

Ablauf TEE-Untersuchung

**Standardisierte
transösophageale
Echokardiographie**

KLIN
Chef
Jans
Sekt
St.-A

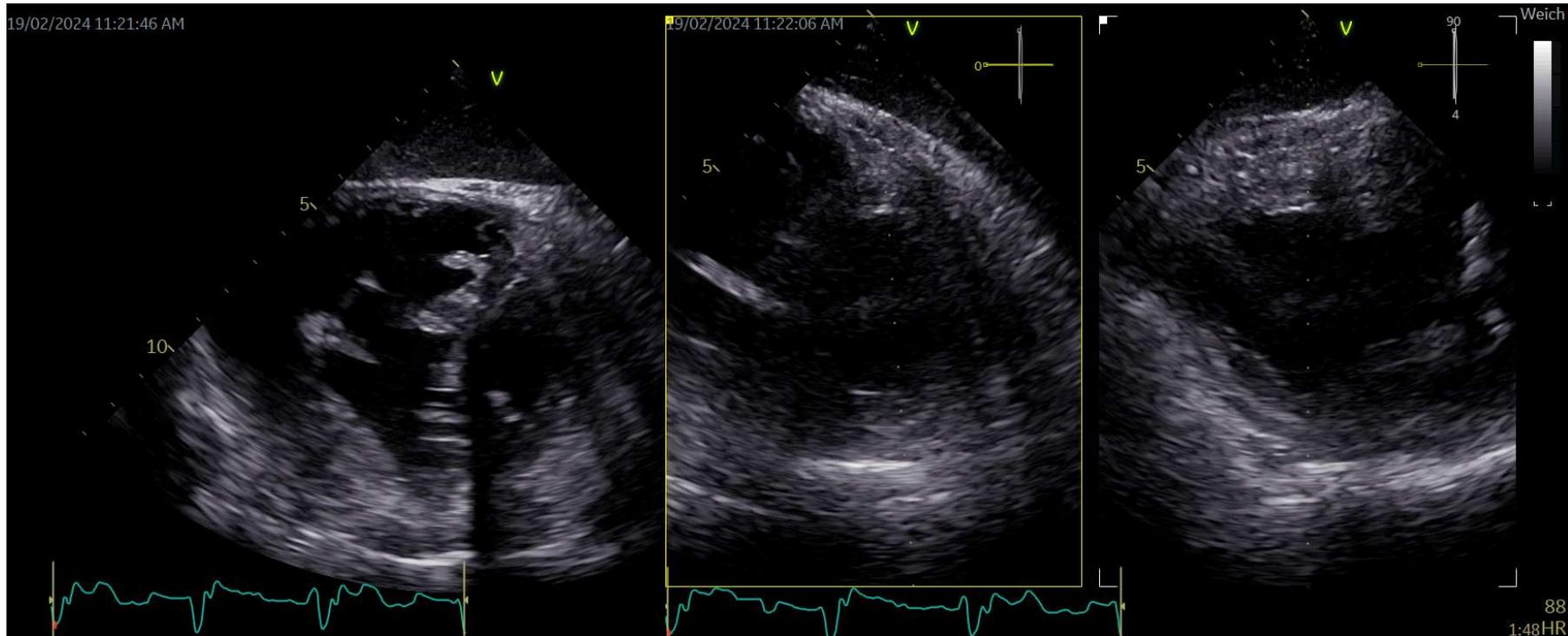
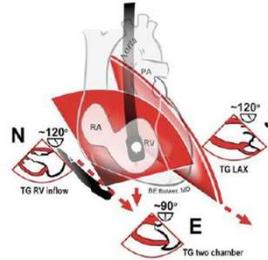
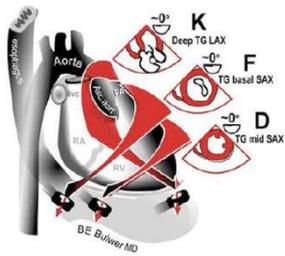
	Rotation	N
Transgastrisch		
TG SAX mid	0°	2
TG 2CH	90°	2
TG LAX	120-150°	2 A
TG RV Einstrom	90-110°	2
TG TV biplane (TG tief TG)	90°/180° 0°	N A A

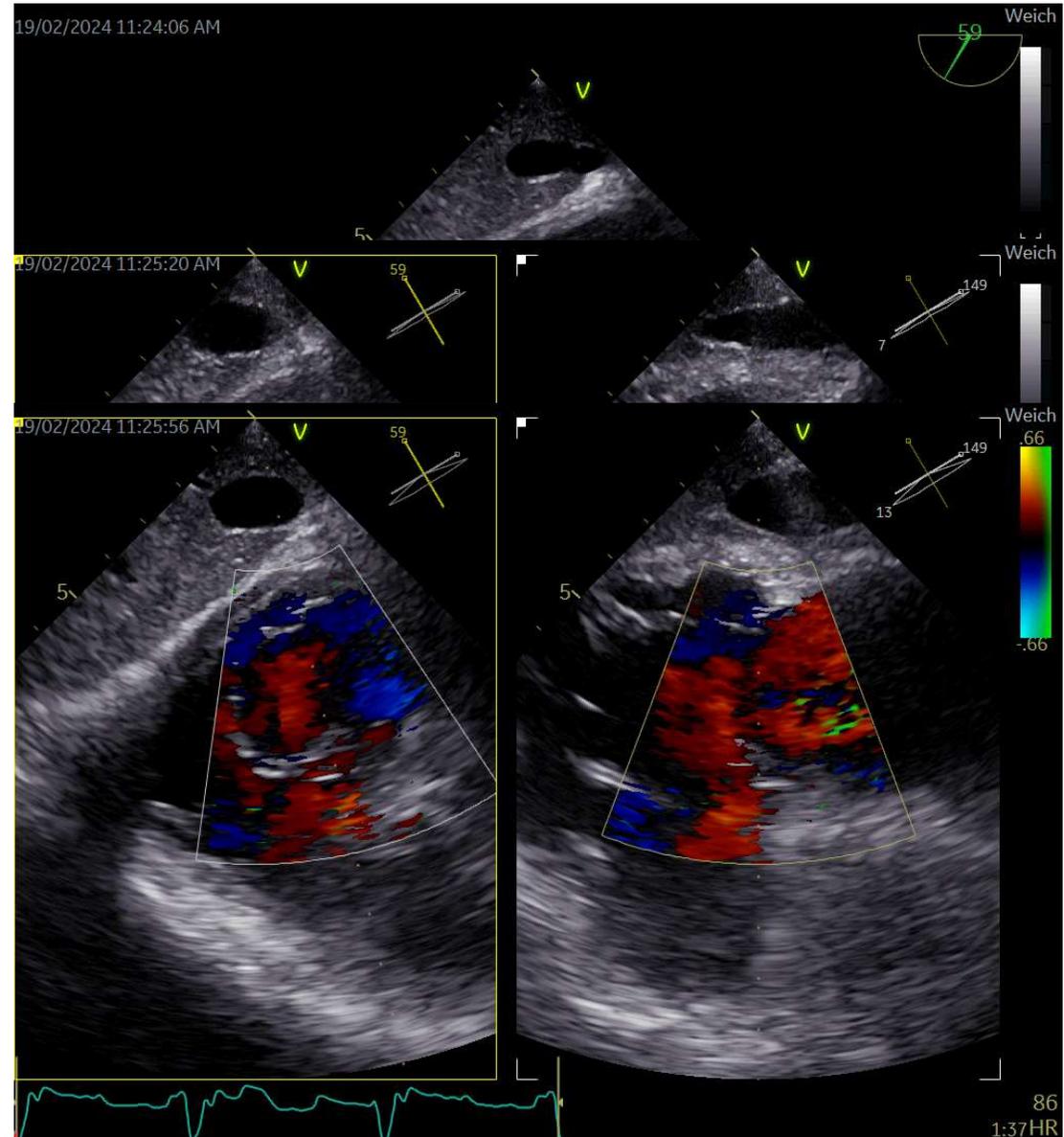
	Rotation
Mittlerer Ösophagus (ME)	
ME 4CH	0-30°
ME triplanar LV (ME full volume)	0-30°/60-90°/120-150° entfällt
ME MV bicomm	45-75°
ME MV bicomm biplanar	45-75°/105-165°
ME MV bicomm 4D enface	45-75°
ME 2CH	90°
ME LAX	120-150°
ME LAX AV biplanar	120-150°/210-240°

