

Challenges of Managing Complex Cardiac ECMO Patients

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No disclosures.



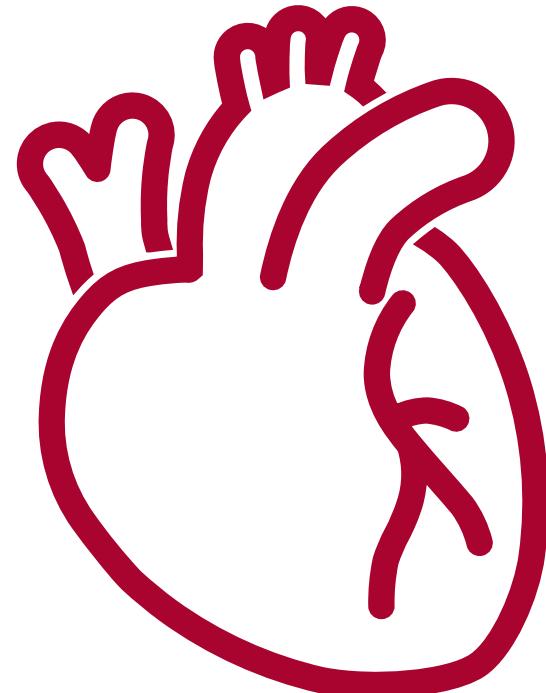
ECMO is life saving...
And morbid, complicated,
and challenging ...

Overview: Challenging ECMO patients

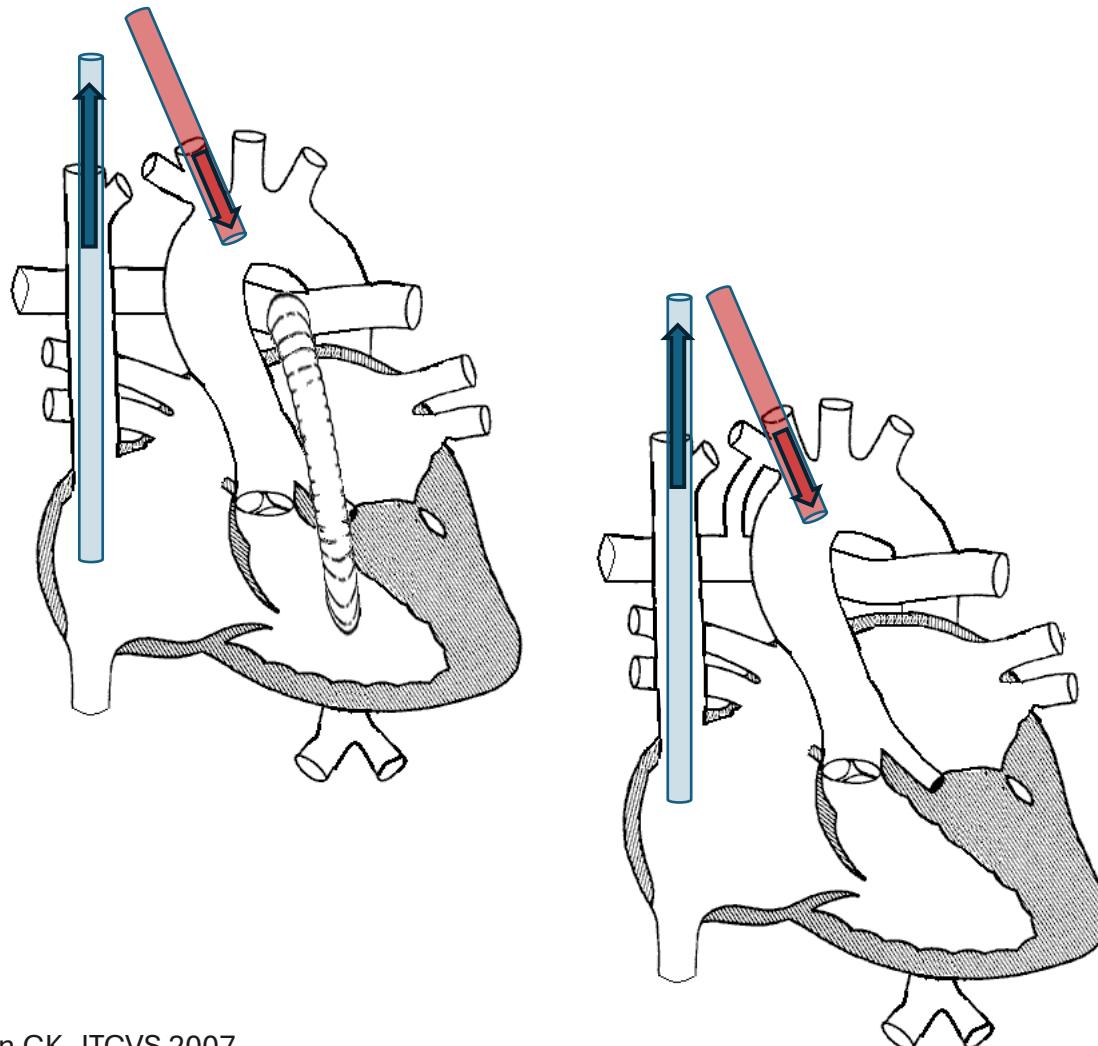
Challenges providing adequate cardiac output and cardiac rest:

