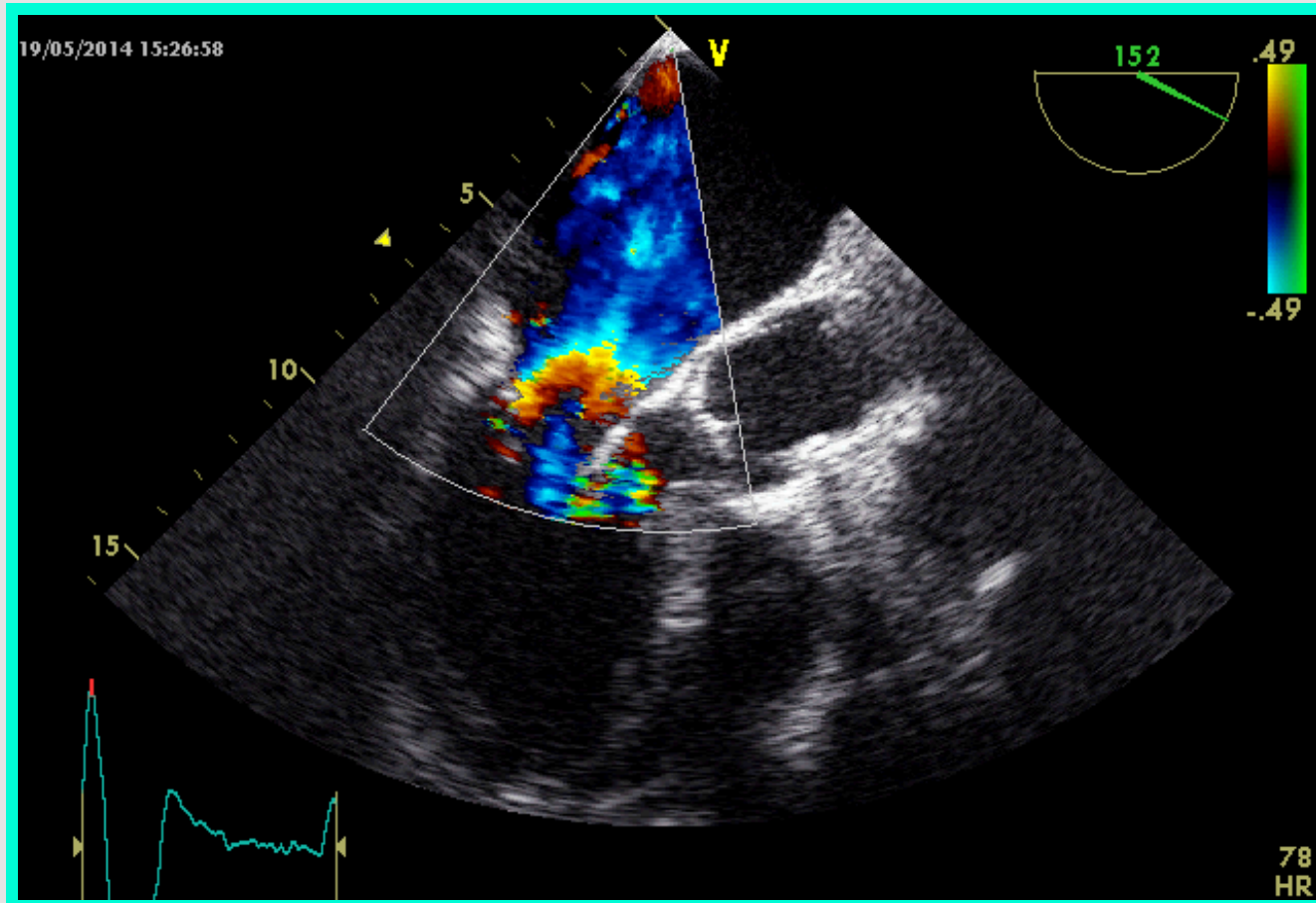
Flail mitrale



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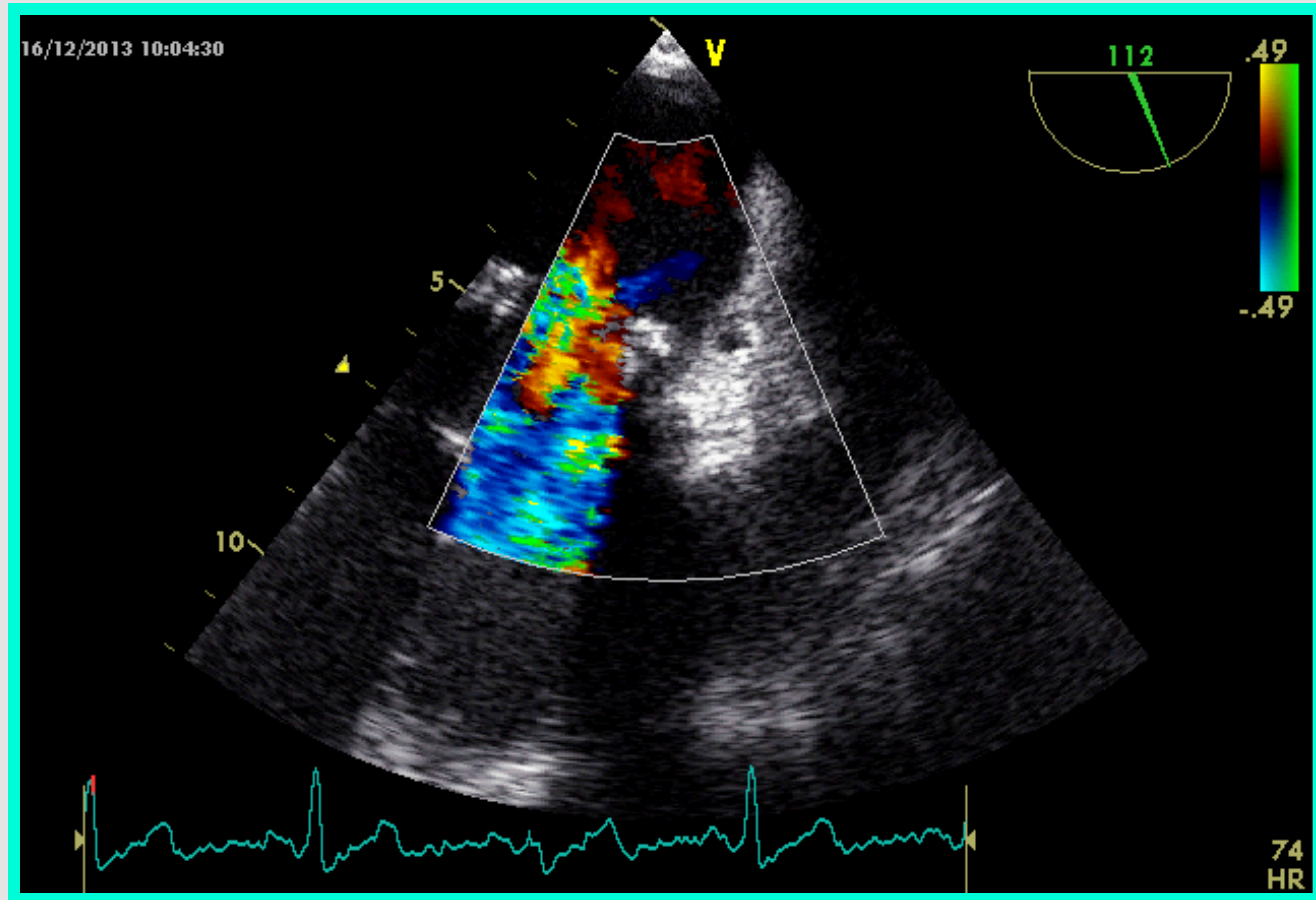
Flail color



