

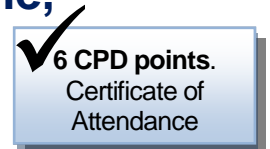
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Barts and The London 
NHS Trust

The North East Thames 8th Emergency and Critical Care ECHO Course

for specialists in Acute Medicine, Emergency Medicine,
Critical Care and Anaesthesia

organised by Barts and The London NHS Trust in partnership with
Infomed Research and Training, on Thursday 17 May 2012, at the
DoubleTree by Hilton Hotel, 2 Bridge Place, Victoria, London, SW1V 1QA



Programme Director:

Dr Tim Harris, Consultant Emergency Physician,
Royal London Hospital

The Faculty includes:

- Dr Pat O'Callaghan, Consultant Cardiologist,
Barts and The London NHS Trust
- Dr Ceri Davies, Consultant Cardiologist,
Barts and The London NHS Trust
- Dr Valentina Puntmann, MD, PhD, MRCP
Senior Lecturer in Translational Medicine & Cardiovascular,
King's College London
- Dr Mo Thavasoathy,
Consultant in Intensive Care Medicine,
Royal London Hospital
- Dr Chris Critoph, SpR in Cardiology,
Heart Hospital, London
- Dr Nick Fletcher, Consultant in Cardiac Anaesthesia
and Intensive Care Medicine, St George's Hospital, London
- Ms Judith Kling, Echocardiographer,
Charing Cross Hospital, London
- Ms Marilyn Gabrido, Echocardiographer
Barts and The London NHS Trust

This Course is aimed at:

Doctors who are involved in the assessment
of acutely unwell patients and as such it is for
Consultants, Registrars and Middle Grades in
Critical Care, Anaesthesia, Acute Medicine and
Emergency Medicine. Doctors with US basic
knowledge and some practical experience.

This Course is about:

- Using ECHO in the assessment of the
acutely unwell patient: learn how to use
cardiac ultrasound to perform a limited ECHO
and provide reliable information in specific
areas including left ventricular function,
identifying pericardial effusions/tamponade,
identifying valvular dysfunction and
assessing right ventricular
pressure overload.
- Using limited ECHO
as a useful adjuvant in rapidly
assessing patients in cardiac arrest.

Practical Sessions:

- Obtaining the basic cardiac windows
and identifying normal structures
 - Assessing LV function
 - Assessing Valvular Function

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WHY ECHO

Echocardiography is a valuable investigation in acutely unwell patients providing information on the structural integrity and performance of the heart. It takes many years to develop a full skill set and provide comprehensive diagnostic information. However, there is good evidence that a short period of training allows the non cardiologist to use cardiac ultrasound to perform a limited ECHO and provide reliable information in specific areas including left ventricular function, identifying pericardial effusions/tamponade, identifying valvular dysfunction and assessing right ventricular pressure overload (massive and submassive pulmonary embolism) (*Jackson 2000, Mandavia 2001, Moore 2002, Ranazzo 2003*). Clinical evaluation of the prevailing haemodynamic process in shocked patients has been shown to be unreliable (*Boldt 1994*) and may be supplemented by ECHO (*Randazzo 2003*). Limited ECHO has also been shown to be a useful adjuvant in rapidly assessing patients in cardiac arrest providing information on the aetiology and prognosis.

ABOUT THE COURSE

This course concentrates on providing non cardiologists with basic skills to assist in the assessment and resuscitation of acutely unwell patients. It is best suited to those who have some basic knowledge of ultrasound techniques. All candidates should read through the brochure and try to visit their echocardiography (or ultrasound) departments prior to the course to maximise learning.

The objectives of the day are for the candidates to be able to perform the following:

- Basic ECHO windows – subcostal, PSSA, PSLA, apical 4 chamber
- Assess LV function and grading the performance as hyperdynamic, normal, moderately impaired or severely impaired; measure wall thickness and chamber size
- Identify pericardial and pleural effusions
- Observe aortic and mitral valve motion and identify gross stenosis (no grading) and use Doppler to identify significant regurgitation (not quantify)
- Gross assessment of RV pressure – volume overload – RV:LV ratio > 1 (apical view), IVC plethora (>22mm, respiratory variation) and RV wall thickness

PROGRAMME

08.30 – 09.00 **Registration**

09.00 – 09.40

The role of focused ECHO for non-cardiologists

Dr Tim Harris,
Consultant in Emergency Medicine,
Royal London Hospital

- The SHOC scan
- Role of limited ECHO in
 - assessing the hypotensive patient (AAA, abdominal free fluid, LV fn, RV fn & pericardial fluid, deep vein thrombosis)
 - the arrested patient

