

SCA 116**USE OF TRANSESOPHAGEAL ECHOCARDIOGRAPHY IN CORONARY ARTERY BYPASS GRAFT SURGERY IN THE USA**

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Introduction and methods We have previously reported preliminary data from a national survey regarding the management of intraoperatively diagnosed patent foramen ovale during coronary artery bypass graft surgery (CABG)(1). Here we present results related to the frequency of use of intraoperative transesophageal echocardiography (TEE) during CABG.

Results. The overall response rate of this survey was 468 (64%) resulting from three mailings to a list of 734 cardiac surgeons obtained from the STS database. Intraoperative TEE is available in the primary institution of 432 respondents (99%). When available TEE is performed and interpreted by an anesthesiologist in 159 institutions (37%), by a cardiologist in 81 institutions (19%), by a cardiologist and/or an anesthesiologist in 181 institutions (42%) and by a surgeon in 10 institutions (2%). TEE is never used during CABG by 24 respondents (6%), used in less than 51% of CABG by 212 respondents (49%), used in 51%-80% of CABG by 56

respondents (13%), and used in > 80% of CABG by 139 respondents (32%). There is no difference in TEE use during CABG based on geographical region and number of cardiac surgeries performed at the institution. However, TEE utilization in CABG differs significantly between academic and private institutions. In academic centers, compared with private institutions, TEE is performed significantly ($p<0.001$) more often by anesthesiologists (46% vs. 31%), less often by cardiologists (11% vs. 24%) and never by a surgeon (0% vs. 4%). TEE is used during CABG in more than 50% of cases in 67% of academic centers and in only 30% of private institutions ($p<0.001$).

Conclusions. In academic institutions anesthesiologists appear to play a more active role in conducting intraoperative TEE examinations. Intraoperative TEE is more frequently used during CABG in academic centers. The impact of this variability in practice on patient outcome is unclear at this time.

Reference.

1. Mikhail R. Sukernik MR, Goswami S, Frumento R, Oz MC, Bennett-Guerrero E. National Survey Regarding the Management of Intraoperatively Diagnosed Patent Foramen Ovale during Coronary Artery Bypass Graft Surgery. ASA Meeting Abstracts, 2002.