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Fate of the lower extremity in patients with VA-ECMO via femoral cannulation

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Authors

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Introduction

Femoral cannulation for Veno-Arterial (VA)-ECMO is associated with limb complications, including ischemia, limb loss, arterial infections and wound infections. Ischemia is reported in 10-70% [1-6] of cases , with decreased rates of ischemia when distal perfusion catheters (DPC) are used.[3,5-6] Near infared spectroscopy (NIRS) can be used for early detection of ischemia.[7-8] No protocol has been established to address these limb complications.

Hypothesis

A protocol including placement of distal arterial cannulas, continuous limb oximetry with NIRS, open repair of arteriotomy at decannulation and attentive wound management, will decrease rates of limb complications, particularly ischemia, related to ECMO cannulation.

Methods

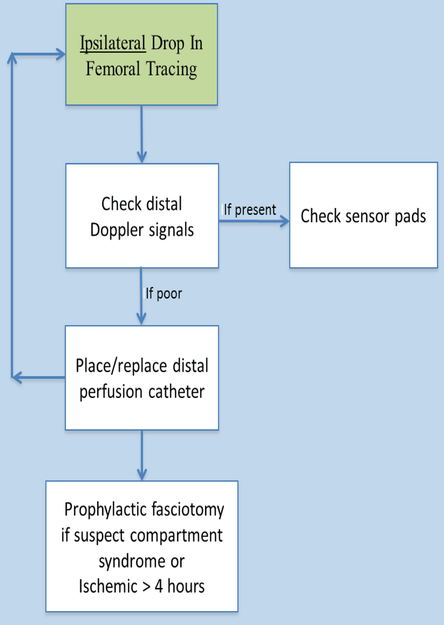
A retrospective review was conducted in 17 patients requiring VA- ECMO via femoral cannulation for cardiopulmonary failure from 1/2010–4/2012.

DPC were placed during cannulation if feasible, otherwise limbs were monitored for ischemia and reattempted if necessary. All patients had continuous limb oximetry (NIRS) leads placed on bilateral lower extremities while on ECMO.

Study endpoints included: ischemia, limb loss, arterial infections, wound infections.
Arterial cannula sizes were 16-20 Fr; DPC 4-5 Fr.

Low Oximetry Tracing Protocol was followed if abnormal tracings were detected on limb oximetry (NIRS).

Low Oximetry Tracing Protocol



Results

17 patients supported with VA-ECMO during the study period

ISCHEMIC COMPLICATIONS

- 13/17 had successful DPC placement:
  - 9 placed at cannulation with no ischemia
  - 4 were placed after signs of ischemia developed, with resolution of symptoms
  - In 4 without DPC: only 2 developed ischemia: 1 was decannulated, 1 resolved spontaneously
  - 2/18 fasciotomies for ischemia: both without DPC initially
- At decannulation, open repair was performed of common femoral artery and vein, with bovine patch angioplasty in 4/15. Three patients had withdraw of care on ECMO, so no open decannulation.
- **No ischemia requiring amputations**

INFECTIOUS COMPLICATIONS

- **No arterial infections**
- 3/17 wound infections treated: vessels covered with autologous tissue, Vacuum assisted closure (VAC) therapy and antibiotics

SURVIVAL

- 11/17 survived to discharge

Conclusions

Ischemia is decreased when detected early with NIRS and when DPC are used. Open repair of the arteriotomy can prevent stenosis. Wound management using VAC therapy heals femoral wounds and prevents arterial infections.

Femoral Cannulation Protocol

Cannulation
Continuous limb oximetry
Distal perfusion catheter placement if able or signs of ischemia
Decannulation
Open repair of arteriotomies +/- patch angioplasty
Wound management
Early drainage , antibiotics, wound VAC

References

[1] Bisdas T, et al. Vascular complications in patients undergoing femoral cannulation for extracorporeal membrean oxygenation support. *Ann Thorac Surg*. 2011;92:626-31. [2]Zimpfer D, et al. Late vascular complications after extracorporeal membrane oxygenation support. *Ann Thorac Surg*. 2006;81:892-5. [3]Huang SC, et al. Pressure criterion for placement of distal perfusion catheter to prevent limb ischemia during adult extracorporeal life support *J Thorac Cardiovasc Surg*. 2004;128:776-7. [4]D'Alessandro C, et al. Extracorporeal membrane oxygenation temporary support for early graft failure after cardiac transplantation. *Eur J Cardiothorac* Surg. 2010;37:343-9. [5]Foley PJ, et al. Limb ischemia during femoral cannulation for cardiopulmonary support.. *J Vasc Surg*. 2010; 52: 850–853. [6]Madershahian N, et al. A simple technique of distal limb perfusion during prolonged femoro-femoral cnanulation. *J Card Surg*. 2006;21:168-9. [7]Wong JK, et al. Cerebral and lower limb near-infrared spectroscopy in adults on ECMO. Artif Organs. 2012 Aug;36(8):659-67. [8]Schachner T, et al. Near infared spectroscopy for controlling the quality of distal leg perfusion in remote access cardiopulmonary bypass. *E J Thorac Surg*. 2008;34:1253-4.

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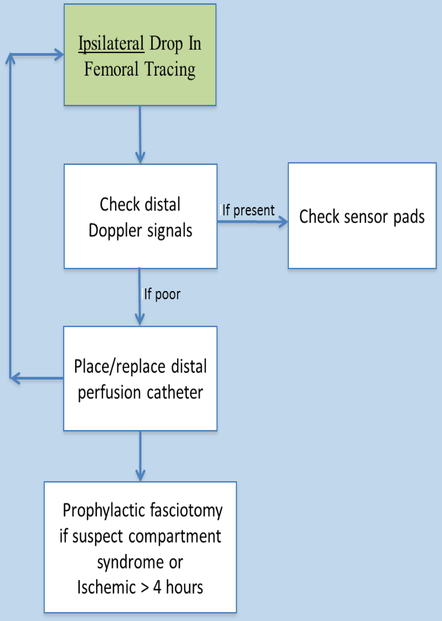

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