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When we present support images, we have tried to be systematic. We have followed the really old-fashioned practice of working systematically through transverse and longitudinal views, despite the fact that modern probes allow for multi-level images! We believe that this approach gives beginners anatomy very good ground and reduces disorientation --- support can be very confusing. The following table provides cross-references to the Echocardiographers' Standard Views transestapogite echo (TOE, TEE). While these views are an excellent basic platform for describing the echo, we cannot overly emphasise the need to regard the population of the heart as a continuum rather than just a set of views. It is also important to assimilate the entire package of appropriate use of TOE, and the proper communication of information to the patient and colleagues, not just the technical aspects. Some of the following images are far from perfect, and we have hallout images where no good view is currently available on the site. Video 2.1 ME Four Chamber View (AVI 11.487 KB) Video 2.2 ME Dual Chamber View (AVI 11 020 KB) Video 2.3 ME LAX View (AVI 11.999 KB) Video 2.4 ME AV SAX View (AVI 10 674 KB) Video 2.5 RV ME-Out AVI 16.6 82 KB) Video 2.6 ME bicaval watch (AVI 13272 KB) Video 2.7 ME Ascending aortic SAX View (AVI 10.417 KB) Video 2.8 ME Growing Aortic View (AVI 10997 KB) Video 2.9 TG Midpapillary SAX View (AVI 14,716 KB) Video 2.10 Descending Aorta SAX View (AVI 12,152 KB) Video 2.11 Descending Aortic View from LAX (AVI 12,,098 KB) Video 2.12 Descending Aortic SAX View (AVI 11,474 KB) Video 2.13 ME Mitraalal commissural View (AVI 921 4 KB) Video 2.1 4 ME AV LAX View (AVI 10.509 KB) Video 2.15 TG Basal SAX View (AVI 2.329 KB) Video 2.16 TG Dual Chamber View (AVI 9984 KB) Video 2.17 TG View (AVI 3868 KB) Video 2.18 Deep TG LAX (VIEW FROM LAX 3868 KB) Video 2.18 Deep TG LAX (AVI 8996 KB) Video 2.19 TG RV Inflow View (AVI 8.641 KB) Video 2.20 UE Aortic Arc LAX View (AVI 12,636 KB) Video 2.21 UE Aortic Arc SAX View (AVI 8.744 KB) Medium Position Views, 90° right: left (LA) and right atrium (RA), as well as right atrial limb (RAA), superior vena cava (VCS), right pulmonary artery (RPA), interatrial septum and worse vena cava (VCI) can be displayed. Page 2 Also complex congenital heart defects can be well documented using 3D-TEE. Here's an example of the L-trans position of large ships. Aortic (A) and pulmonary valves (P), aorta and pulmonary artery are parallel of course, tricuspid valve (T) at the systemic ventricle, right atrium (RA), two electrodes can be seen as a good vena cava and RA (arrows). We often come across times when we need to undergo ultrasound or X-ray, occasionally even echocardiography. Echocardiography is cardiac ultrasound. Echocardiogram displays and creates structures of the heart. What is a transesophageal echocardiogram? Transesophageal echocardiogram is a non-invasive, painless research procedure that creates high-quality images of the heart and its blood vessel structures. It shows the size and shape of the chambers of the heart and valves of the heart together with their functioning. Why is the transesophageal echocardiogram Performed? Transesophageal echocardiogram may be performed in both children and adults with one of the following diseases of heart valve disease or abnormal heart valve disease Cardiomyopathy Congenital heart disease Coronary heart disease Myocardial infarction (heart attack) Aortic aneurysm Endocarditis Arrhythmias or stroke due to the presence of thromboidtransösmic echocardiography is also a useful tool for filling the heart during and after the patient's recovery. It also serves as a guide during heart surgery and cardiac catheterization. Transesophageal echocardiography Views Transesophageal echocardiography can give images in both 2-dimensional and 3-dimensional forms. The images can be observed in the following 4 main views of Basal Short Axis View – Visualize the ascending aorta and pulmonary artery. The right ventricle outflow tract, coronary arteries, right atrium and aortic valves can also be viewed. Long Axis Views – Visualize the aortic valve, mitral valve, left ventricular outlet tract and right atrium and ventricle. Ventricular short-axis views – Ventricles on different levels can be visualized. Mid papillary short axis view – Ventricular ischemia and segmental Wall Motion Anomalies (SWMA) can be visualized in the middle of a papillary short axis view. Descending chest Aorta and aortic Arch View – Both shrinking part of the aorta with an aortic arch can be visualized using 4 views. Useful for diagnosing aortic dissection and atheromas. In the middle of the esophagus the view is 2 Variants • In the middle of the esophagus aorta View – Views of the proksial ascending aorta and aortic valve, aorta root and atrial septum, vena cava, tricuspid valve and right ventricle. • In the middle of the esophagus ventricular view – right and left atrium, left ventricular, inter-ventricular septum and mitral valve. Trans Stomach View – This view is important to evaluate the left ventricular (LV) function. You can also assess the right and left ventricle and mitral valve, eject fraction and volume status. In deep trans-gastric views, an aortic valve, a ventricular outlet and all four heart chambers can be observed. This view also allows you to measure the output of the heart. Transesophageal