Placement of the Esophageal Doppler Ultrasound Monitor Probe in Awake Patients

To the Editor:

By anesthetizing the nasal mucosa, the esophageal Doppler ultrasound monitor (EDM) probe can be readily inserted into awake patients. The advantages of this minimally invasive tool to accurately and quickly ascertain cardiac contractility, aortic flow, and preload are well established.1–3 In addition, these indexes are accurately and quickly ascertain cardiac contractility, aortic flow, and change and fractional change in LVEF during exercise.

In an editorial based on this and other studies, Yim and colleagues (May 2000)4 recommended that patients should not be turned down for surgical revascularization because of advanced age alone. We applaud this approach, which comes in the wake of valuable, novel contributions from a variety of disciplines, one of which is ERN. We demonstrated that ERN performed at an early postoperative interval in elderly CABG patients is prognostically useful and that it provides additional information to help guide the physician in consulting with and treating elderly patients after CABG.

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Errata

In the August 2000 supplement, “Translating Guidelines Into Practice: Implementation and Physician Behavior Change” [CHEST 2000; 118(Suppl):1S–73S], Barry Fuchs, MD, FCCP, of the University of Connecticut School of Medicine, Hartford, CT 06102-5037; e-mail: gatlas@harthosp.org

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