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Extracorporeal life support and inter hospital transfer: Results of a specialized team

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Objective: Patients with ARDS or in cardiogenic shock have a poor prognosis at primary care hospitals, due to the missing therapeutic option of extracorporeal membrane oxygenation (ECMO). Therefore an extracorporeal life support (ECLS) transport team was established at our tertiary care center.

Methods: An ECLS transport team implanted an ECMO at the site of the primary care center with subsequent transport of the patient to the tertiary care center. Between September 2009 and November 2013, 14 patients with ARDS or cardiogenic chock were treated by our ECLS transport team. Mean age was 43.7±13.6 years. All implantations were done percutaneously.11 patients received an ECMO in veno-venous configuration, two patients in veno-arterial and one patient in veno-venoarterial configuration.

Results: No complications occurred during the implant procedure and the subsequent transport. 8 patients were transported by ambulance, 6 by helicopter. Mean transport distance was 47.5 km (12-120km). Mean duration of ECMO therapy was 11.1±12.3 days. 71.4% of the patients were successfully weaned from ECMO-therapy and 64.3% were discharged from hospital with one patient still being in hospital in stable condition.

Conclusions: With a specialized transport team, ECMO-implantation can be achieved successfully in a peripheral hospital, and patients can be transported safely to a tertiary care center.

Biography

Christoph Thomas Starck is a Consultant Cardiac Surgeon at the University Hospital Zurich, Switzerland. He additionally holds a degree in Emergency Medicine, after several years of additional commitment in Emergency Medicine. His research activities focus on the development of innovative technologies in assist device therapy, the optimization of extracorporeal circulation technologies and techniques and pacemaker-/ICD-lead extraction tools and techniques.

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