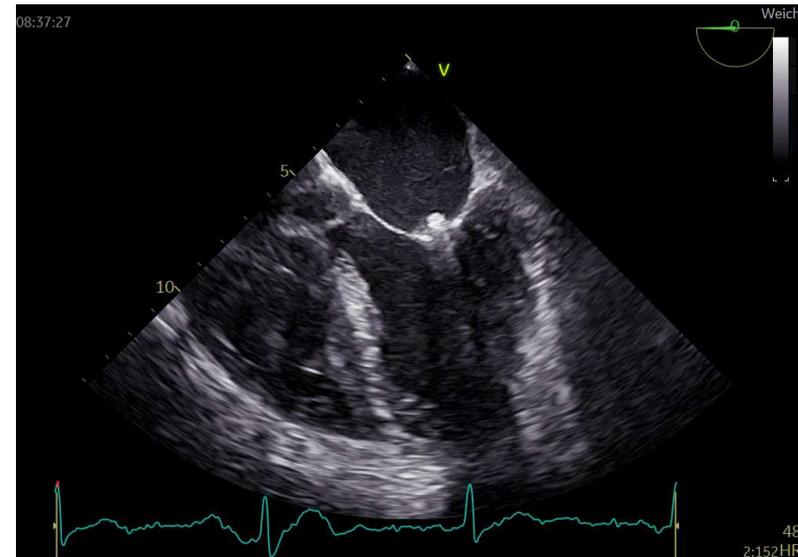
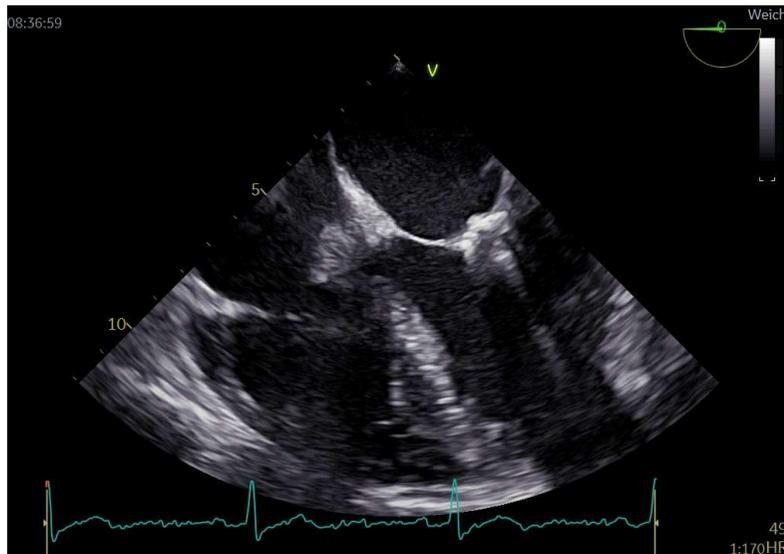
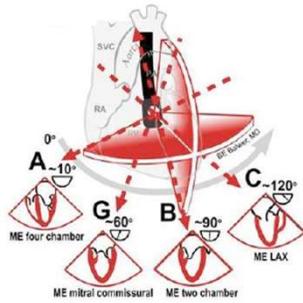
	Rotation	Modalität	Skizze
ME LAX AoAsc biplanar	90-110°	Multi-D, (ggfs. CFD)	
ME SAX AV	45-60°	2D + CFD	
ME SAX RV in out	60-80°	2D + CFD	
ME 4D AV enface	45-60°	4D-Zoom (enface links) + CFD; Multi-Beat	
ME LAA	60°	2D + CFD + pwD LAA	
ME LAA biplanar			
ME LAA 4D			
ME Pulmonalvenen- maneuver			

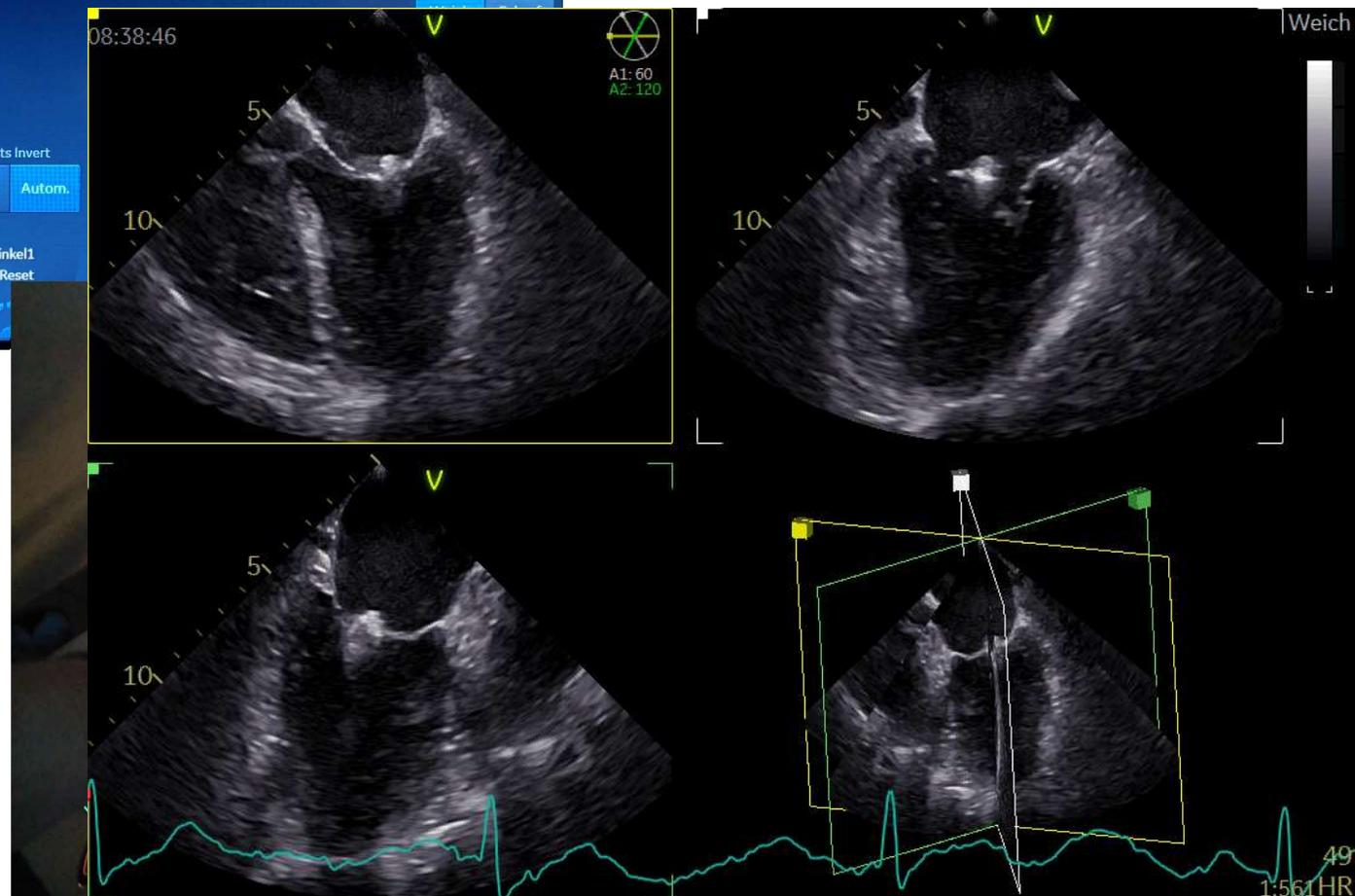
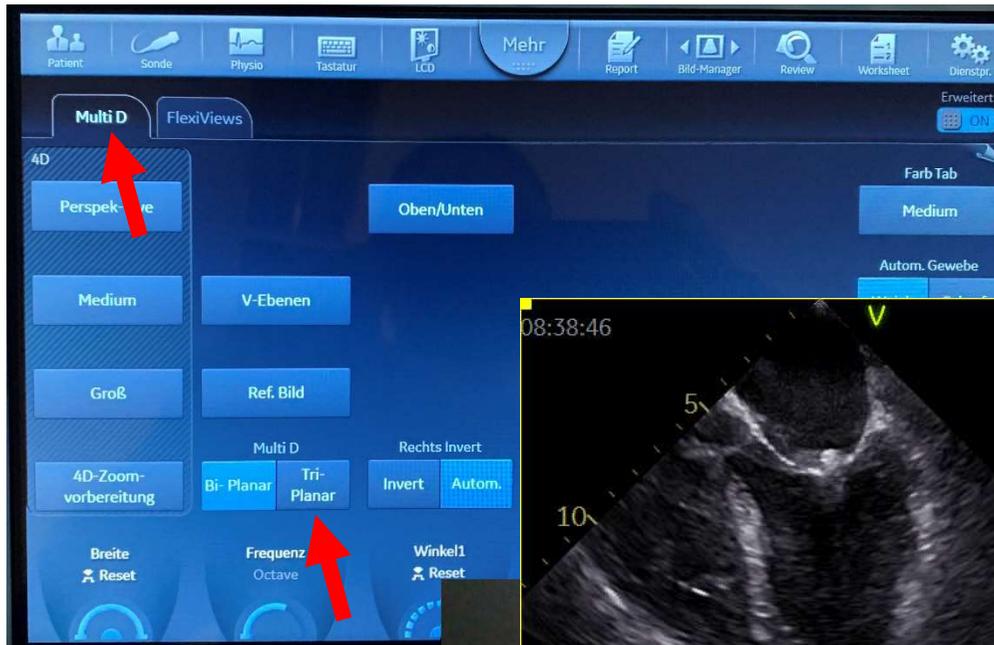
	Rotation	Modalität	Skizze
ME bicaval	90-110°	2D + CFD IAS	
ME SAX at base biplanar	45°/135°	Multi-D + CFD IAS	
(ME 4D IAS)	45°	4D-Zoom IAS	
ME biplanar SAX/LAX AoDesc	0°/90°	Multi-D (+ CFD)	
ME biplanar SAX/LAX AoBogen	0°/90°	Multi-D (+CFD)	