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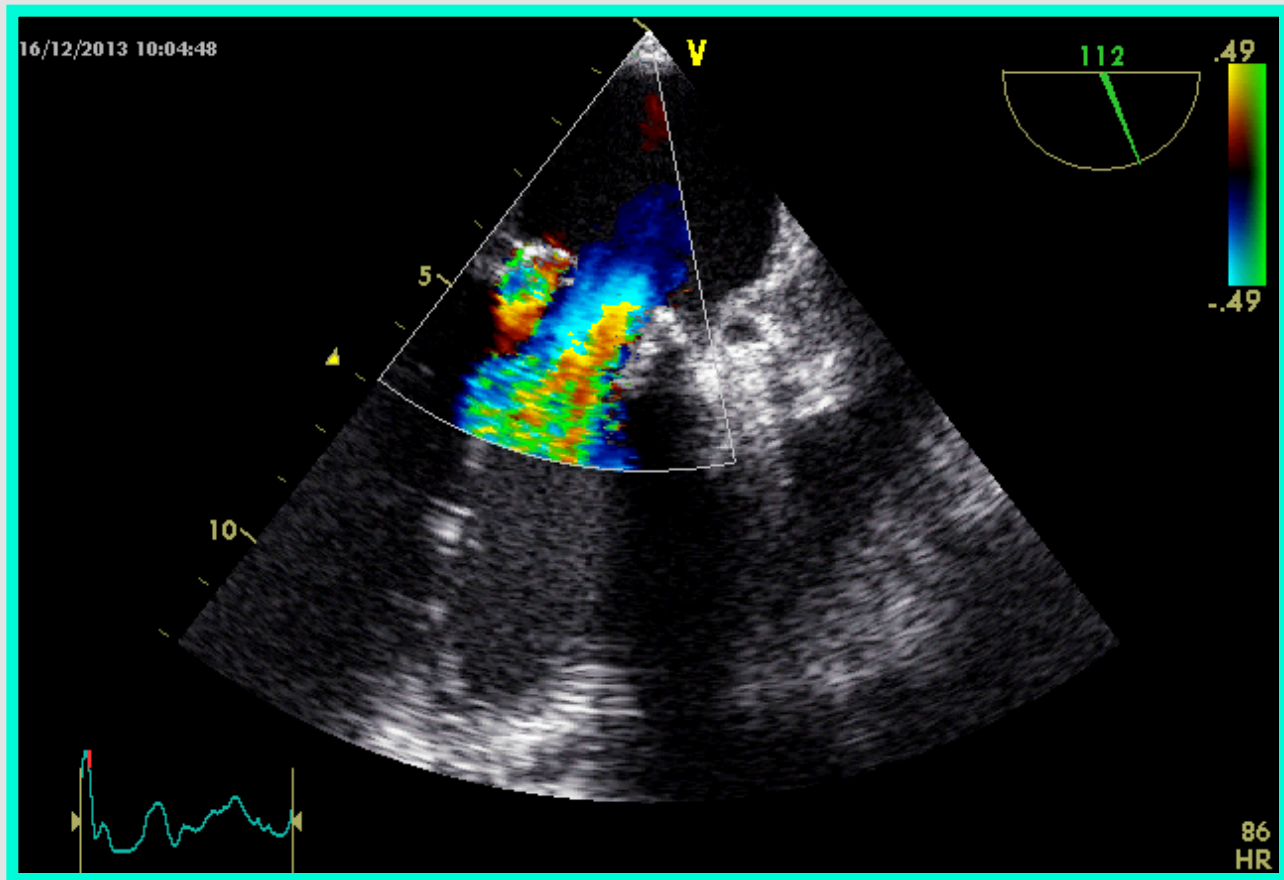
Leak periprotetico su biologica stented1