09.40 – 10.25

How to guide to Critical Care ECHO

Dr Valentina Puntmann,
Senior Lecturer in Translational Medicine &
Cardiovascular, King's College London,
jointly with **Judith Kling**, Echocardiographer,
Charing Cross Hospital, London
(*demonstrating on a model with projection on a screen*)

- Revision of machine set up: transducers; probe and the beam; machine anatomy
- Obtaining best quality images: probe orientation; depth; focus; TGC; scanning – when left or right
- Cardiac anatomy
- Standard windows (parasternal short / long axis, apical, subcostal):
 - acquisition and echocardiographic cardiac anatomy
 - chambers, valves, pericardium

10.25 – 11.10

PRACTICAL SESSION A

Obtaining Basic Cardiac Windows and Identifying Normal Structures

11.10 – 11.25 **Tea and coffee break**

11.25 – 11.55

Pericardial Effusion and Tamponade

Dr Chris Critoph,
SpR in Cardiology,
Heart Hospital, London

- Identifying pericardial fluid – and pleural fluid
- Identifying tamponade – right atrial and ventricular diastolic collapse

11.55 – 12.25

RV Acute Pressure Overload

Dr Stefanie Robert,
SpR in ITU,
Royal London Hospital

Topics to be covered:

- RV dilation – apical 4 chamber RV:LV ratio
- Acute vs. chronic RV pressure overload, RV wall thickness
- RV contractility
- Loss IVC collapse

12.25 – 13.25

PRACTICAL SESSION B

RV Pressure Overload

13.25 – 14.05 **Lunch**

14.05 – 14.50

LV Performance, Cardiac Output

Dr Ceri Davies,
Consultant Cardiologist,
Barts and The London NHS Trust

Topics to be covered:

- Normal ventricular performance
- Grading LV performance
 - Subjective visual estimation from observation – hyperdynamic, normal > 55%, moderate 30 – 55%, poor < 30%
 - Ejection fraction – accuracy and interpretation
- Left sided chamber size and wall thickness

14.50 - 15.50

PRACTICAL SESSION C

Assessing LV Function

15.50 – 16.05 **Tea and coffee break**

16.05 – 16.50

Left Sided Valvular Lesions

Dr Pat O'Callaghan,
Consultant Cardiologist,
Barts and The London NHS Trust

Topics to be covered:

- Visual assessment of aortic /mitral valves
- Assessment of mitral/aortic stenosis and regurgitation (colour flow)
- Brief explanation of how cardiologists grade valve lesions by ECHO
 - Subjective assessment of left sided stenosis and regurgitation; introduction to colour doppler

16.50 – 17.50

PRACTICAL SESSION D

Assessing Valvular Function

17.50 - 18.20

Q&A, Revision Videos and Cases

Led by **Dr Ceri Davies**, with all pm lecturers

18.20

Collection of Attendance Certificates and close

REFERENCES

Jackson EJ, Rudoni RR, Hauser AM et al. Prospective Evaluation of Two Dimensional Transthoracic Echocardiography in Emergency Department Patients with Suspected Pulmonary Embolism. *Acad. Emerg. Med.* 2000;7:994-998

Mandavia DP, Hoffner RJ, Mahaney K, Henderson SO. Bedside Echocardiography by Emergency Physicians. *Ann. Emerg. Med.* 2001;38:377-82

Morre CL, Rose GA, Talal VS et al. Determination of Left Ventricular Function by Emergency Physician Echocardiography of Hypotensive Patients. *Acad. Emerg. Med.* 2002;9:186-193

Randazzo MR, Snoey ER, Levitt DO, Binder PA. Accuracy of Emergency Physician Assessment of Left Ventricular Ejection Fraction and Central Venous Pressure. *Acad. Emerg. Med.* 2003; 10:973-977

Boldt J, Menes T, Woolruck M, et al. Is Continuous Cardiac Output Measurement Using Thermodilution Reliable in Critically Ill Patients? *Crit care Med* 1994;22:1913-8

Also:

Kircher BJ. Non invasive estimation of right atrial pressure from the inspiratory collapse of the IVC. *Am. J. Cardiol.* 1990;66:493-6

Duvekot JJ, Cherex EC, Tan WD et al. Measurement of the Anterior - Posterior Diameter Inferior Vena Cava by Ultrasonography. *Cardiovasc. Res.* 1994;28:1269-72

Gullance G, Saoia MT. Echocardiographic of the Inferior Vena Caval Wall Motion for Studies of Right Heart Dynamics and Function. *Clin. Cardiol.* 1984;7:393-404

Booking

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£295 (incl. 20% VAT).

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Alternatively, **BOOK ONLINE** at www.infomedltd.co.uk.

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