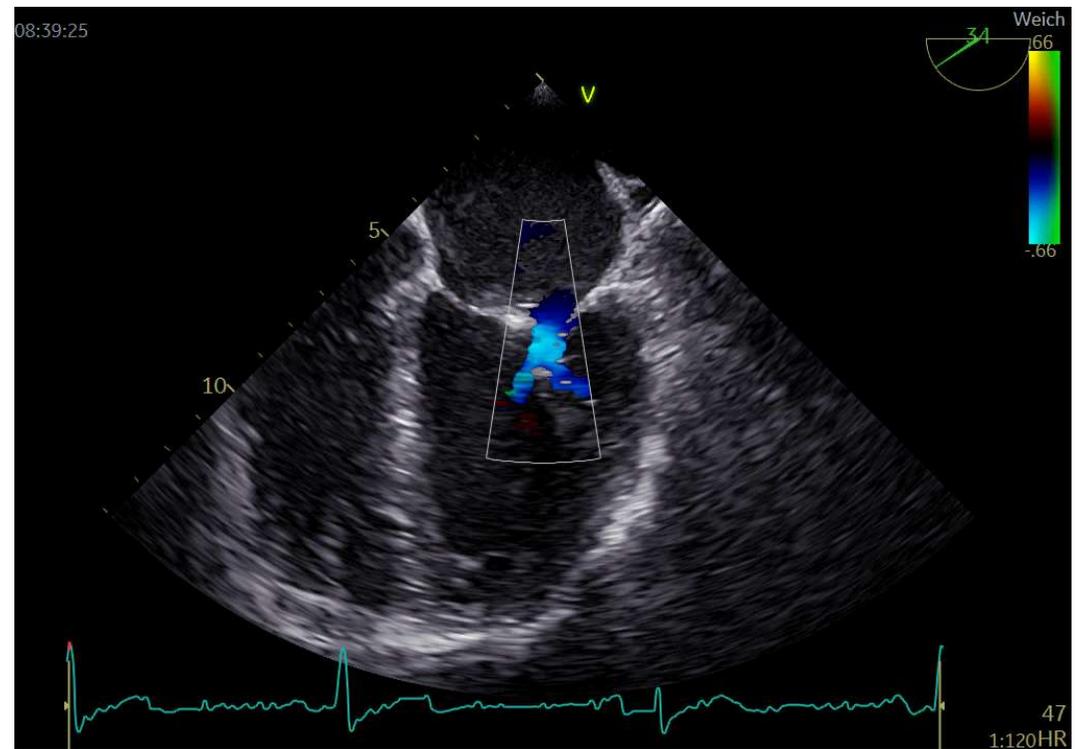
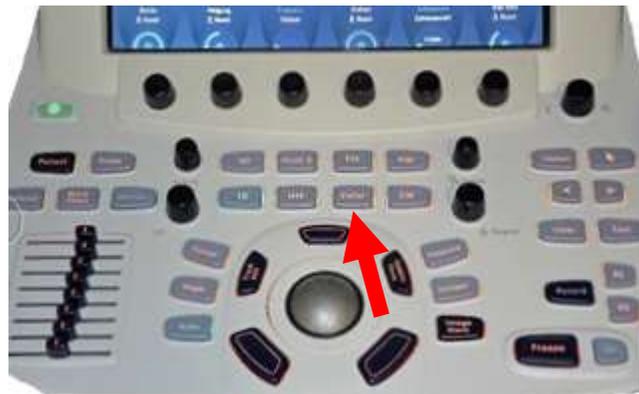
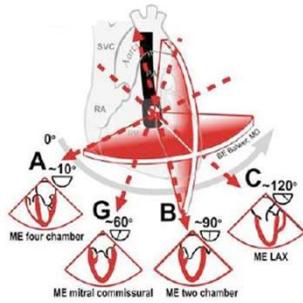


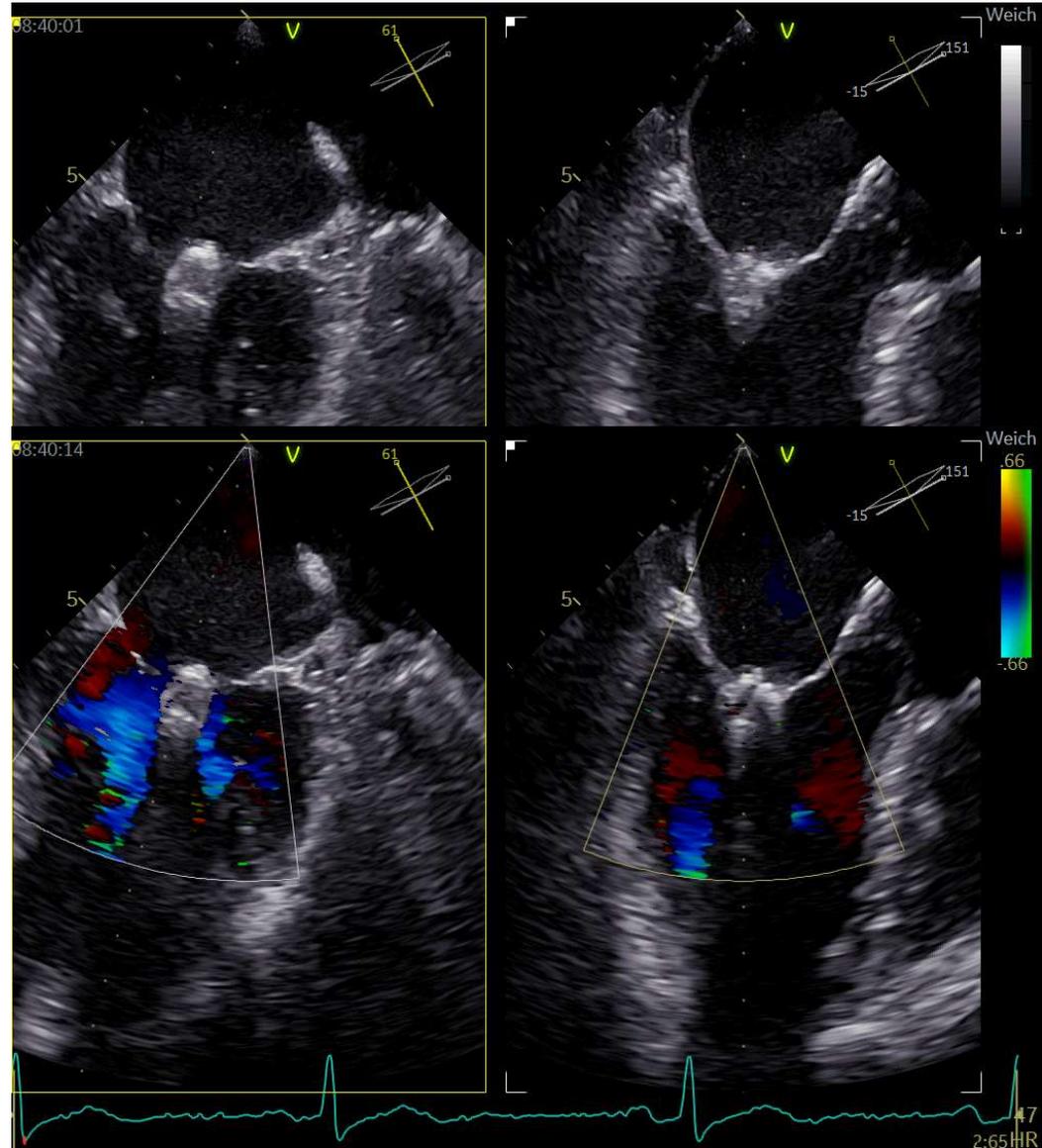
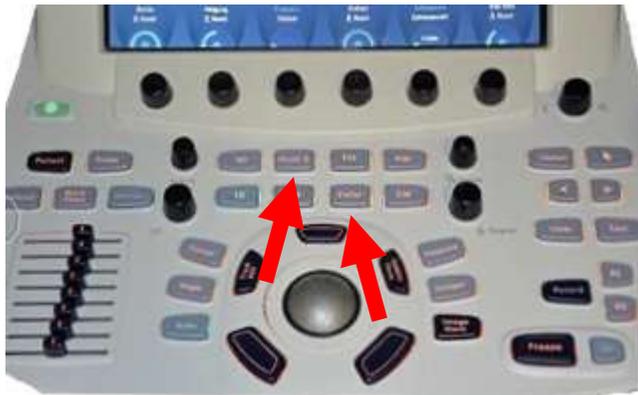
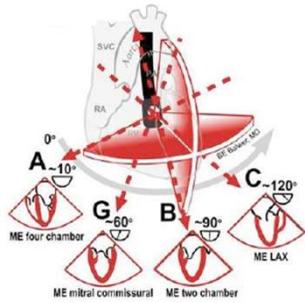


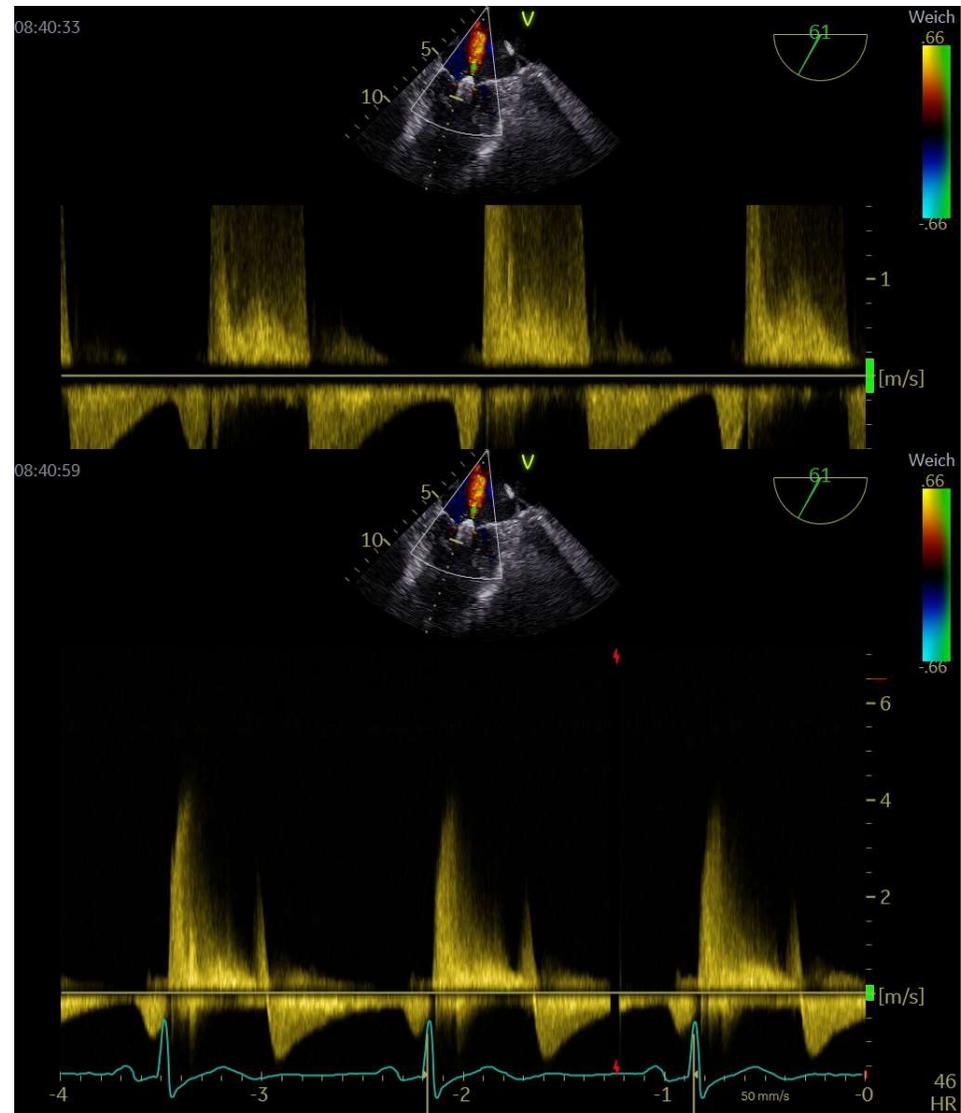
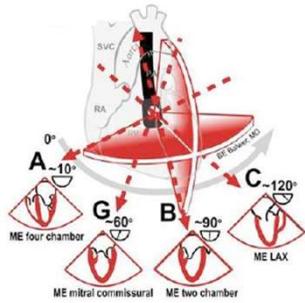


