



**Purpose:** Echocardiography is the most common imaging technique for the diagnosis and management of a wide range of cardiovascular disorders. Over the past several years, the clinical use of echo has expanded significantly. Our goal is to provide education, information and to become an invaluable resource for all those interested in broadening their knowledge in the field of Echocardiography

## Let's Talk Congenital Heart Disease

by Jan Samolyk, RDCS, FASE

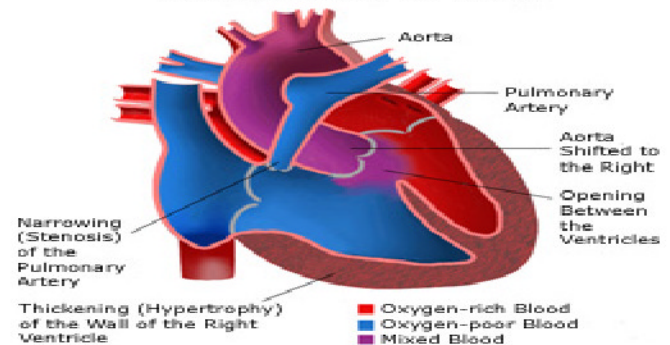
Every year, the American College of Cardiology (ACC) convenes a meeting in Bethesda, Maryland, to address an important issue in cardiology. In 2000, the 32nd Bethesda Conference gathered international congenital cardiology experts to address the needs of adults living with heart defects. Below is a summary of these expert's recommendations.\*

- ◆ There are more adults with congenital heart defects than ever before. This is due in part to new and improved surgeries. There are more than 750,000 adults with congenital heart disease (CHD) in the United States. More than half need on-going specialized care.
- ◆ Studies on children show that death rates from CHD surgeries are higher at centers that do not regularly do CHD operations. This is likely to apply to surgeries in adults.
- ◆ There are many diagnostic tools for CHD. These include cath, echocardiography, CT scans, and cardiac MRI. One study found that 53% of CHD echocardiograms done at local centers had errors. Adults with CHD patients should get these studies done at centers that specialize in CHD when possible and because it is not always possible, adult sonographers need to be able to scan the unexpected.

A special health care need of adults with Congenital Heart Disease is managing their transition to adulthood.

\*Facts reported by the American Congenital Heart Association founded in 1998 by a group of adult congenital heart defect survivors and their families, and its Board of Directors continues to consist primarily of those living with heart defects. ACHA is dedicated to promoting excellence in ACHD care.

Tetralogy of Fallot ("Tet" or TOF)



Often before an echo, a patient states, "When I was born, there was something wrong with my heart but they fixed it". The patient cannot identify what was wrong or how it was fixed and a scar sometimes is your only clue that a procedure was done. Adult scanners have to have some knowledge about Congenital Heart Disease because the possibility of scanning one in your lab rises daily.

Adults with congenital heart defects need help switching from pediatric to adult care. A regional Adult CHD center that can meet patients' needs should be identified. This center should offer the same quality or higher quality care than the pediatric center. All Adult CHD patients need education on their condition. Topics should include:

- \* Name and details of their heart condition;
- \* Surgeries that have been performed;
- \* Frequency of follow-up;
- \* Medications and side effects;
- \* Preventing heart infections (endocarditis);
- \* Exercise;
- \* Birth control and family planning;
- \* Career planning and resources;
- \* Insurance;
- \* Dental care;
- \* Symptoms to look for;
- \* When to contact their health care provider.

Children's Hospital of Wisconsin, in conjunction with Froedtert Hospital and the Medical College of Wisconsin runs one of the few adult congenital heart disease programs in the country to treat the increasing number of people born with heart conditions who are living into adulthood.



# It's Time to Renew for 2010

## Vision and Long Term Goals

We want to provide useful information to all interested practitioners in the field of Echocardiography. We plan to meet this goal by hosting quarterly meetings at various hospitals and other institutions. The Board of Directors will be asked to meet annually to organize the program for the coming year. Each Board Member is asked to commit to a two year term..