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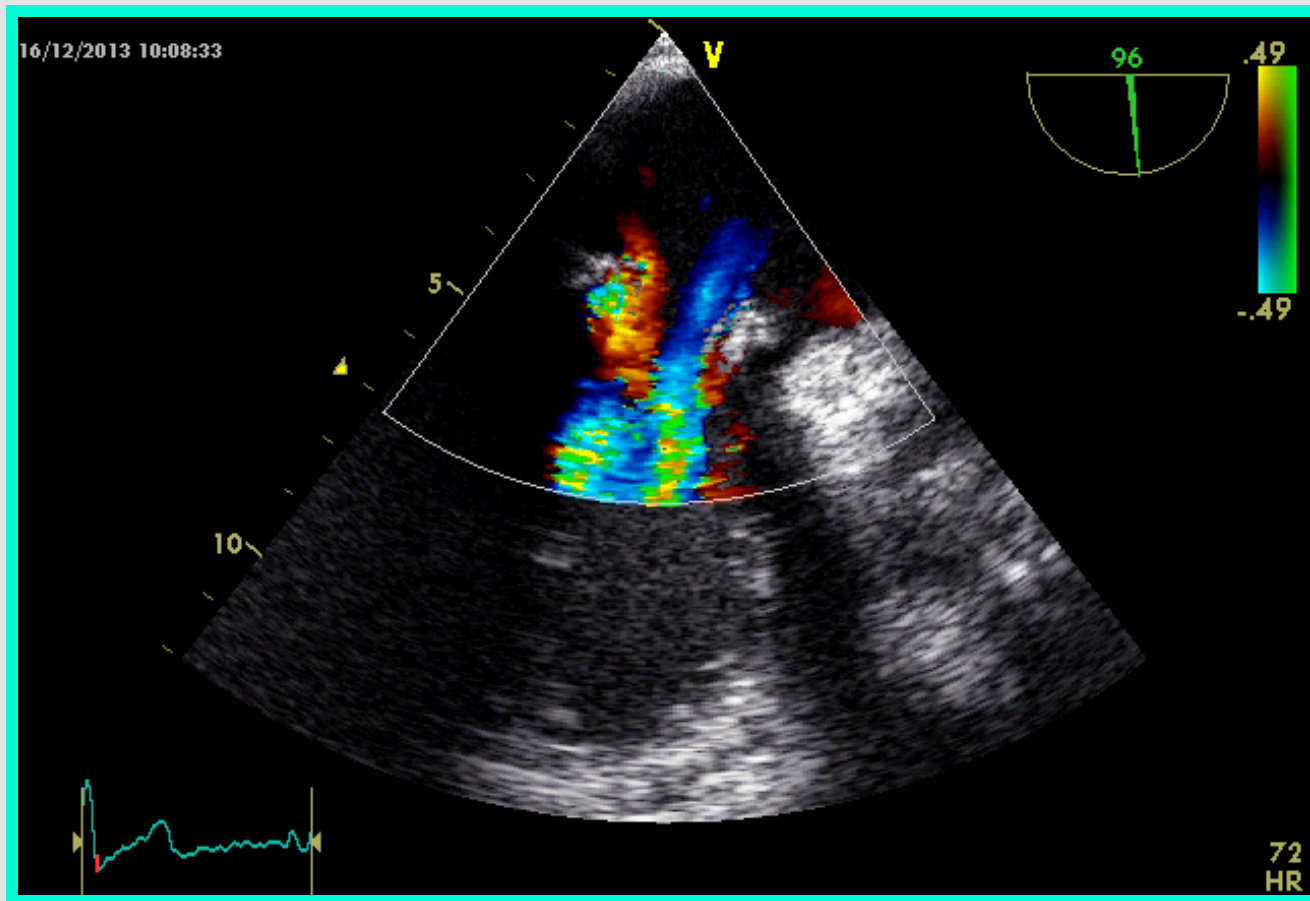
Leak periprotetico su biologica stented2



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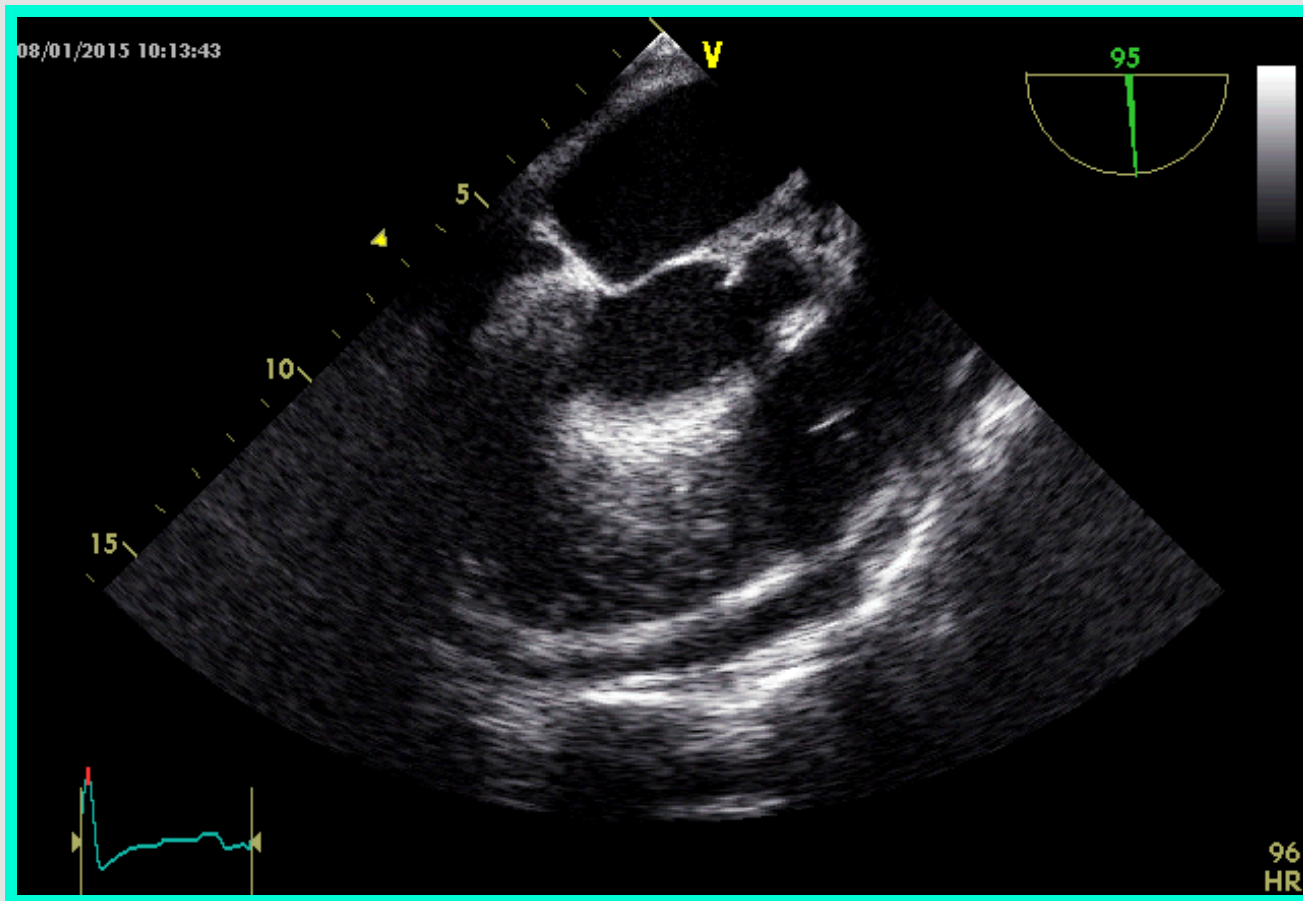
Leak periprotetico su biologica stented3