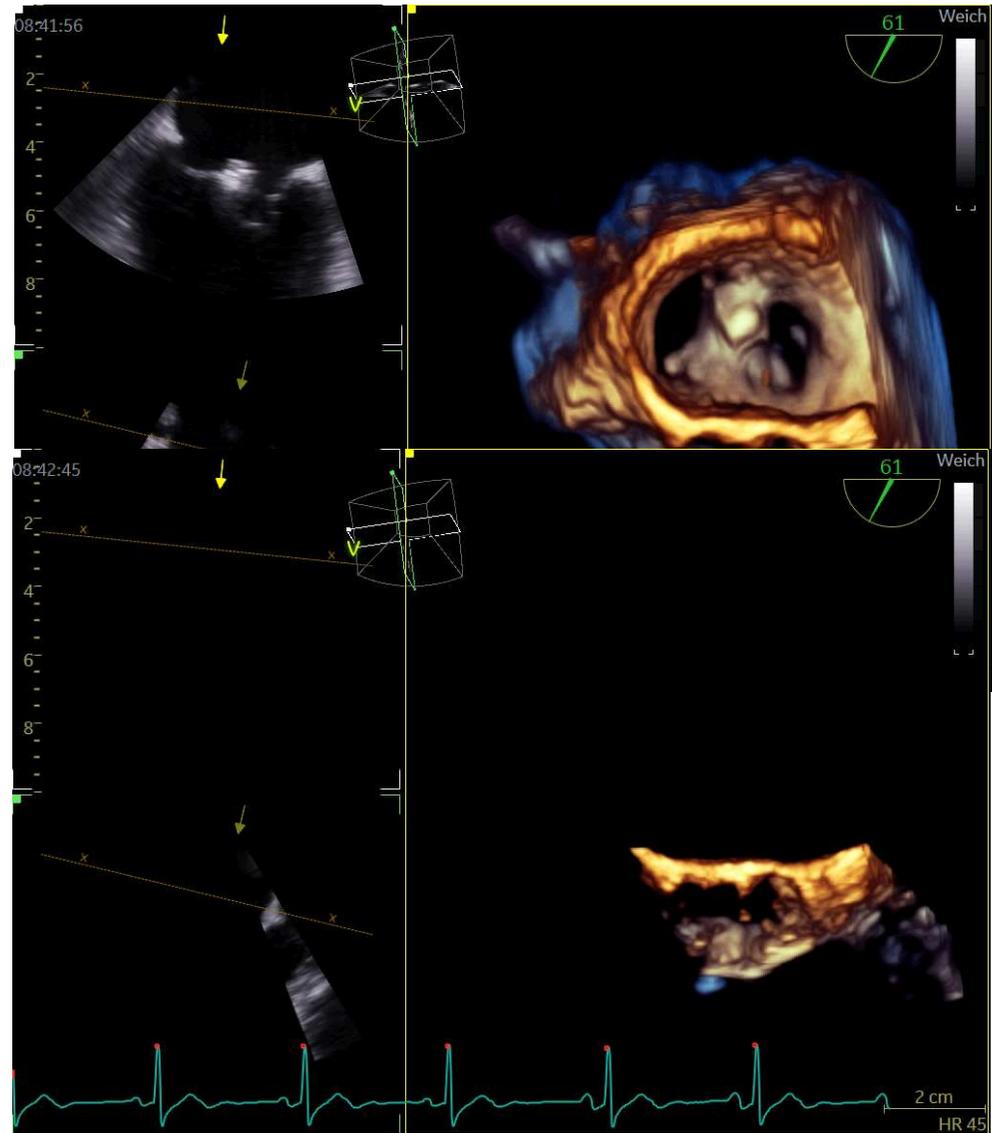
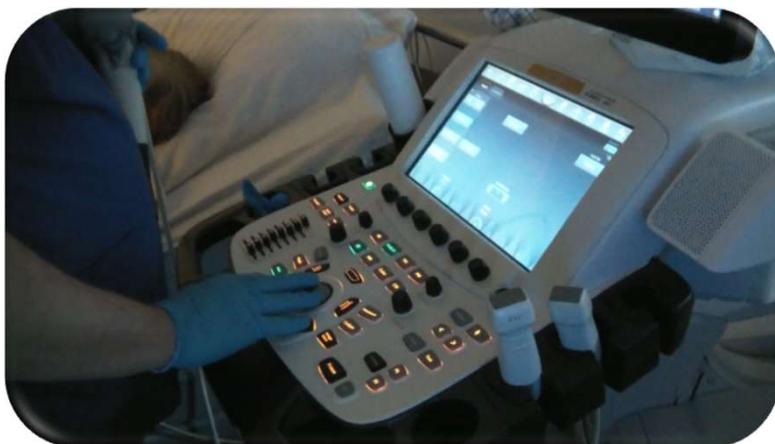


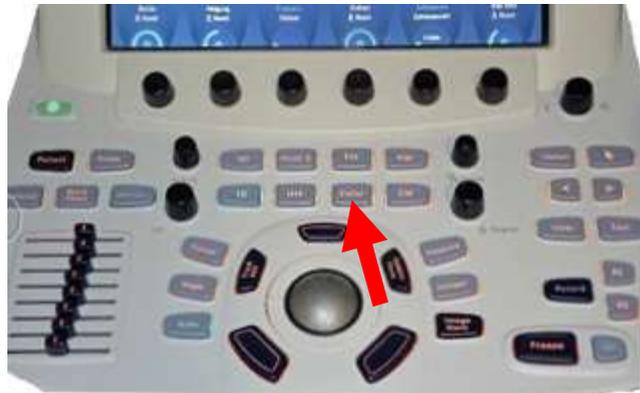


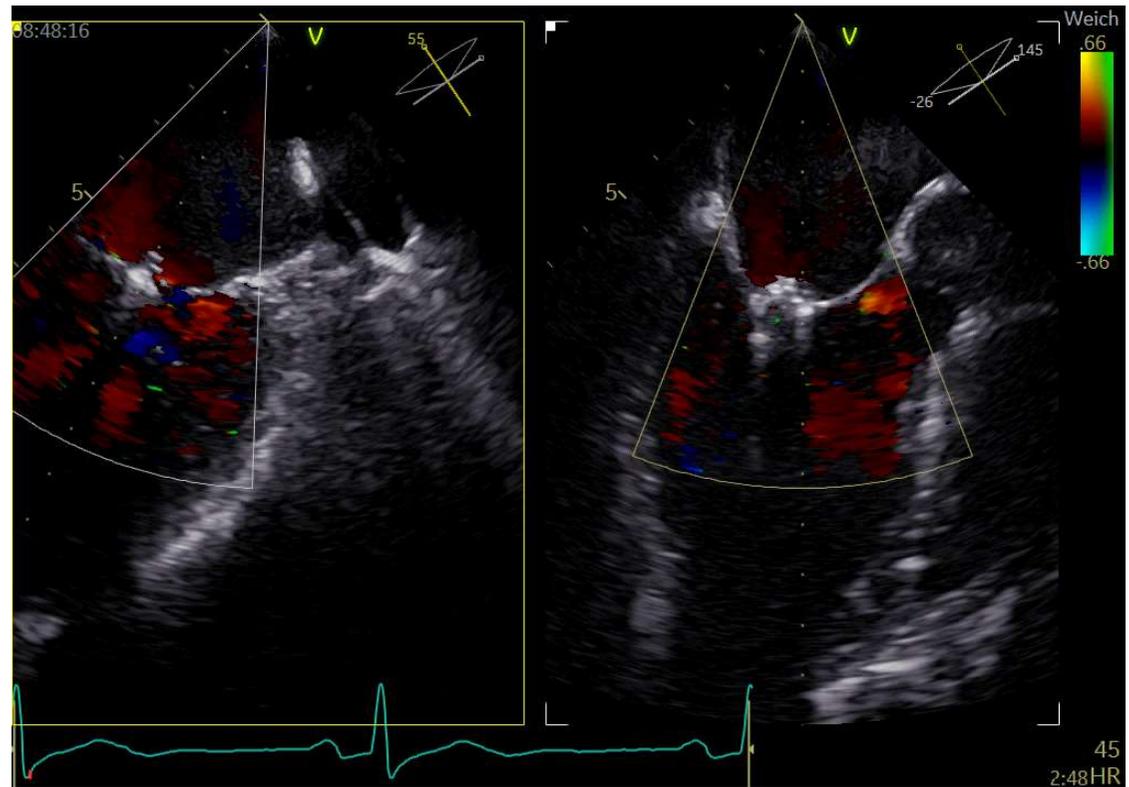
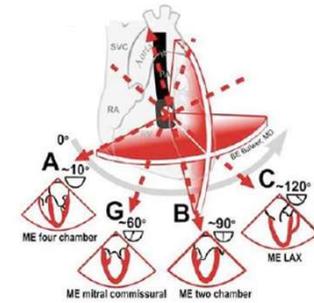


