

DEPARTMENT OF ANESTHESIOLOGY



Standard Operating Procedure Title: Perioperative Transesophageal Echocardiography

Policy Number:

Date Established: 11/12/2015

Date Reviewed:

Date Revised: 2/24/2016

1) Placement of TEE probes in anesthetized patients

Any VUMC-credentialed attending anesthesiologist may insert a TEE probe in an anesthetized patient for use in the perioperative period. Water-soluble lubricant and a bite block are routinely available and recommended in every situation. If resistance to probe passage is encountered, use of a laryngoscope to facilitate placement is encouraged. If a TEE probe becomes stuck (“buckled”) then do not attempt to remove it – instead call the cardiac anesthesia attending on call and summon a fluoroscopy C arm to the OR.

2) Use of TEE for monitoring (“Basic TEE”).

In line with the recommendations of the ASA and SCA, anesthesiologists requesting privileges for perioperative TEE for monitoring purposes should have demonstrated competence with this technique by achieving NBE Basic PTeExam certification or testamur status. Such status should be attached to the privileges request form.

3) Use of TEE for diagnostic use (“Advanced TEE”).

In line with the recommendations of the ASA and SCA, anesthesiologists requesting privileges for perioperative TEE for diagnostic use, including for use in cardiac surgery and most critical care settings, should have demonstrated competence with this technique by achieving NBE Advanced PTeExam certification or testamur status. Such status should be attached to the privileges request form.

4) Emergency use.

In an emergent situation, any anesthesiologist may place and use a TEE probe to help manage their patient. Those who do this who are not privileged to use TEE for elective work should request immediate assistance from a colleague with suitable privileges. There are two cardiac anesthesiology faculty available 24/7 who are available for this purpose.