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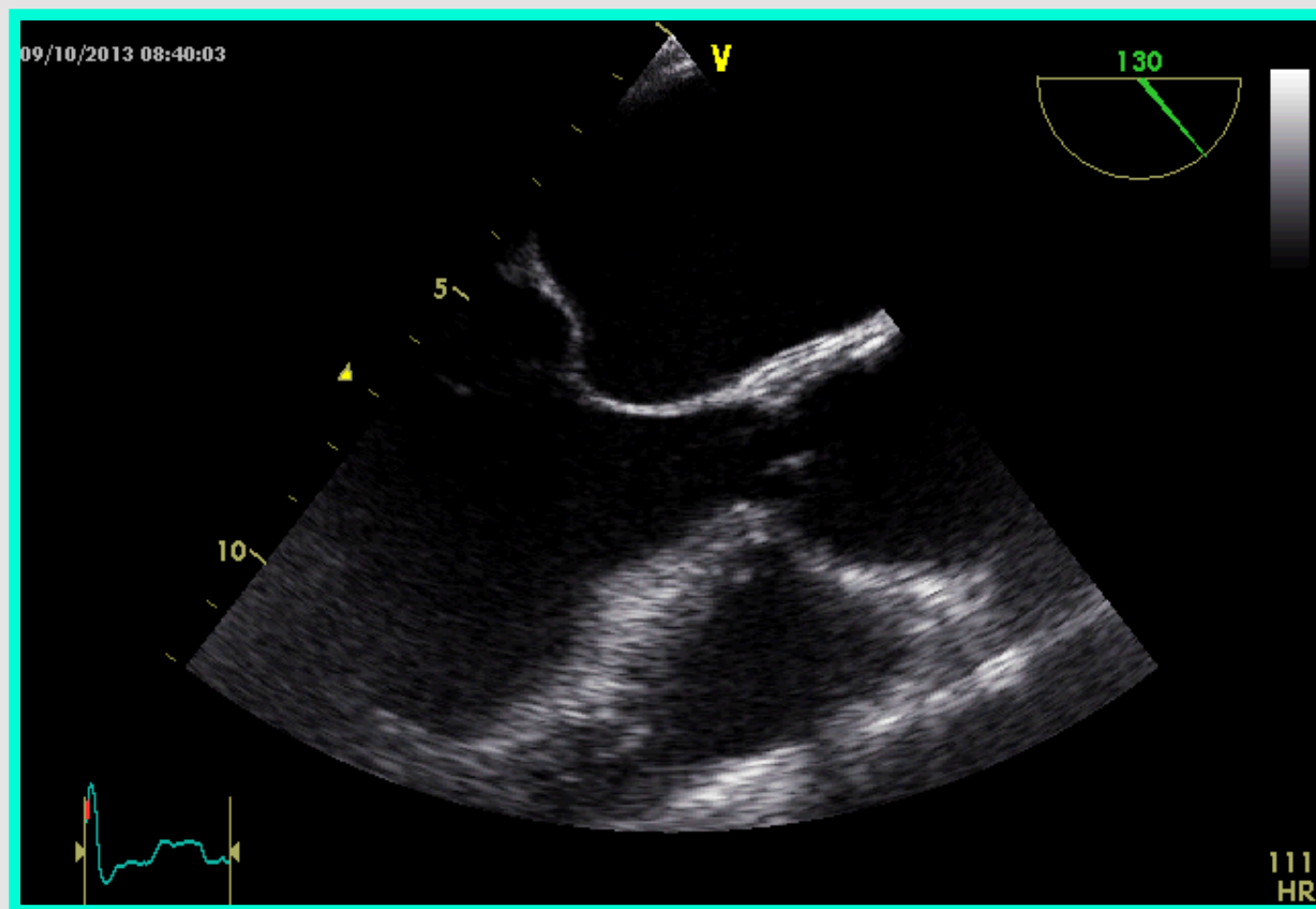
Polmonare



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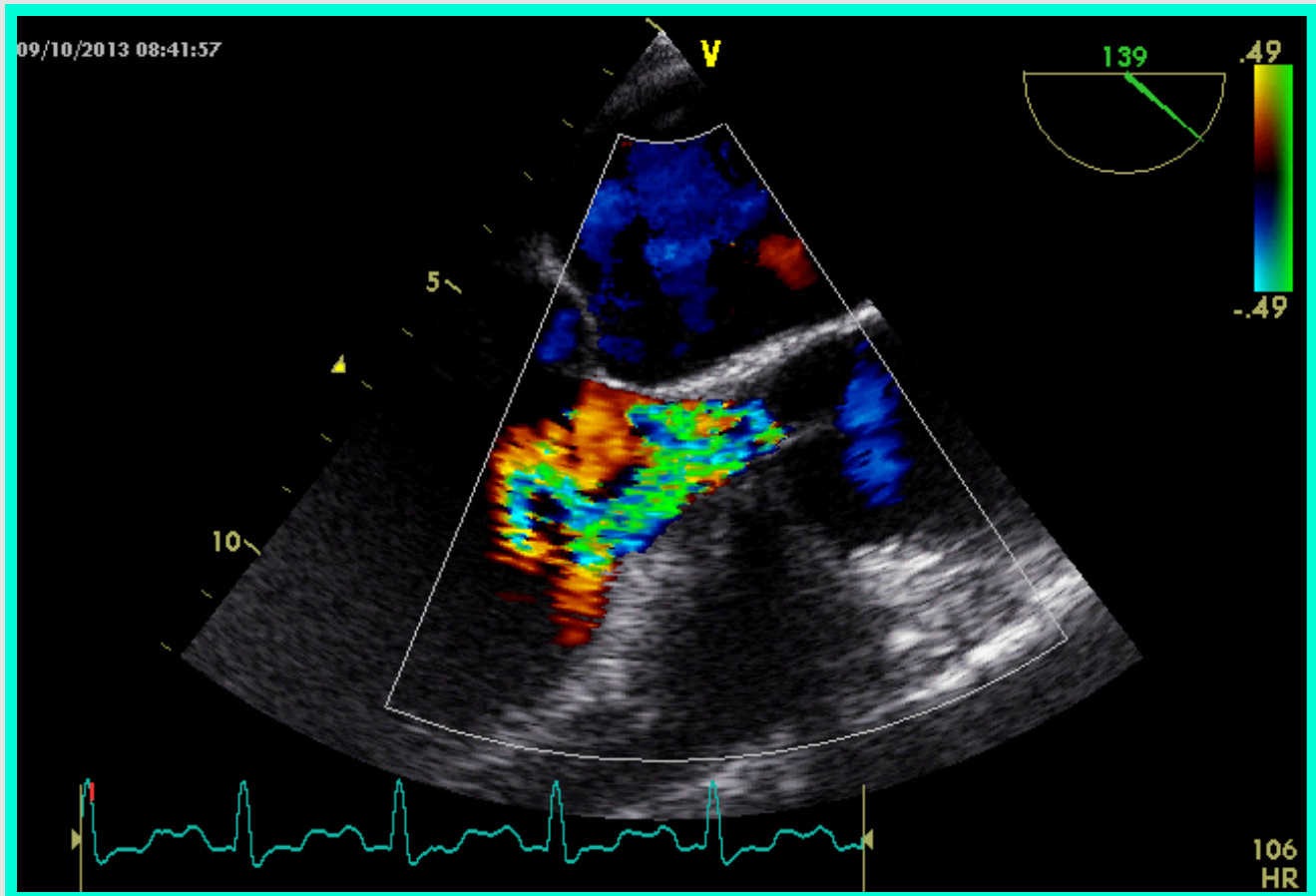
Prolasso lembo coronarico dx aortico