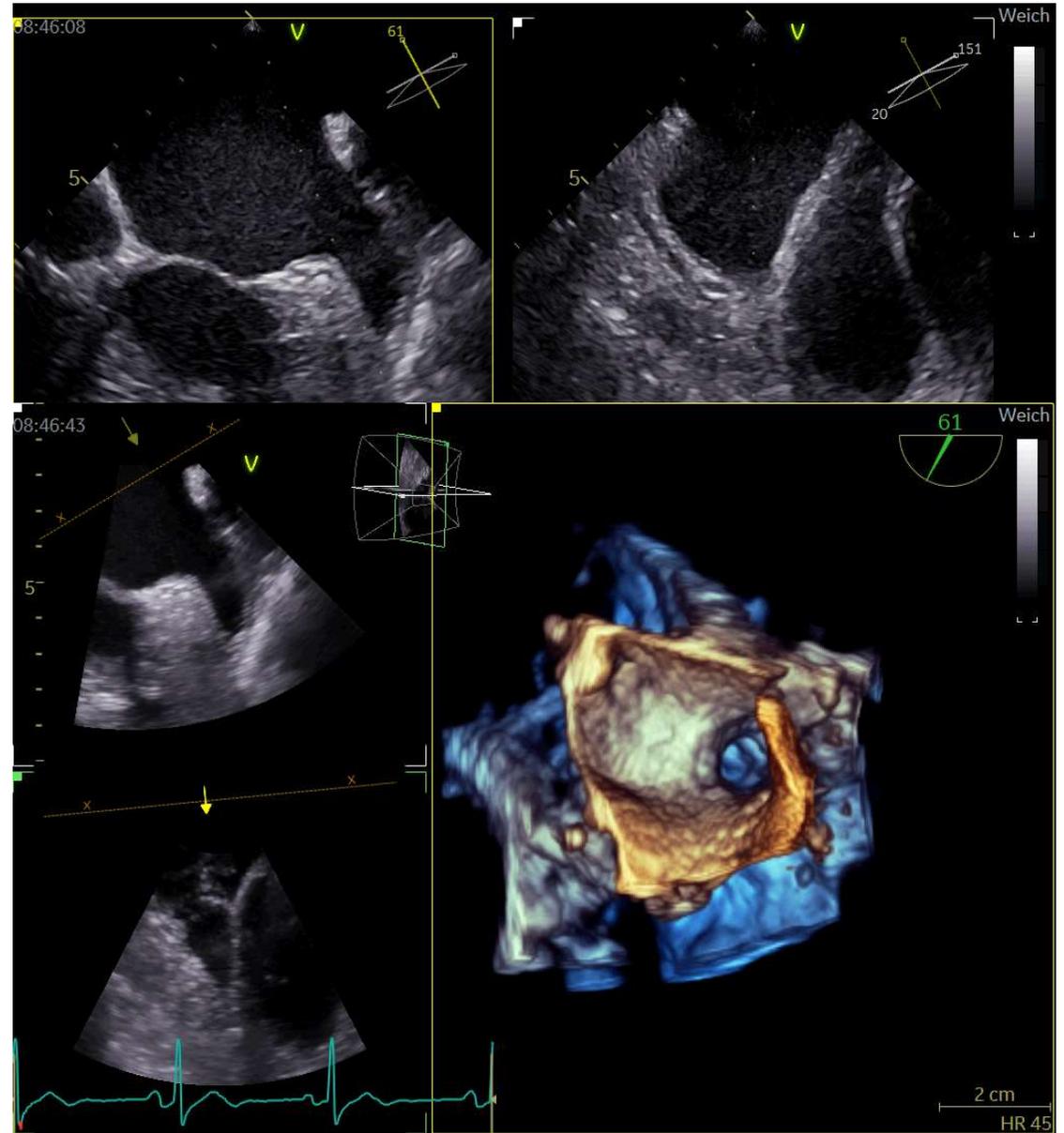


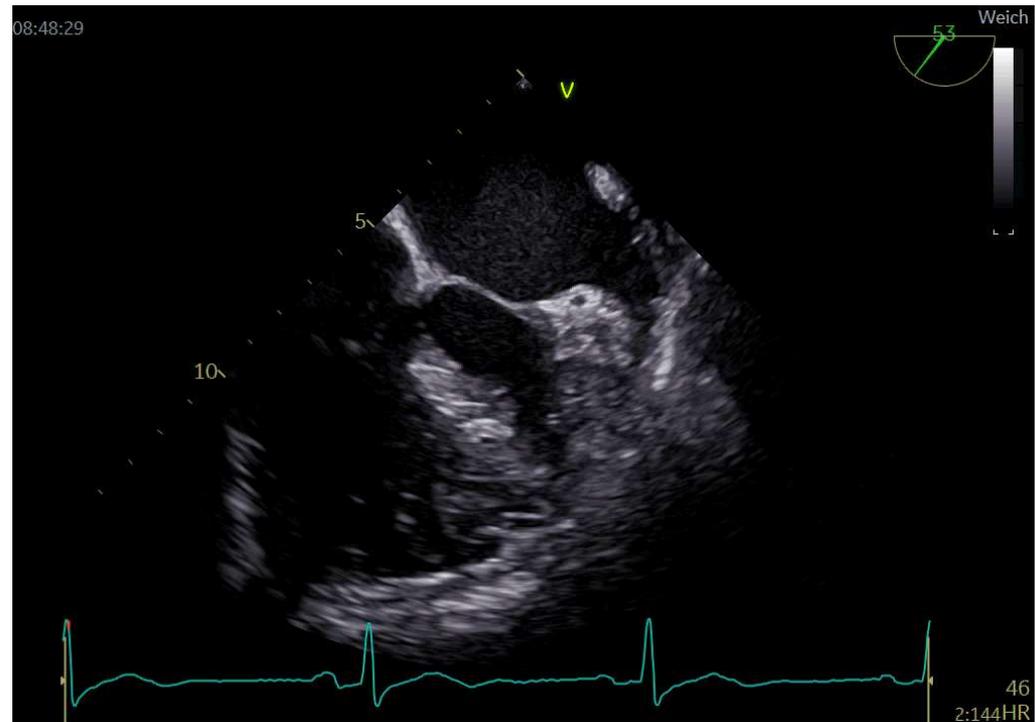
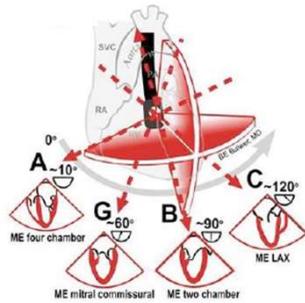


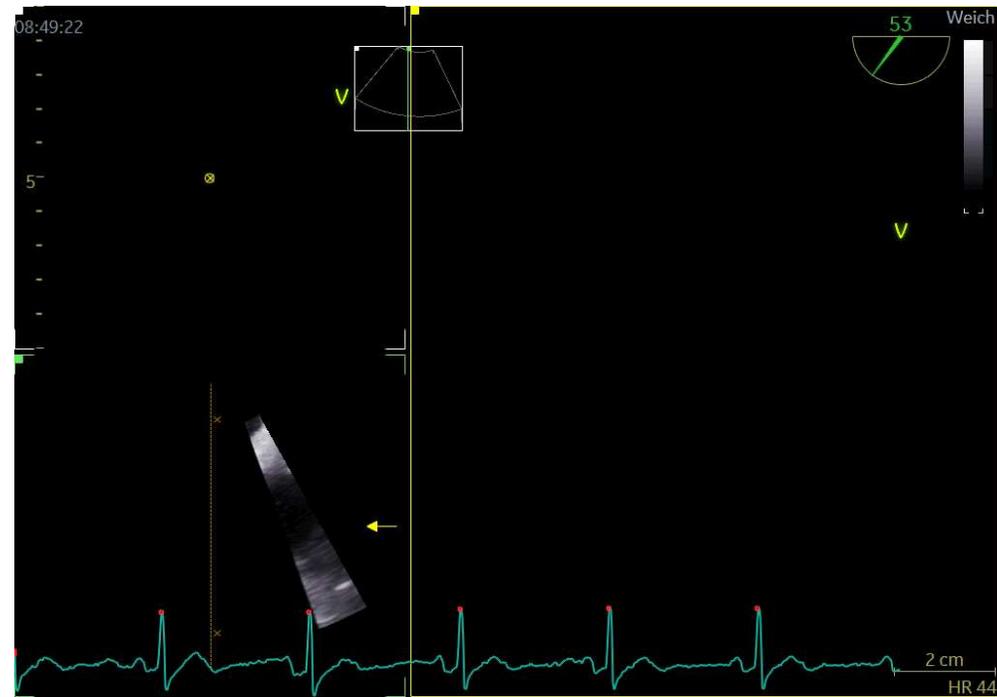
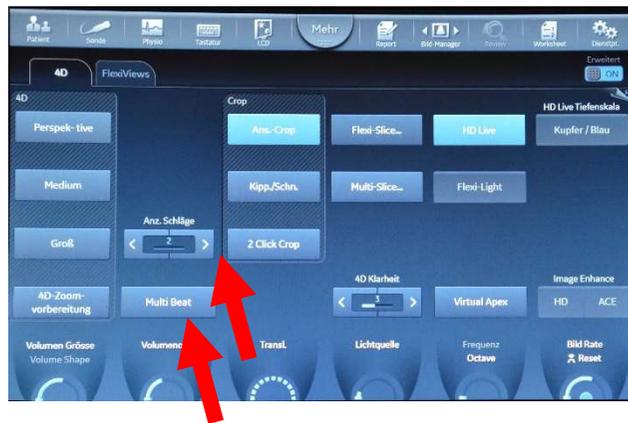
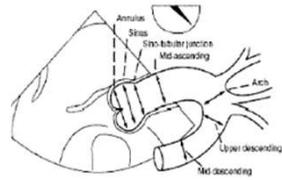


