The Use of Transoesophageal Echocardiography to Prevent Peri Operative Cardiac Failure

Peri operative cardiac failure carries a high morbidity and mortality and its occurrence can spell catastrophe for all concerned. Peri operative cardiac failure can occur due to decompensation of existing cardiac dysfunction, acute ischaemic event, or overloading of fluid or an increase in the afterload. During anaesthesia any of these can occur particularly if the heart function is already compromised. It may occur due to myocardial depression, an imbalance in the coronary oxygen supply, inappropriate transfusion of fluid or vasoconstriction. The traditional methods used for evaluating optimum cardiac function intra and peri operatively were measurements such as the cvp and pcwp whose value has been questioned. To prevent and manage peri operative heart failure, there should be methods of assessing cardiac function and to monitor whether therapeutic manipulations have the desired effect. It is important to monitor the volume status, whether giving fluid challenges is safe, whether the contractility of the myocardium is satisfactory, whether it is deteriorating, whether it needs inotropes. Is the heart dilated, and does it need to be overloaded? Would a vasoconstrictor or vasodilator help. This presentation, shows how transoesophageal echocardiography can be used to obtain this required information and thereby help in preventing and managing peri operative cardiac failure.

Biography

Kanishka Indraratna is Consultant Anaesthesiologist at Sri Jayewardenepura General Hospital, Sri Lanka. He graduated from the University of Colombo, Sri Lanka. He obtained MD (Anaesthesia) from Sri Lanka and the FFARCSI and FRCA. He underwent Post graduate training in Anaesthesia in the UK. He also worked as a long term Locum Consultant Anaesthesiologist in the UK for 2 years. His special interests are cardiac anaesthesia, neuroanaesthesia and intensive care.

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