- Single ventricle heart disease
 - Norwood circulation
 - Glenn / Hemi-Fontan circulation
 - Fontan circulation
- Left atrial decompression
- Other anatomic & physiologic considerations

ECMO support with single ventricle heart disease



ECMO + Stage I Norwood circulation

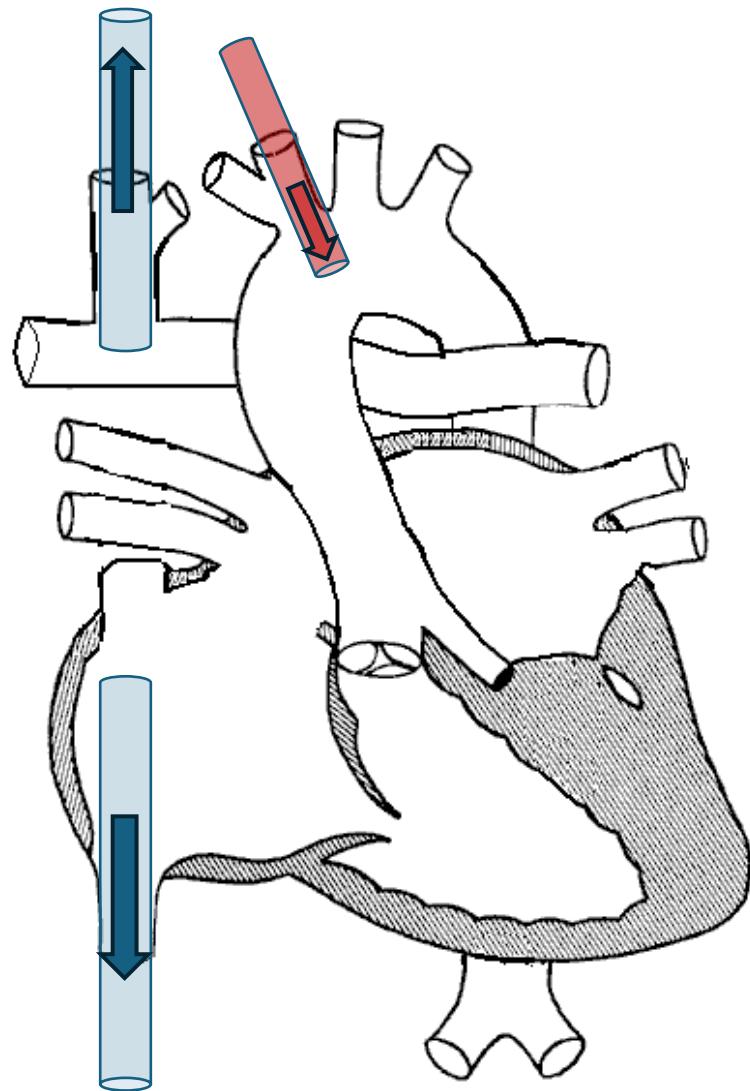


- Supporting 2 circulations, frequently need higher flows ($>120-150 \text{ mL/kg/min}$)
- Preferential flow to BTT shunt, causing systemic steal
 - May require BTT shunt banding
 - Will require de-banding prior to decannulation

