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Resuscitative endovascular balloon occlusion of the aorta in hemodynamically compromised trauma patients: Should REBOA be performed in place of resuscitative thoracotomy?

Jeremy Scanlon¹, J T Wilkinson² and E J Nevins³

¹Glan Clwyd Hospital, UK

²Countess of Chester Hospital, UK

³Royal Liverpool University Hospital, UK

Resuscitative Endovascular Balloon Occlusion of The Aorta (REBOA) is a relatively non-invasive technique for temporary occlusion of the aorta, consisting of five steps. While not a new concept, it has not been widely adopted in the setting of trauma and traumatic cardiac arrest. Scopus and PubMed databases were searched. Publications assessing efficacy and outcomes of REBOA in a traumatic cardiac arrest/peri-arrest setting were included. After screening 83 articles, 12 were used in analysis. We have identified five themes: Is REBOA technically feasible in the setting of traumatic cardiac arrest? Does REBOA work? Is REBOA inferior to Resuscitative Thoracotomy (RT)? Who are the REBOA survivors? and When should REBOA be considered in favor of RT? Data analysis compared the outcomes of REBOA and RT. Two papers compare survival outcomes between REBOA and RT. The remaining papers cover REBOA and outcomes of patients receiving the procedure. The effect of REBOA on Systolic Blood Pressure (SBP)-thus achieving hemodynamic stability has also been assessed. Seven papers used for this study documented the effect on SBP. In summary, REBOA is a quick, feasible procedure being performed in numerous settings worldwide. It is noted that REBOA is effective in increasing SBP across all papers that assess this parameter and has superior survival outcomes than RT in two of the three papers comparing the two procedures. However, it is noted that REBOA is contraindicated in penetrating thoracic trauma, major thoracic hemorrhage and aortic injury and in such scenarios; RT remains the intervention of choice.

Biography

Jeremy Scanlon has completed his Medical degree from Liverpool. He has experiences in general surgery, intensive care medicine, anesthesia, cardiology and acute medicine. He is currently working in a Foundation Training post in Anesthesia and Intensive Care Medicine at Glan Clwyd Hospital, UK.

jeremyjscanlon@gmail.com

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