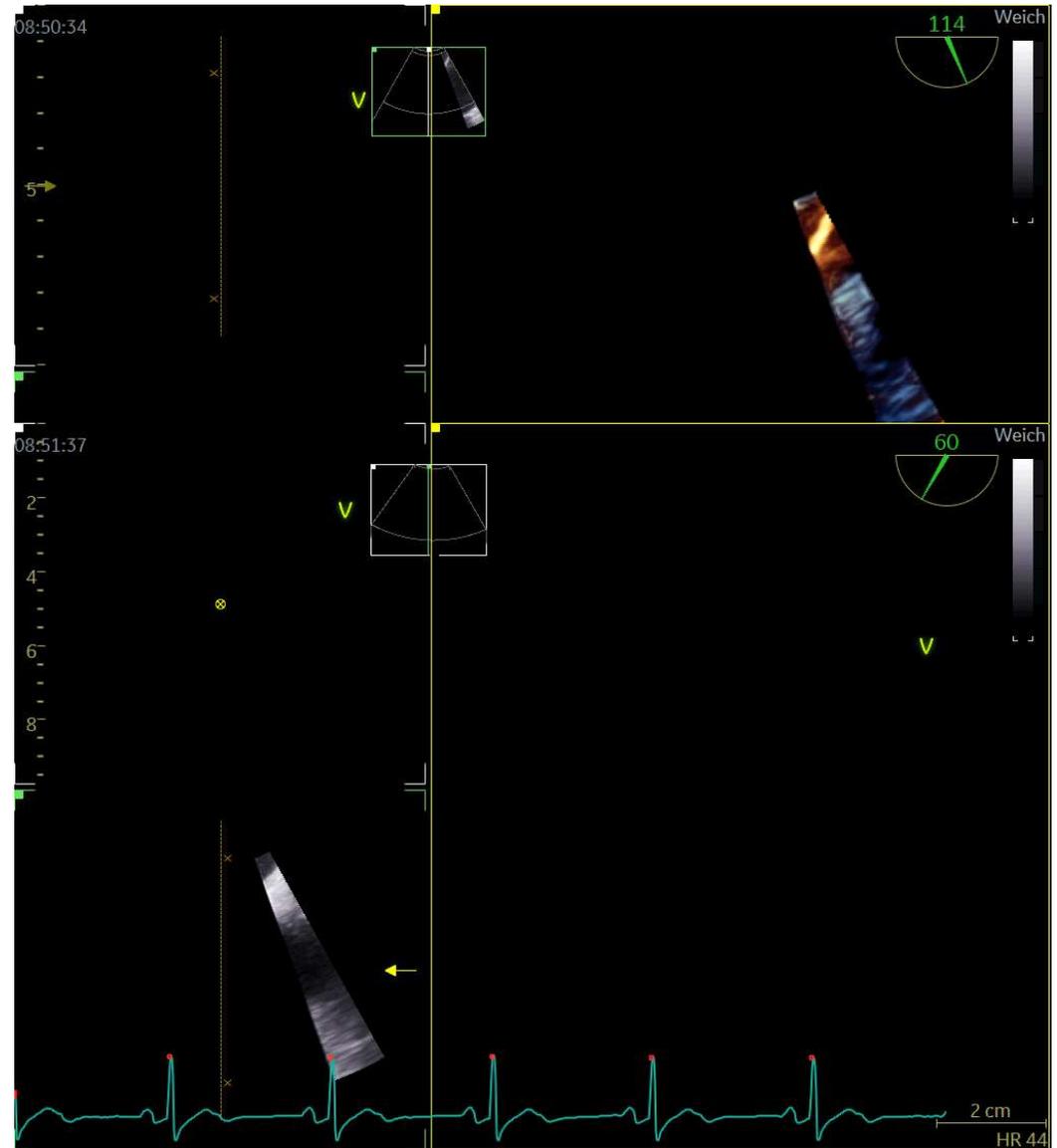


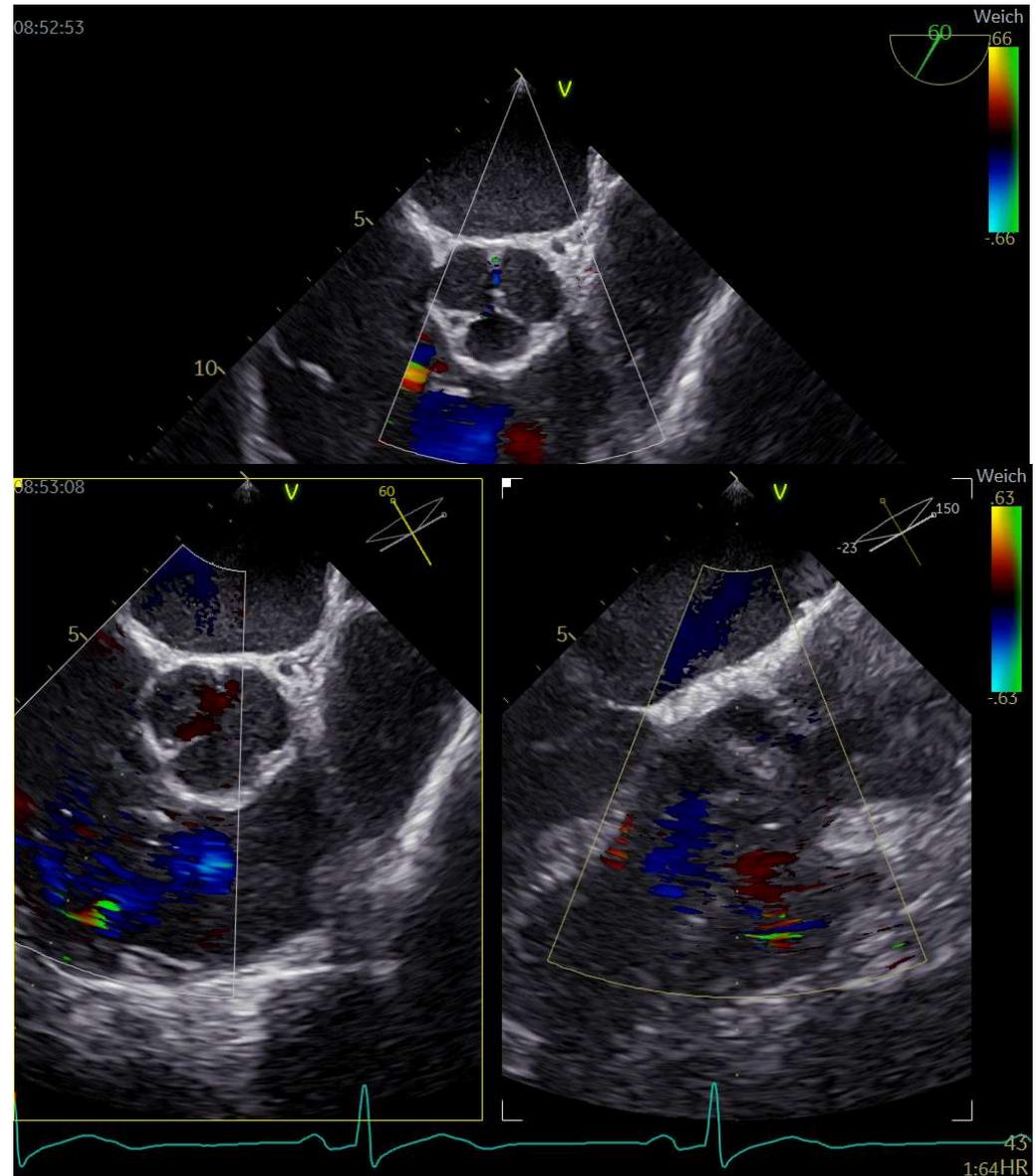
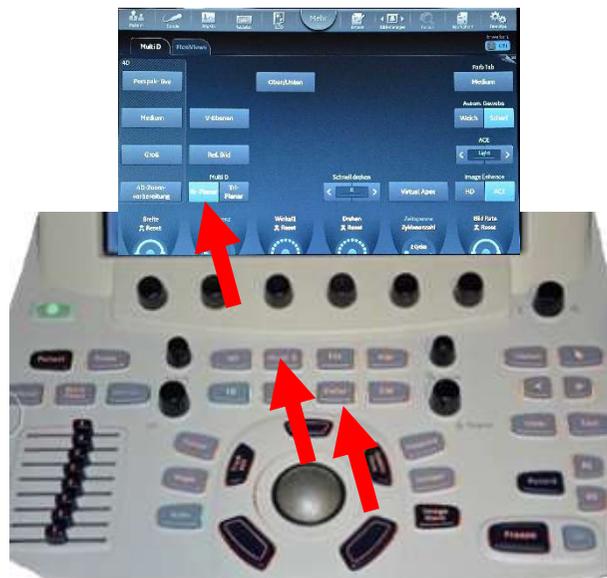


