“We present our minimally invasive technique for central ECLS through a nonsternotomy incision. Minimized right-sided thoracotomy is performed. Flexible arterial and venous cannulas are tunneled toward the right thoracotomy incision through the eighth intercostal space.” Weymann et al (2014).

Reference:

Minimally invasive access for central extracorporeal life support http://ctt.ec/ibXOe+
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Abstract:
Central extracorporeal life support (ECLS) is an effective treatment method of cardiogenic shock patients with or without lung failure. However, complications like infection and bleeding are common. The classical implantation approach requires full sternotomy, mobilization of the heart, with the well-known risks of bleeding and mediastinal infections. We present our minimally invasive technique for central ECLS through a nonsternotomy incision. Minimized right-sided thoracotomy is performed. Flexible arterial and venous cannulas are tunneled toward the right thoracotomy incision through the eighth intercostal space. A sewing ring is secured to the right atrium and a tube graft is anastomosed to the ascending aorta. Following full-dose heparinization, the arterial cannula is inserted with the tip into the vascular graft of the ascending aorta and the venous cannula via the ring into the right atrium. After meticulous deairing, the central ECLS is set at full flow.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).

- Guide for intravenous chemotherapy and associated vascular access devices from Macmillan.
- CancerUK IV chemotherapy information.