echocardiogram Preparation Transesophageal echocardiogram is always performed in the cardiac unit of the patient institution. Therefore, your cardiologist will inform you in advance of the preparation of this procedure. You must remain approximately 4 to 6 hours prior to the procedure. Any prosthetic or faux dentures should be removed before surgery Your doctor may recommend a minute dose of the drug before surgery to help you relax. Blood pressure and pulse are monitored before the procedure. Transesophageal echocardiogram Procedure Transesophageal echocardiogram, your doctor will introduce a probe into having a sensor at the top of the mouth and throat of the esophagus. Since the esophagus is directly behind your heart, the sensor is able to achieve a better picture of the heart and its functioning. When performing transesophageal echocardiography, the sensor sends sound waves to the heart. A cardiologist may enter a probe into a patient who is either awake or anesthetist. Respiratory anesthetics are topical anaesthetic spray. The patient is placed on the left side. This allows easy access to the esophagus by the probe. The probe must be well lubricated so that it passes through the mouth and throat smoothly without causing damage. This procedure may require a special manoeuvre for hematemees (vomiting blood), difficulty swallowing, diseases of the cervical spine and in-roomized patients. Intra-intravenous access is ensured prior to the start of the procedure and the emergency trolley with respiratory and oxygen systems is kept ready. Antibiotics are given to prevent infection after the procedure. The patient should be on an empty stomach at least 1-4 hours after the procedure. Topical anescesia passes during this time. How long will the transesophageal echocardiogram take? The uncomplicated procedure for transesophageal echocardiography takes about 20-40 minutes. The time to sedation with the procedure is about 90 minutes. A person may continue his normal activities 24 hours after the procedure. The transesophageal echocardiography guidelines are set out in the American Society of Anesthesiologists and the Society of Cardiovascular Anesthesiologists for the performance of a transesophageal echocardiogram. Indications for transesophageal echocardiography may be divided into 3 categories. Assessment of category I category II haemodynamic stability in the ICU or of during the improvement of aorticistics. To monitor placement and function aids Repair chest aortic dissection without involved aortic valves To monitor patients with automatic cardiac defibrillators, pulmonary artery catheters or intra-aortic balloon pump operative use heart valve repair Congenital heart disease that requires coronary heart bypass bypass surgery Excision heart disease Foreign bodies Detection of air emboli during cardiac or neuroopera Suspected cardiac trauma Atheromatous disease aorta assessment Pericardial surgery Evaluation Pericardial effusion evaluation Anastomosis assessment during cardiac and lung transplantation operations Operative use intra-operative use Uncomplicable pericarditis during surgery Monitoring of chest aortic injuries Embol monitoring of orthopaedic operations Cardiomyopathy, excluding hypertrophic obstructive cardiomyopathy Cardiac perfusion assessment Coronary arteryoma evaluation Transplant evaluation permeability Peri operational use of aortic autopsy or operative use of aortic aneurysm peri in patients at risk of myocardial infarction Increased haemodynamic instability in patients at increased risk of haemodynamic instability , suspected aortic autopsy or thoracic aortic aneurysm Transosophaatal echocardiography is contraindicated in the following conditions perforated viscus or violation of the wall of the gastrointestinal esophageal varicose veins esophageal strictors of esophageal divertitic diseases tumors Skleroderma Recent upper gastrointestinal surgery Hiatus Hernia history of radiation breast due to any cause of Atlantoaxial disease of blood clotting disorder or coagulopathy Transesophageal Echocardiogram Complications There is a very low risk of complications associated with this procedure. This is why this can be done in adults and children. It's a relatively safe procedure. But it can also be some fatal complications. Complications can occur either because of the probe used for the procedure or because of the procedure itself. Probe-related complications include injuries caused by thermal pressure soft tissue injury to the larynx, esophageal or gastric insertion injuries can cause bleeding, tear or interference with soft tissue. Procedure Related complications Include hypertension or hypotension Arrhythmias Hypoxia or decreased oxygenation of the lungs Spasm of the larynx (air tube) or Bronchus Transient vocal cord paralysis has been reported You may feel a certain disease in the stomach, but it eliminates adequate rest and medication. There may also be a transient sore throat and difficulty swallowing due to irritation caused by the probe. Dr Himanshi is a homeopathic consultant and currently works as a lecturer in postgraduate studies at the University of Homeopathy, Parul University, Vadodara. Completed BHMS and MD homeopathy in January 2018 and also have clinical experience for about 6 years. Personal interests include reading, spending time with your family and travelling. Travel.

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