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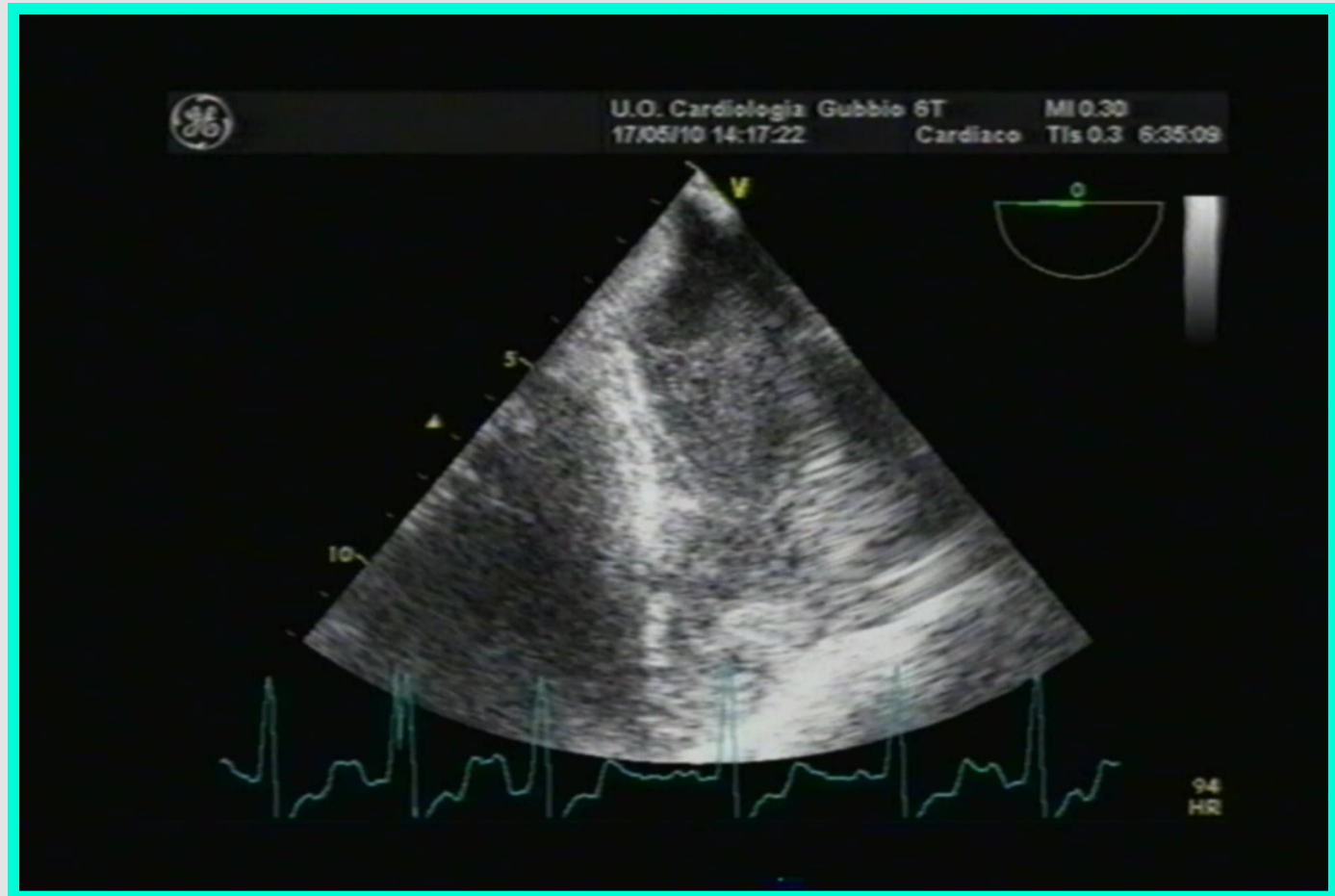
Prolasso cuspidi dx color



