



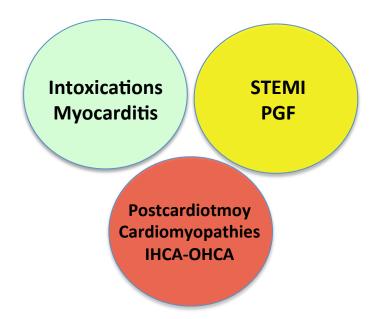




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VA ECMO is an effective therapeutic option in the setting of refractory cardiogenic shock and cardiac arrest



- easy and quick implantation
- rapid hemodynamic stabilization
- improvement of end-organ function
- reasonable solution in term of cost-effectiveness

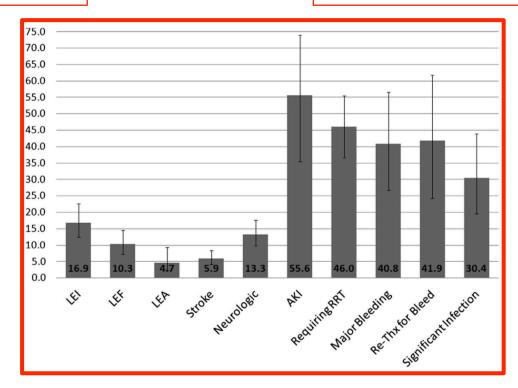
ECMO for beginners:

How to cope with first failures and complications

Complications of Extracorporeal Membrane Oxygenation for Treatment of Cardiogenic Shock and Cardiac Arrest: A Meta-Analysis of 1,866 Adult Patients

Cheng et al.

Ann Thorac Surg 2014;97:610-6





LOWER LIMB ISCHEMIA"anatomic complication"

LV DISTENSION – PULMONARY EDEMA "pathophysiologic complication"



"anatomic complication"

10-20%



Vascular Complications in Patients Undergoing Femoral Cannulation for Extracorporeal Membrane Oxygenation Support

Ann Thorac Surg 2011;92:626-31

The Impact of Vascular Complications on Survival of Patients on Venoarterial Extracorporeal Membrane Oxygenation

Ann Thorac Surg 2016;101:1729-34

Lower-extremity complications with femoral extracorporeal life support

J Thorac Cardiovasc Surg 2016;151:1738-44



LOWER LIMB ISCHEMIA"anatomic complication"



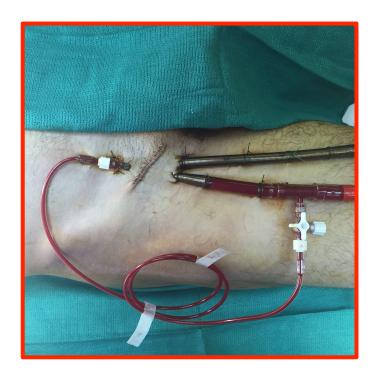




LOWER LIMB ISCHEMIA"anatomic complication"



SYSTEMATIC DISTAL REPERFUSION CATHETER





"anatomic complication"

