

# GASTROENTEROLOGY CONSULTS HAD LITTLE UTILITY PRIOR TO TRANSESOPHAGEAL ECHOCARDIOGRAMS IN A PROSPECTIVE COHORT STUDY

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## Background

- Despite the low complication rate of Transesophageal Echocardiograms (TEE), the inpatient GI service is sometimes called to clear patients for a TEE when patients have active GI symptoms or a significant GI medical or surgical history.

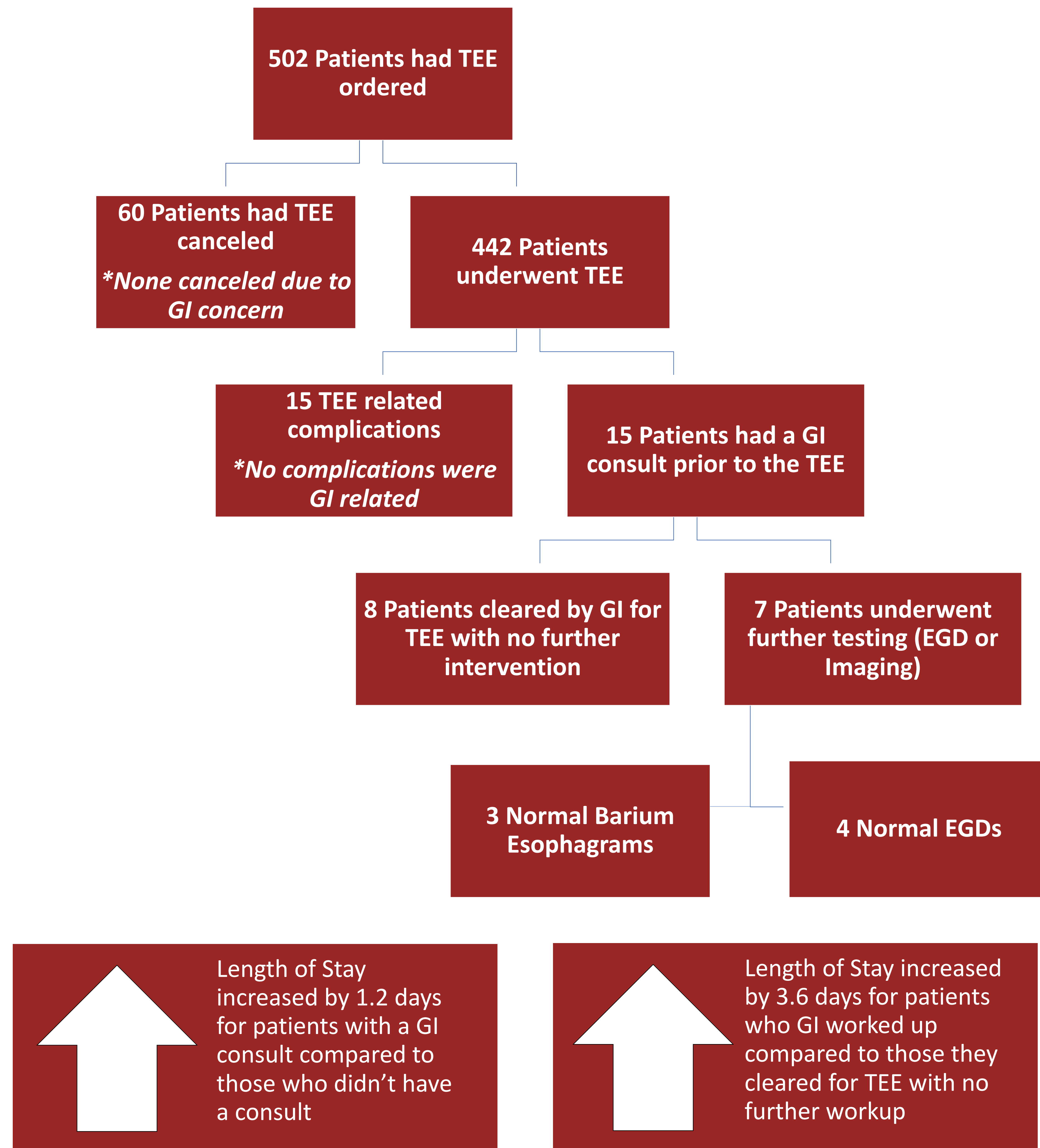
## Methodology

- We performed a prospective cohort study of all inpatients who had a TEE ordered from 7/1/2021 through 5/31/2022.
- Patients' demographic information, indications for TEE, complications from TEE, GI team recommendations, length of stay (LOS), and the results of any interventions were collected.

## Results

- Of the 502 patients who had a TEE ordered, 442 underwent the TEE and 15 had a GI consult (**Figure 1**)
- 8 patients were cleared by GI with no further intervention while 7 underwent an EGD or Barium Esophagram, all of which were normal.

Figure 1 – Breakdown of Patients scheduled for TEE



## Discussion

- 60 patients (11.95%) had their ordered TEE canceled, and none were due to a GI concern.
- Of the 442 patients who underwent a TEE, there were 15 complications (3.39%), none of which were GI-related.
- When GI decided to work up a patient, the resultant procedures were unrevealing and extended a patient's LOS by 3.6 days, adding to the overall cost of the patient's hospital care.

## Conclusions

- This is the first prospective study aimed at determining whether a GI consult prior to a TEE prevented any complications.
- In our analysis, there were no GI-related complications of any TEE that a preceding GI consult could have prevented, and the involvement of the inpatient GI team often led to unnecessary procedures and increased LOS.
- Future plans include the creation of a risk stratification tool for inpatients planned for TEE to help identify individuals who could benefit most from a GI team consultation and thereby prevent inefficiencies in clinical care.