ECMO + Stage I Norwood circulation

- Frequently ECMO utilized in Norwood operation:
 - Failure to separate from bypass
 - E-CPR (ECMO cannulation to achieve ROC in cardiac arrest)
- Survival higher than other SV ECMO
 - Reversible or transient causes
- Survival rates 30-40%

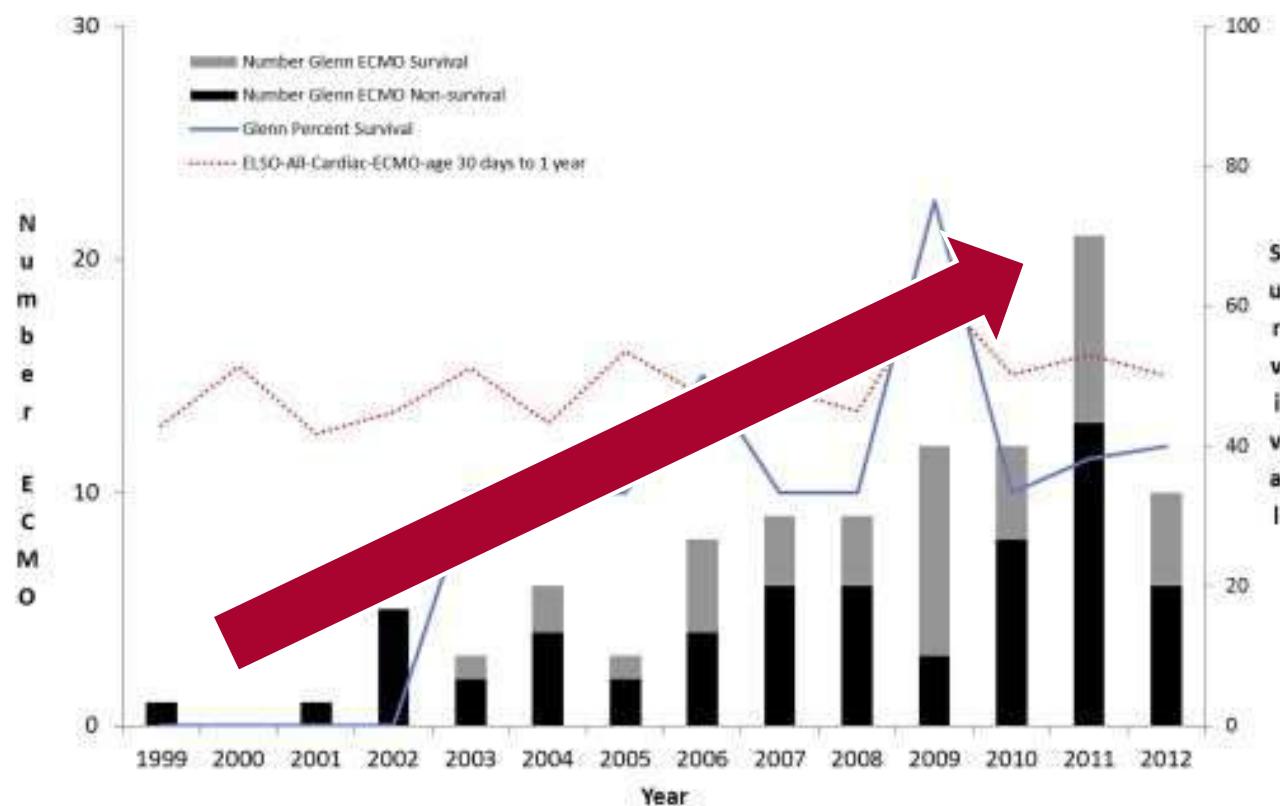
ECMO + Glenn/Hemi-Fontan circulation



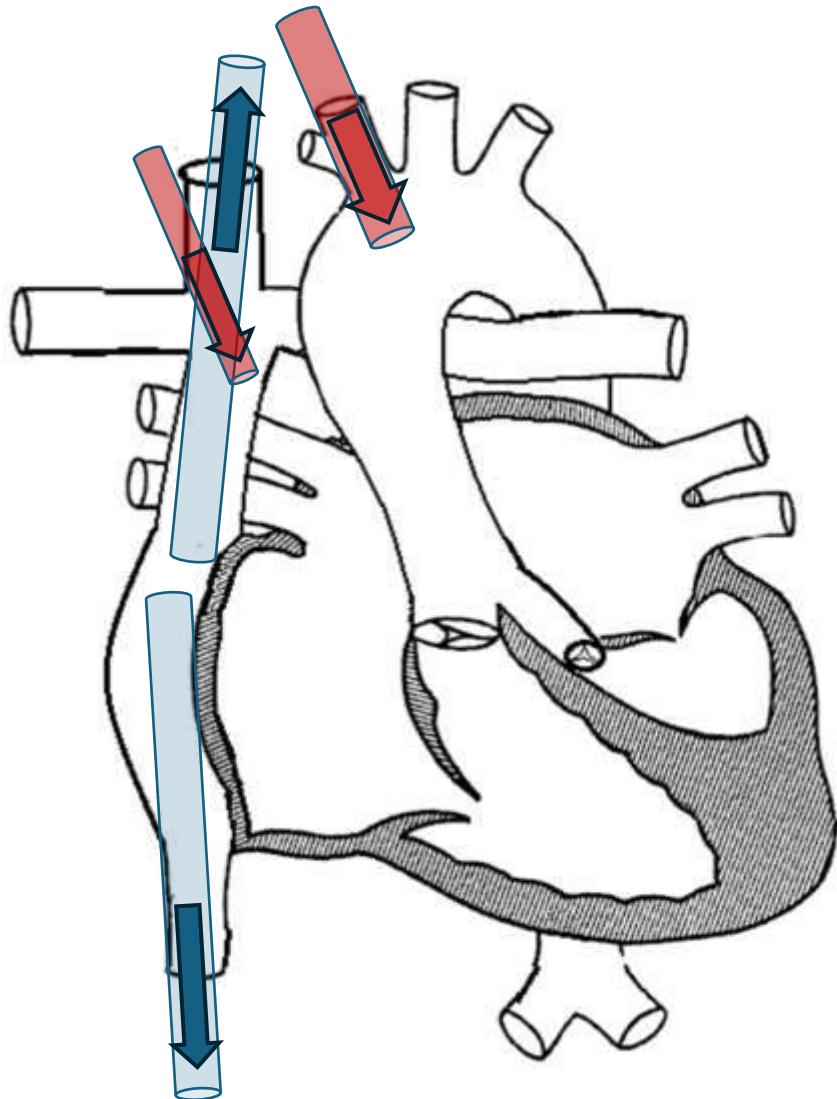
- Circulation with SVC separated from heart
- Cannulation strategies can include:
 - Upper body primarily drained passively
 - May require second cannula in SVC for appropriate decompression
- Risk of brain injury with low cerebral perfusion pressure
 - Secondary to high Glenn pressure

ECMO + Glenn/Hemi-Fontan circulation

- Previously reported low rates of successful decannulation (50%) and 30% survival
- ECMO support with superior cavopulmonary connection has been increased in ELSO registry
- Increasing survival (42%) but with higher rates of neurologic injury
 - Seizures
 - Hemorrhage
 - Embolic stroke



ECMO + Fontan circulation



- Venous cannulation can be via 1 (or 2) cannula
- Still dependent on functioning Fontan circulation
 - Open lung strategy
 - iNO to optimize PVR
- Sometimes V-A-A strategy utilized for some oxygenated blood to flow through Fontan

ECMO + Fontan circulation

- Largest cohort of 230 subjects:
 - 35% survival of Fontan patients on ECMO (compared to ~50% of all cardiac ECMO)
- Single-center experience: 13 cases over 35 years (@ CHOP)
 - When ECMO used shortly after Fontan, higher survival and high rates of ECMO takedown
 - When ECMO utilized later after Fontan, high rate of mortality