- Expectant approach

J Vasc Surg 2010;52:850-3

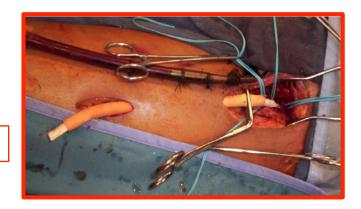
ANZ J Surg 2016;86:1002-6

- Pressure criterion

J Thorac Cardiovasc Surg 2004;128:776-7

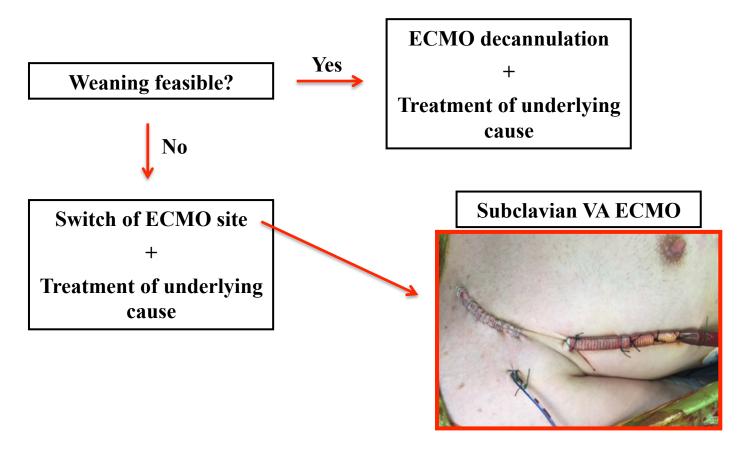
- T graft technique

Texas Heart Inst J 2015;42:537-9



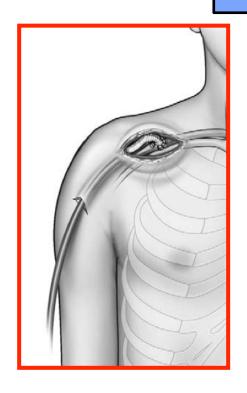


"anatomic complication"

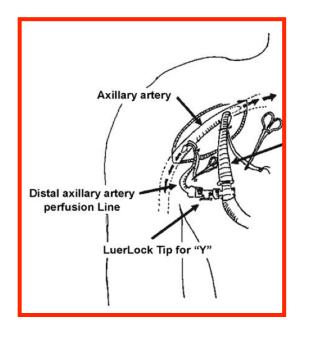




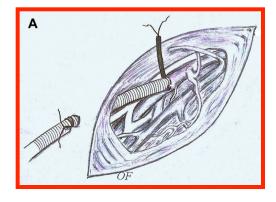
LOWER LIMB ISCHEMIA"anatomic complication"



With a Dacron prosthesis graft



Direct with a distal reperfusion catheter

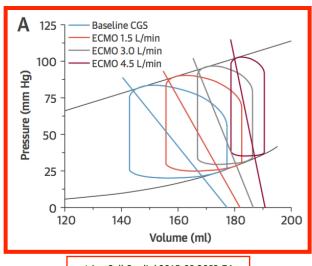


Direct without a distal reperfusion catheter

J Card Surg 2014;29:268-269



LV DISTENSION – PULMONARY EDEMA "pathophysiologic complication"



J Am Coll Cardiol 2015;66:2663-74



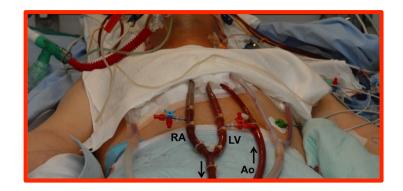




LV DISTENSION – PULMONARY EDEMA "pathophysiologic complication"

LV UNLOADING

- 1) Conversion from peripheral to central VA ECMO
 - the most invasive solution
 - probably the most effective



- 2) Cannulation of the left ventricular apex
 - anterolateral left minithoracotomy
 - less invasive approach



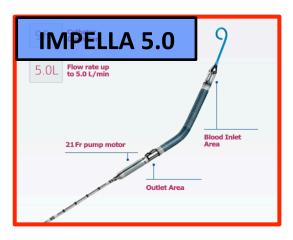
LV DISTENSION – PULMONARY EDEMA "pathophysiologic complication"

LV UNLOADING

3) Impella







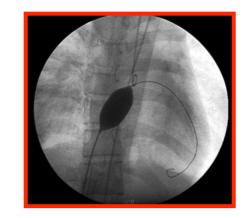


LV DISTENSION – PULMONARY EDEMA "pathophysiologic complication"

LV UNLOADING

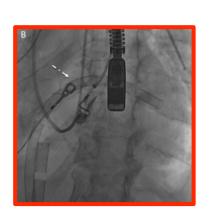
4) Percutaneous atrial septostomy

- iatrogenic ASD



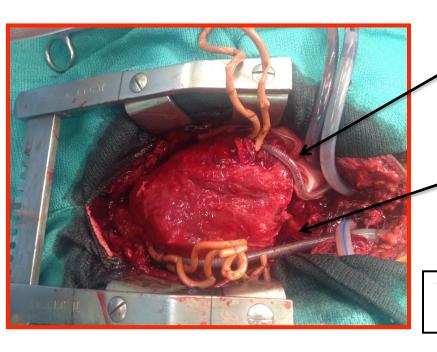
5) Other percutaneous techniques

- trans-septal left atrial or ventricular cannula
- transaortic left ventricular cannula
- case reports or small case series





LV DISTENSION – PULMONARY EDEMA "pathophysiologic complication"



LV apex cannula

Ascending aorta cannula

Venous drainage obtained with a percutaneous femoral cannula (25 or 29 Fr)