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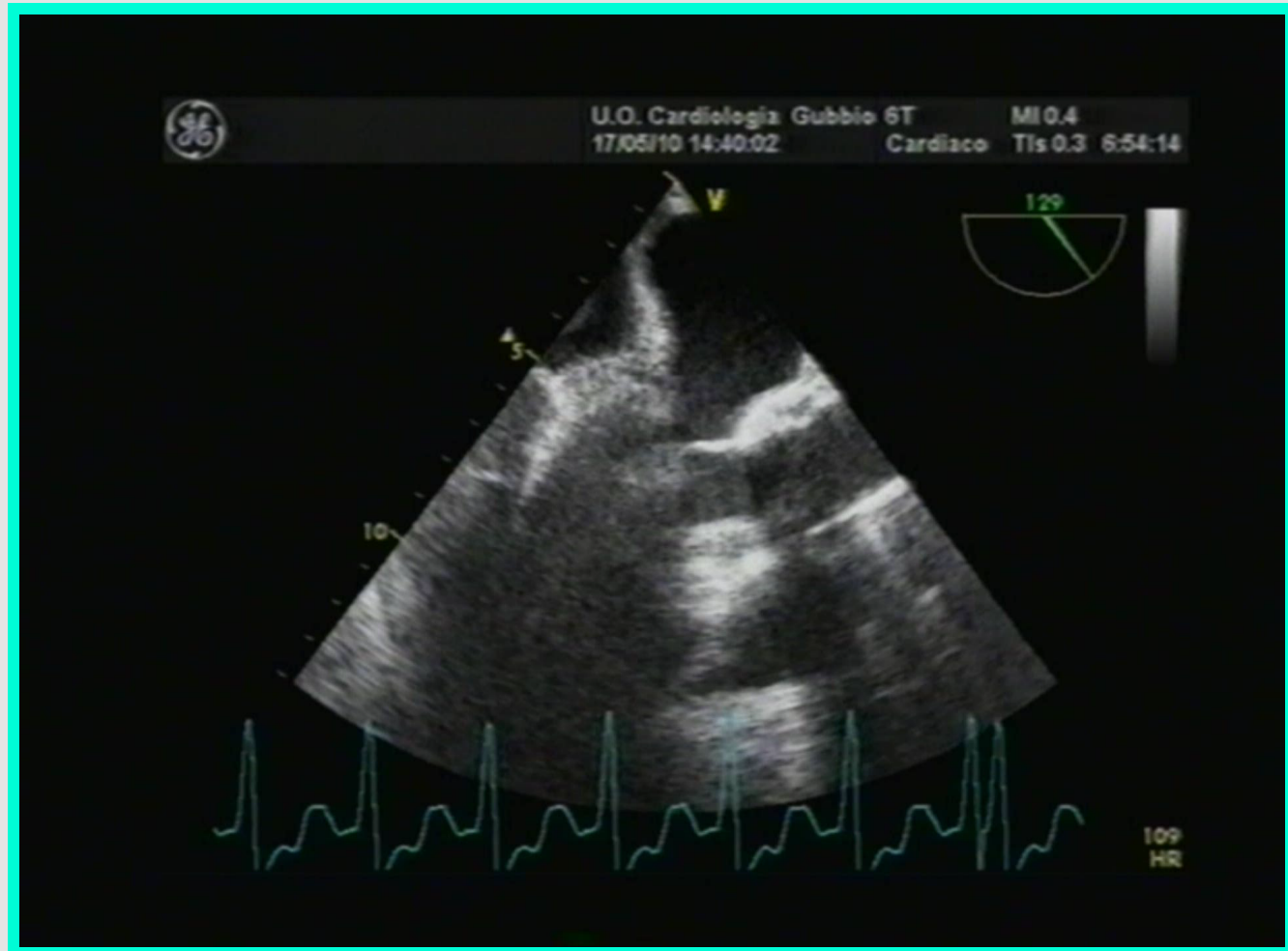
Tamponamento sinistro 1



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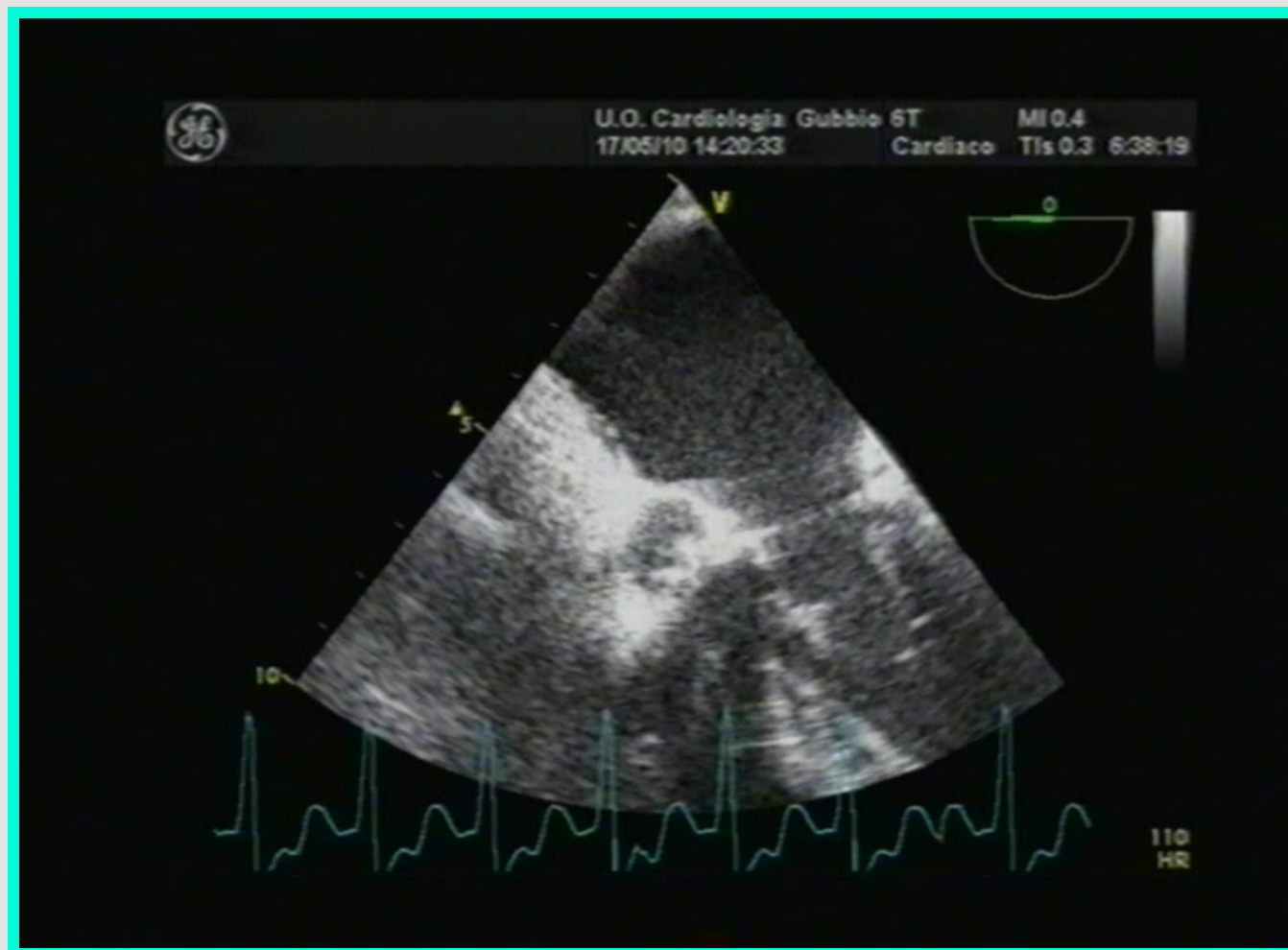
Tamponamento sinistro 2