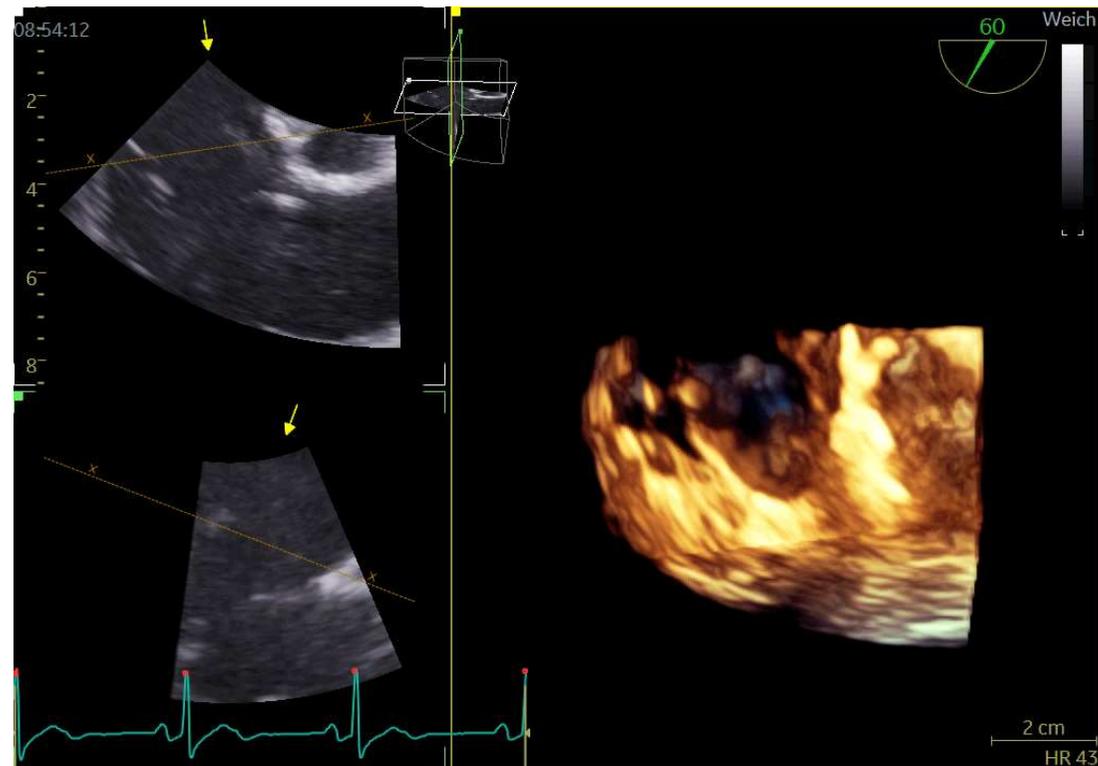
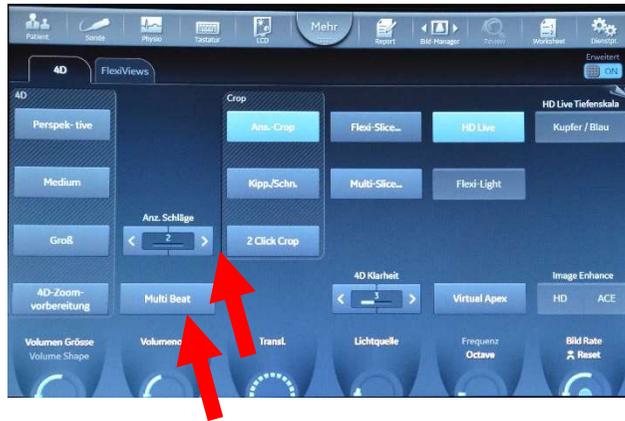


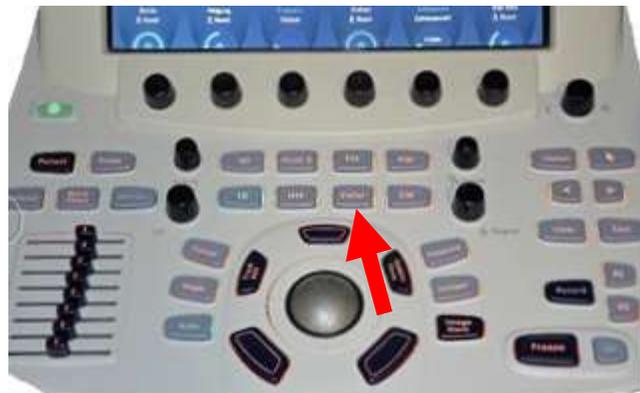
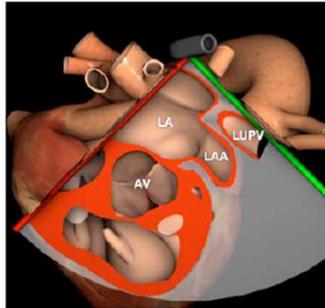


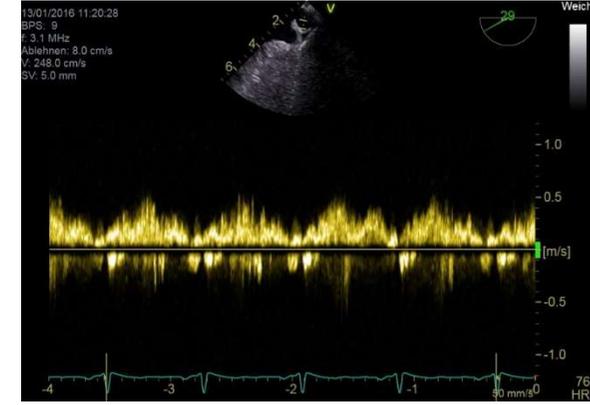
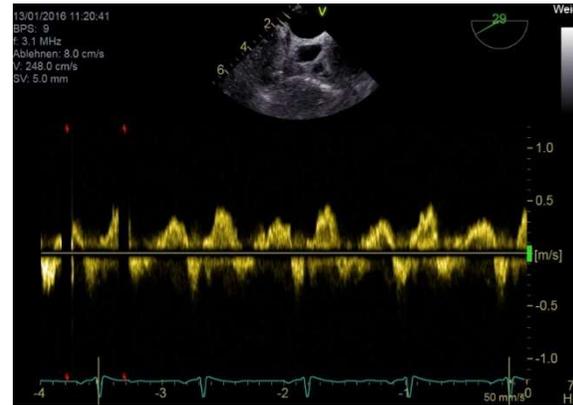
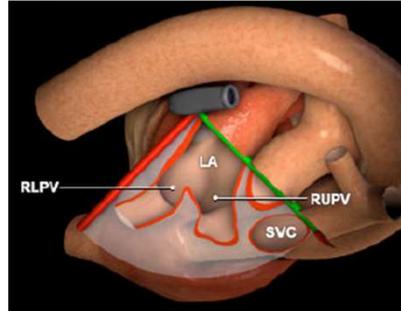