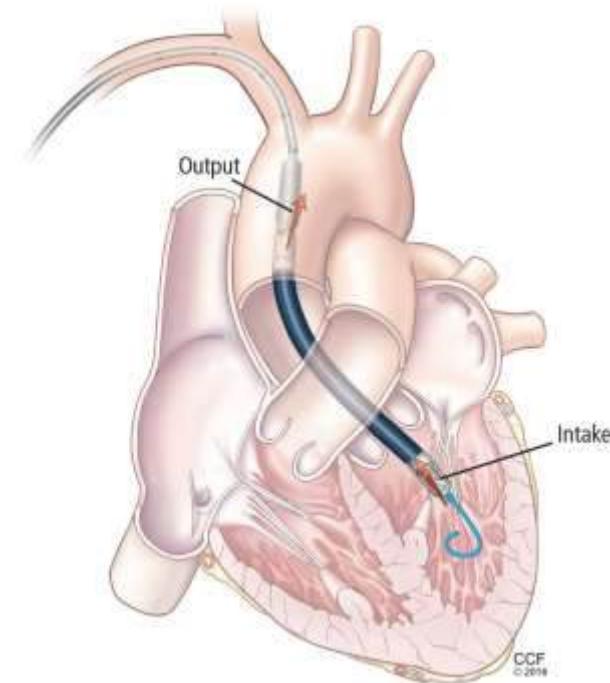


Atrial Decompression Strategies



Atrial decompression

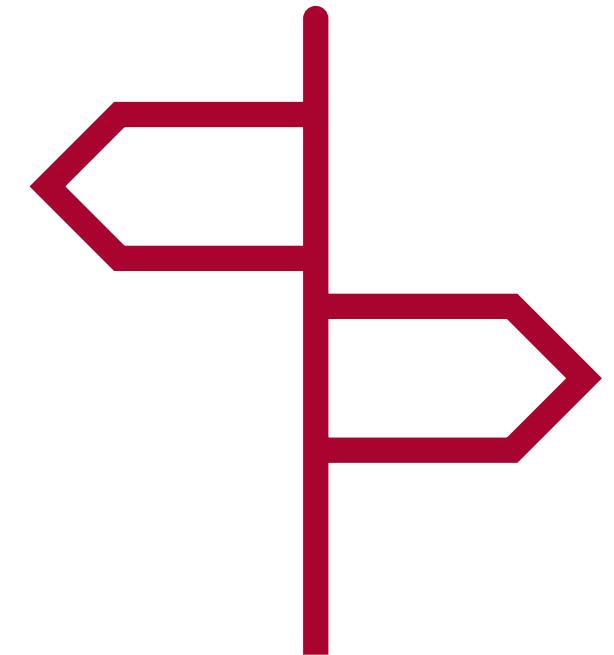
- Goals of atrial decompression:
 - Lower wall tension of LV
 - Lower left (common) atrial pressure to minimize LA pulmonary edema



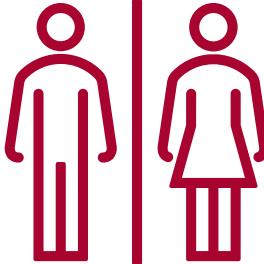
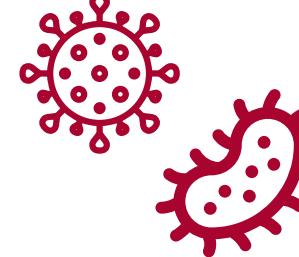
Method	Benefits	Challenges
Balloon atrial septostomy	<ul style="list-style-type: none">• Transcatheter approach	<ul style="list-style-type: none">• Sometimes technically difficult• May be insufficient (atrial stent, septostomy)• Requires repair later
Left atrial venting	<ul style="list-style-type: none">• Direct decompression• Able to adjust flow	<ul style="list-style-type: none">• Difficult in smaller children; open chest considerations
IMPELLA	<ul style="list-style-type: none">• Transcatheter/hybrid approach	<ul style="list-style-type: none">• Limited to larger patients

Is there a better strategy?

- Difficult to compare strategies given different patient characteristics
- Atrial decompression seems to provide more benefit to myocarditis and cardiomyopathy ECMO cases
 - Survival benefit not seen in as strongly in CHD population
- Earlier decompression (<18 hours) may reduce ECMO duration and mechanical ventilation
 - No survival benefit demonstrated



Other challenges...

ECMO support in large children	Anticoagulation strategies	Aortic insufficiency	Distributive shock	Withdrawal of ECMO support
<ul style="list-style-type: none">• Femoral cannulation strategies• Retrograde aortic flow• Leg perfusion strategies 	<ul style="list-style-type: none">• Predominantly heparin-based• Considerations for bivalirudin 	<ul style="list-style-type: none">• Aortic cannula flow preferentially goes back in (left) ventricle 	<ul style="list-style-type: none">• Venous return decreased• Cutting out (venous cannula pressures)• Peripheral vasoconstrictors 	<ul style="list-style-type: none">• Brain death or non-survivable end organ injury 

Thank You!

