Echocardiography, the ability to communicate the results of a transesophageal echocardiographic examination to the patient and to other healthcare professionals and to summarize these results in the medical record was listed as an essential basic skill. The reason for considering such a skill essential is obvious. Because the IOE information is used to influence patient management, it belongs in the patient’s permanent medical record. The patient and other healthcare professionals should be able to access it readily for future reference. The failure to report IOE results significantly diminishes the credibility of anesthesiologists as echocardiographers. ASA task force is currently developing training guidelines for IOE. The guidelines will recommend specific training components and duration of training for two levels of training: basic and advanced. The task force’s guiding principles are that residents in anesthesiology should be able to meet the training requirements for basic perioperative transesophageal echocardiography before completion of the Clinical Anesthesia-third year (CA-3), whereas the requirements for advanced training should be achievable during a year of fellowship in cardiothoracic anesthesiology. Physicians already in practice would be advised to acquire equivalent/supervised experience in their own practice environment. Advances in technology have promoted the widespread application of echocardiography. Today, echocardiographic images have become crystal clear, and intracardiac flows can be measured with great accuracy. Real-time automated border detection and tissue Doppler imaging impart new insight into systolic and diastolic function and the temporal components of myocardial ischemia. Even more astonishing technical developments are just around the corner. Real-time four-dimensional echocardiography is almost ready for clinical trials. In this amazing technique, high-resolution three-dimensional images of cardiac structures can be viewed from any angle or through any cross-section over time (fourth dimension). For example, three-dimensional images of a mitral valve can be rotated to visualize either its atrial or ventricular surface, and
details of interest can be examined in any cross-section, all in real time. This is truly revolutionary. One technical novelty is especially noteworthy because it may markedly influence the practice of anesthesiology and peri-operative medicine. During the past year, handheld echocardiography devices have become available. They usually weigh less than 3 kg and cost less than $20,000. Their capabilities are still somewhat limited but have been found adequate in preliminary reports. These handheld devices will extend the role of echocardiography well beyond the echocardiography laboratory or cardiac operating room into many areas of peri-operative care, such as preoperative evaluation for non-cardiac surgery, and postoperative management. Their introduction into peri-operative care will require huge efforts in training and assimilation, but the practice of peri-operative medicine will be inconceivable without their use. In the near future, anesthesiologists will need to become as comfortable with the handheld echoscan as they are with the stethoscope. This is a significant challenge, but if history is a guide, it is a challenge that anesthesiology can face with confidence.

REFERENCES:

Surg Cap Ehsan ul Haq graduated from Rawalpindi Medical College Rawalpindi in 1980. After doing his house job, he joined Army as GDMO. He qualified grading in anaesthesiology from AFPGMI, after which he qualified MCPS as well as FCPS (anaesthesiology). He was sent to UK for OJT. He is presently serving as senior Classified anaesthetist at PNS Shila.

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