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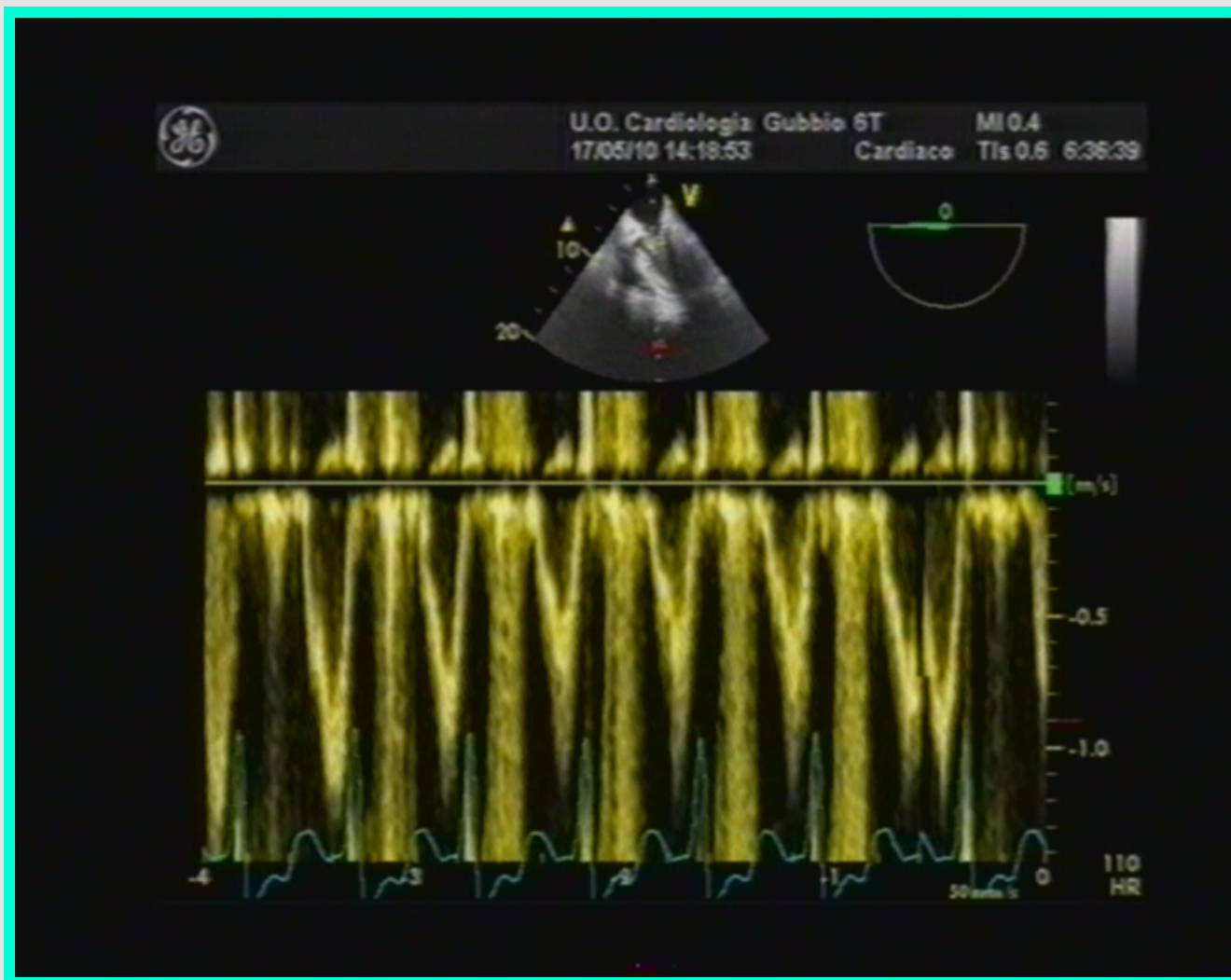
Tamponamento sinistro 3



