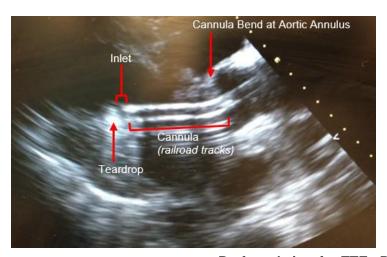
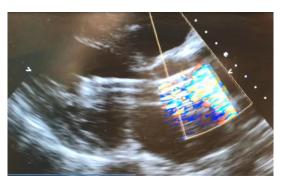
# ECHO AND IMPELLA 5.5° WITH SMARTASSIST°: PROPER PLACEMENT (TTE)

### **Verify Proper Catheter Placement**

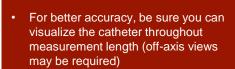
- √ Stable position in mid-ventricular space
- ✓ Catheter directed toward apex
- ✓ Inlet free of mitral subvalvular structures and LV walls
- ✓ Distance from aortic valve annulus to the mid-inlet should measure approximately 5 cm
- ✓ Outlet in the aorta, well above the aortic valve (Use Color Flow Doppler)







#### **Tips and Tricks**



- Ends of echogenic double lines of cannula indicate the inlet
- Reverberation artifacts posterior to the distal cannula and/or teardrop may help you locate the inlet in between (see image above)
- Inlet may appear anechoic if sound beam passes through blood entering inlet windows (shown on TEE guide)
- Utilize Color Flow Doppler to visualize outflow limited to ascending aorta
- Due to pump preload dependence, on every echo assess LV volume status and RV function





Because TTE and TEE views provide 2D images, visualizing catheter position in multiple views is recommended.



# ECHO AND IMPELLA 5.5° WITH SMARTASSIST°: PROPER PLACEMENT (TEE)

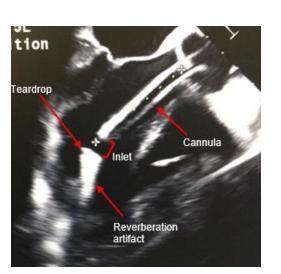


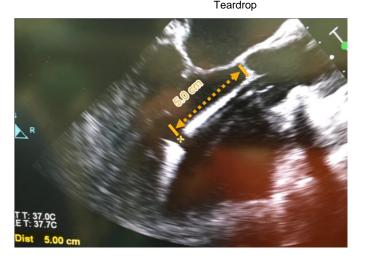
Cannula

Scan QR code for important risk and safety information associated with the use of Impella heart pumps.

### **Verify Proper Catheter Placement**

- √ Stable position in mid-ventricular space
- ✓ Catheter directed toward apex
- ✓ Inlet free of mitral subvalvular structures and LV walls
- ✓ Distance from aortic valve annulus to mid-inlet should measure approximately 5 cm
- ✓ Outlet in the aorta, well above the aortic valve (Use Color Flow Doppler)





## **Tips and Tricks**



- For better accuracy, be sure you can visualize the catheter throughout measurement length (off-axis views may be required)
- Ends of echogenic double lines of cannula indicate the inlet
- Reverberation artifacts posterior to the distal cannula and/or teardrop may help you locate the inlet in between (see images on left)
- Inlet may appear anechoic if sound beam passes through blood entering inlet windows (see images on left)
- Utilize Color Flow Doppler to visualize outflow limited to ascending aorta
- Due to pump preload dependence, on every echo assess LV volume status and RV function

Preferred view for TEE: Mid-esophageal long axis view



Because TTE and TEE views provide 2D images, visualizing catheter position in multiple views is recommended.

