



The Cardiac Society of Australia and New Zealand

Position Statement on Sedation in Conjunction with Transoesophageal Echocardiography

This position statement was developed by Dr John O'Shea and members of the Cardiac Imaging Council.

The statement was reviewed by the Continuing Education and Recertification Committee and ratified at the CSANZ Board meeting held on Wednesday, 10th August 2011.

Transoesophageal echocardiography is widely practised in Australia and New Zealand and is an invaluable diagnostic tool for a range of cardiological disorders.

The Cardiac Society of Australia and New Zealand recognises that a variety of approaches in regard to sedation of patients for this technique can be used. Some procedures are performed using topical pharyngeal anaesthesia without any sedation or similar adjunctive therapy. Many use topical pharyngeal anaesthesia in association with sedation. This is commonly achieved with intravenous benzodiazepine (e.g. Midazolam) alone or in combination with intravenous narcotic (e.g. Fentanyl). On occasions, transoesophageal echocardiography is performed under general anaesthesia and this approach is frequently used when transoesophageal echocardiography is performed in conjunction with an interventional procedure (e.g. electrical cardioversion, atrial septal closure device insertion, etc).

Anecdotal evidence would suggest that all these approaches have a very good safety record.

The Cardiac Society of Australia and New Zealand believes that it should not be mandatory to have an Anaesthetist and/or a second Medical Practitioner present during performance of transoesophageal echocardiographic procedures. However, it is mandatory that, when conscious sedation is being used by a Cardiologist, there should be an assistant to the Proceduralist who is appropriately trained in the care of a sedated patient, whose primary duty is to monitor the level of consciousness and cardio-respiratory status of the patient. This person can administer treatment under the direct supervision of the Proceduralist, if indicated. However, careful case selection is important and patients with multiple co-morbidities may require a higher level of supportive care in association with transoesophageal echocardiography and consideration of general anaesthesia in selective cases.

In all procedures involving transoesophageal echocardiography, it is essential that a full range of resuscitation equipment, including appropriate reversal agents, be immediately available to use during the procedure, if necessary.

These recommendations are made in the light of the document entitled "Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures," published by the Australian and New Zealand College of Anaesthetists in conjunction with the Gastroenterological Society of Australia, the Royal Australasian College of Surgeons, the Australasian College for Emergency Medicine, the Royal Australasian College of Dental Surgeons and the Royal Australian and New Zealand College of Radiologists. These recommendations by the Cardiac Society of Australia and New Zealand are compatible with such specific published guidelines.