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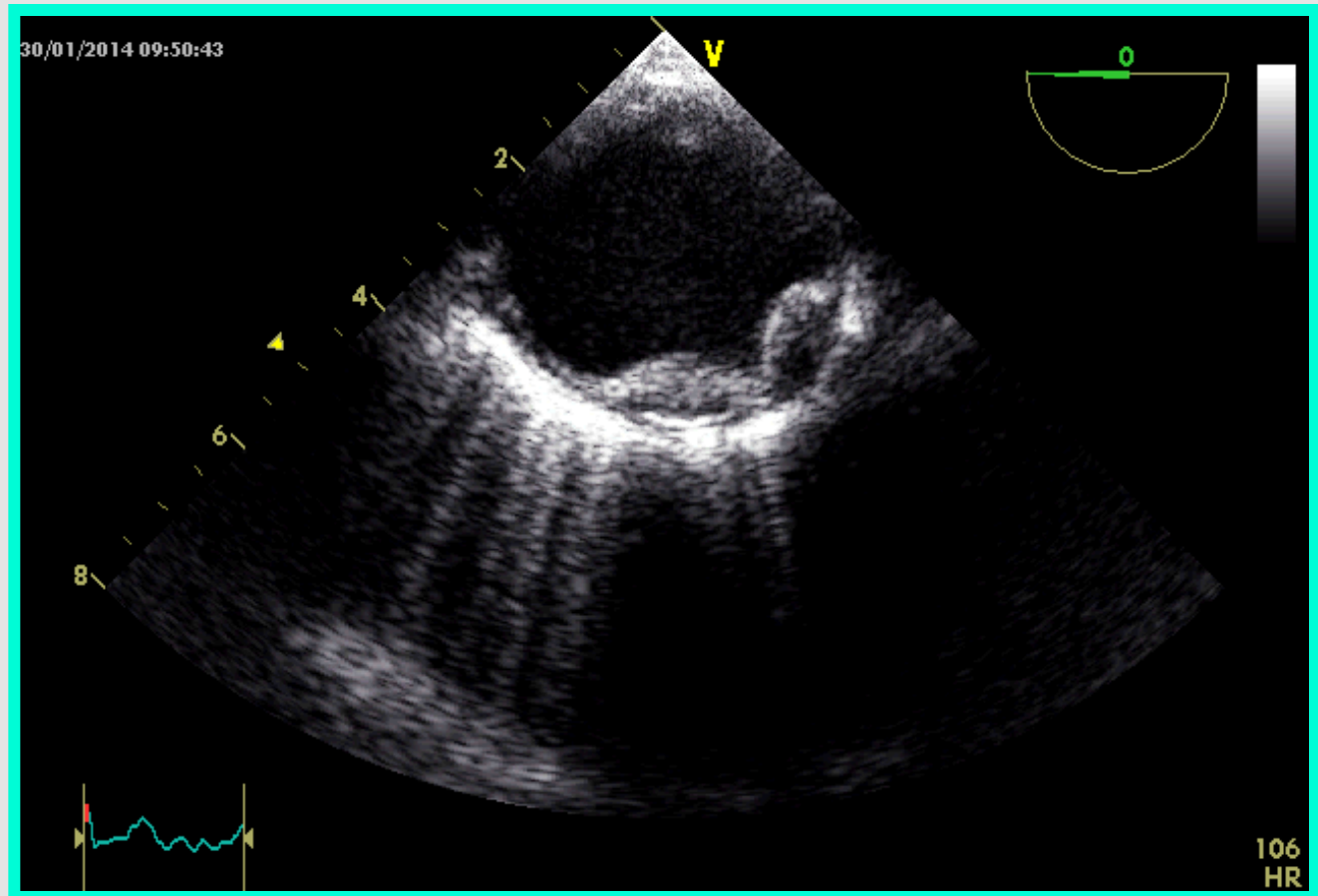
Tamponamento sinistro: flussimetria



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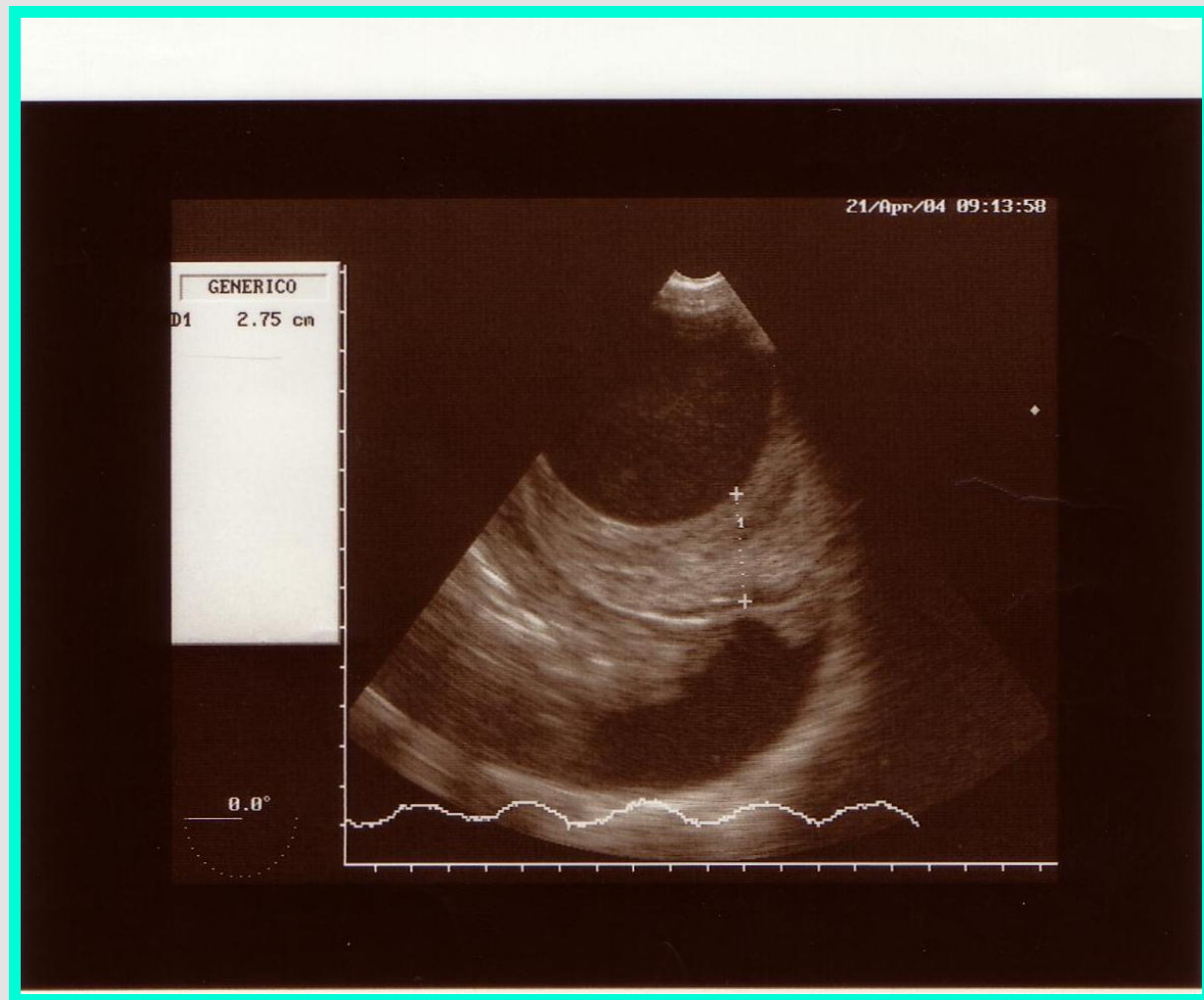
Placca su aorta discendente



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Ematoma intramurale



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Grazie



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