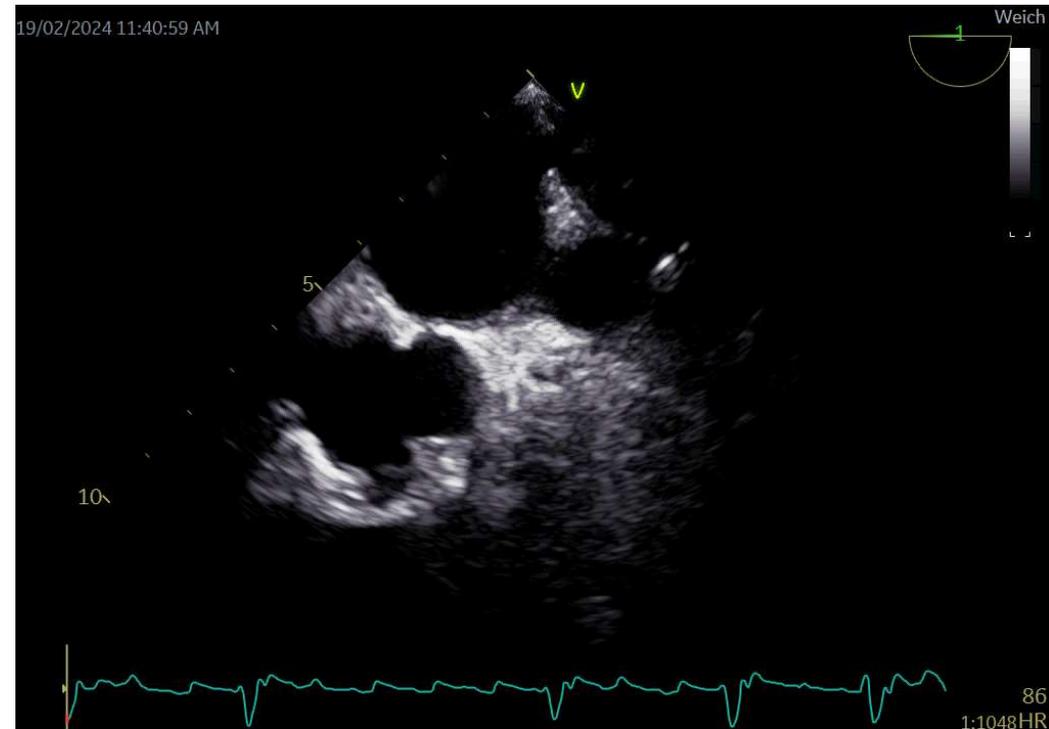


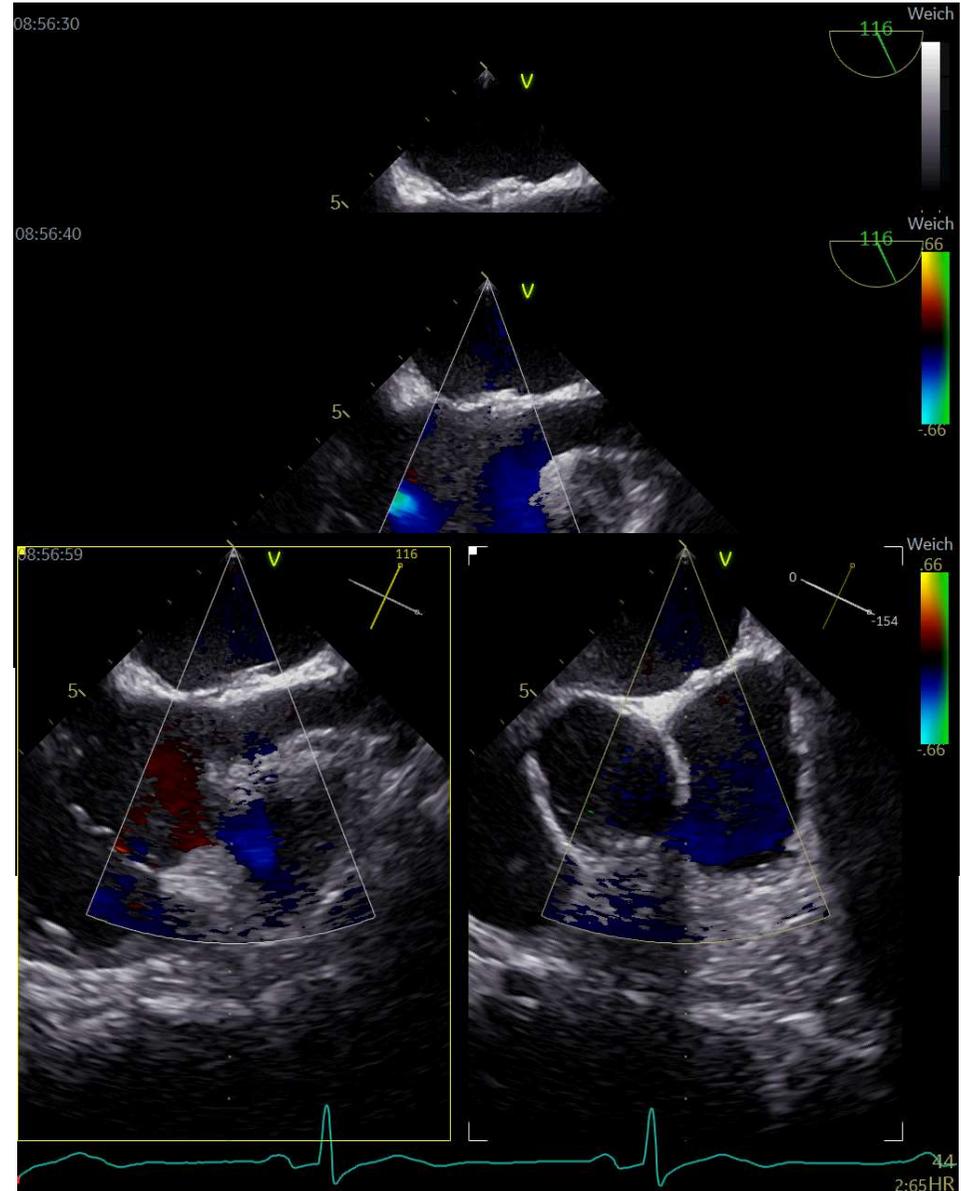
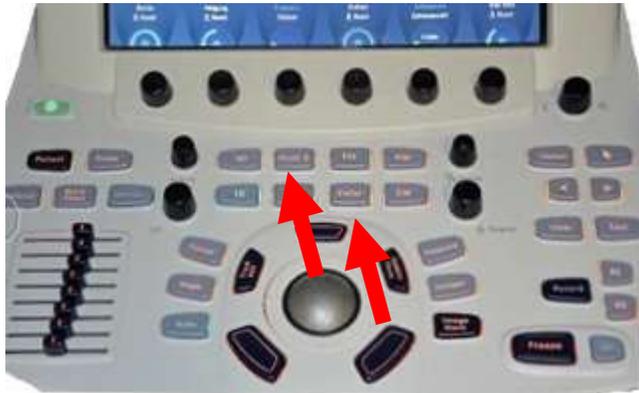
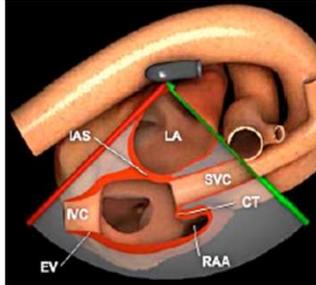


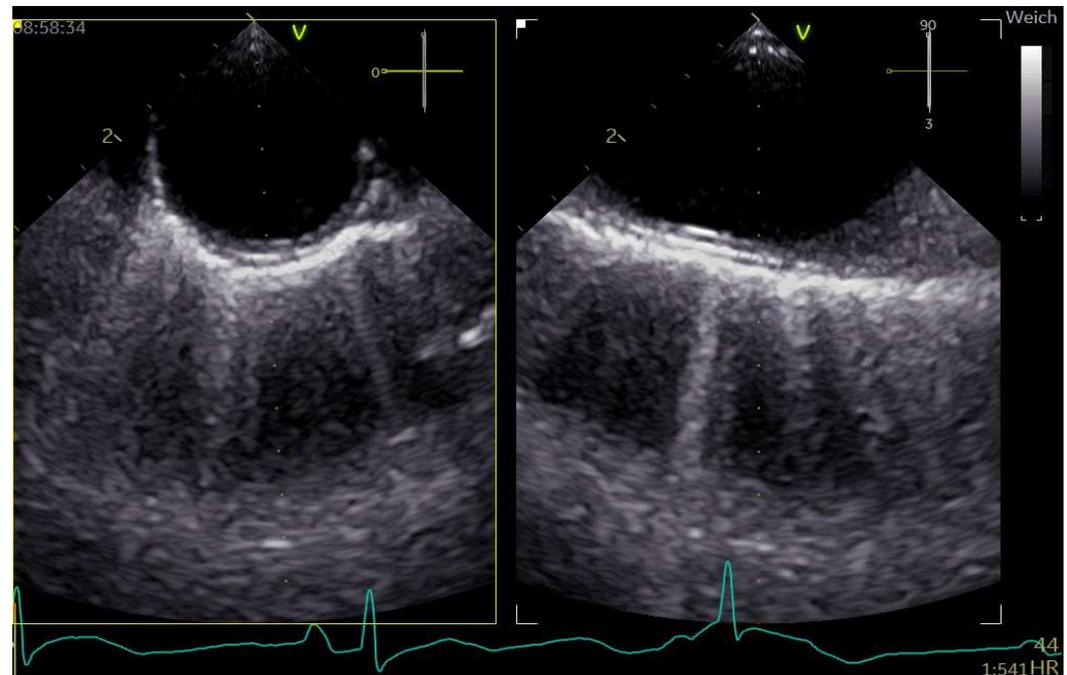
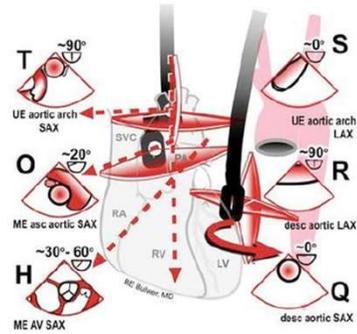


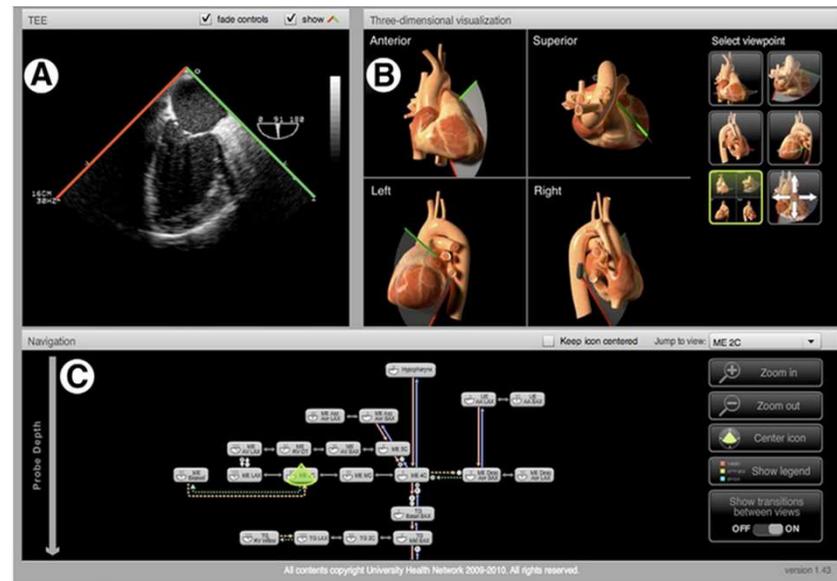
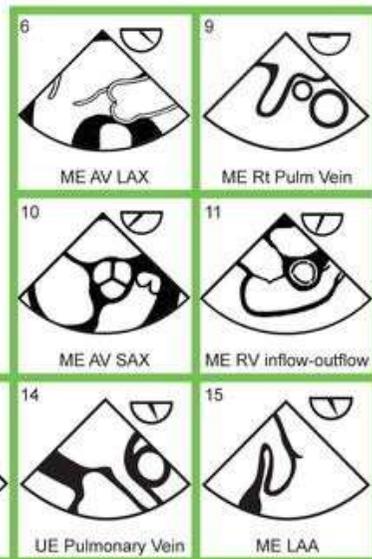
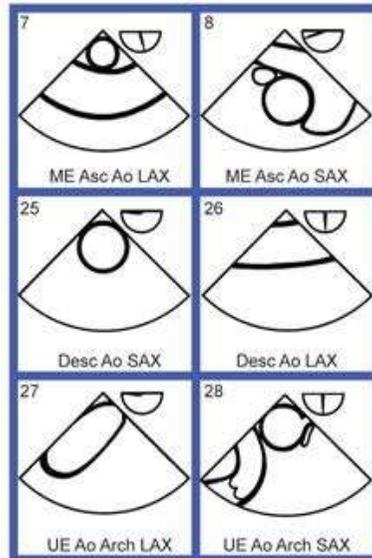
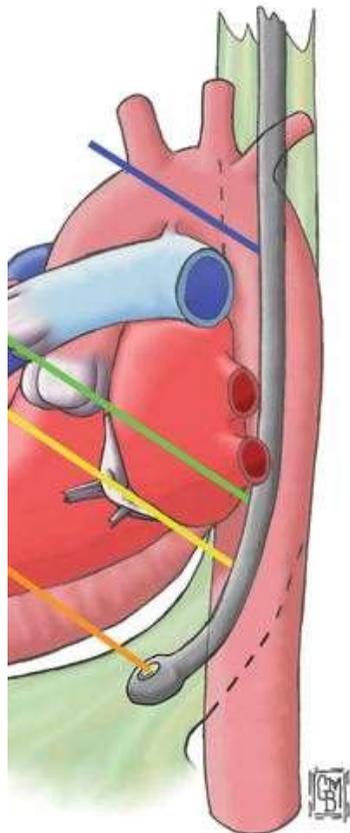


Bei 60 Grad Aufsuchen der linken oberen Pulmonalvene, Einstellung der linken unteren Pulmonalvene bei 0, Schwenk nach rechts auf die rechte untere Pulmonalvene, abschließend Einstellung der rechten oberen Pulmonalvene bei 80 – 90 Grad.









<http://pie.med.utoronto.ca/tee/>