During our first year, we were pleased at the participation in our area. Our membership grew to 85 people our very first year. During 2009, we met our goal for the year by hosting four educational quarterly CME meetings. Our Summer Sizzle, which is our Annual Networking Event was held in July and nearly 20 people were in attendance. We hosted TEAM Conference 2009 at The Grand Geneva Resort in Lake Geneva, Wisconsin. It was a Five-Star Event. Our presenters were top-notch and represented experts in their field: locally, nationally and internationally. Attendees were able to earn 10 CME credits for attending our weekend Conference. Those who attended all of our meetings this year and TEAM Conference 2009 were able to earn 14 CME credit hours. Over 175 people have joined TEAM since we started our first meeting in 2003.

One of our goals has always been to help meet the educational needs of sonographers, cardiologists, and students by providing exposure to current trends and advancements in echo. With the cutbacks of educational benefits by hospitals and clinics, we are fulfilling a need to provide quality education at a more AFFORDABLE RATE. Our membership fee remain at \$25 for professionals, \$15 for fellows and students.

## Our Current Situation

We are currently in our Membership Renewal Drive and we would like to see our membership grow as well as our meeting attendance to increase. By demonstrating a spirit of excellence in the production of our newsletters and marketing material, we want to make membership to TEAM attractive to physicians, sonographers, industry professionals and echo students. This year we are working aggressively to award AMA credits to physicians who attend our meetings.

## Looking to The Future

Our Board met in May to outline the details for TEAM Conference 2010. We will be hosting it again at The Grand Geneva Resort in Lake Geneva, April 2 - 3, 2011. If you have a suggestion or a special topic you'd like to see presented, now is the time to inform us. You may email us with your comments at [teamecho\\_3@hotmail.com](mailto:teamecho_3@hotmail.com). It is a very exciting time for TEAM and our future is brighter than ever. If you've been a member, it's Time to Join. If you're already a member, it's Time to Renew! TEAM PO Box 240851, Milwaukee, WI 53224

## Gel Bottle Poll

How do you handle gel bottles as they run low on gel?

1. Throw away bottle after one use?
2. Refill bottle after emptying and cleaning?
3. Top off bottle whenever it gets low, cleaning only when soiled?
4. Other?

How do you handle gel for isolation patients?

1. Spray/wipe down bottle?
2. Single use gel packs?
3. Throw bottle away after use?
4. Sleeve on transducer, gel inside?
5. Other?

Email your response to [teamecho\\_3@hotmail.com](mailto:teamecho_3@hotmail.com)

We'll share the results in our next newsletter.

Every lab needs up to date literature on Pediatric and Congenital Heart Disease. Here are three recently published books you may want to consider:

**Echocardiography in Pediatric and Congenital Heart Disease from Fetus to Adult** - Lai, Mertens, Cohen, Geva

(Dr Michelle Frommelt is a contributing author)

**Echocardiography in Pediatric and Congenital Heart Disease** Eidem, Cetta, O'Leary

**Congenital Heart Defects Simplified** - Ken Heiden, RDCS  
A Pediatric Registry Review (A TEAM Member)



TEAM Meeting

March 25, 2010

Dinner @ 5:30 pm Meeting @ 6:30 pm

"The Role of Echo in Valve Surgery"

Dr. Alfred Nicolosi - Presenter

Froedtert Hospital Board Room

East Clinic - 2nd Floor

Andy Klapperich, RDCS, Coordinator

TEAM

PO Box 240851, Milwaukee, WI 53224

[www.teamech04u.org](http://www.teamech04u.org) (as in '04)

Email: [teamecho\\_3@hotmail.com](mailto:teamecho_3@hotmail.com)

414-219-5563

This newsletter prepared & edited by Jan Samolyk, RDCS, FASE