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

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Fate of the lower extremity in patients with VA-ECMO via femoral cannulation
Kathleen Lamb MD, Neil Moudgill MD, Paul DiMuzio MD, Megan McCullough NP, Pawel Karbowski PA, Atul Rao MD, Hitoshi Hirose MD, Nicholas C. Cavarocchi MD, Joshua Eisenberg MD.
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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% of cases, with decreased rates of ischemia when distal perfusion catheters (DPC) are used.3,5-8 Near infrared 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

![Diagram of Low Oximetry Tracing Protocol]

Infantial Drop in Femoral Tracing
Check distal Doppler signals if present
Check sensor pads
Place/replace distal perfusion catheter
Prophylactic fasciotomy if suspect compartment syndrome or Ischemic > 4 hours

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 withdrawal of care on ECMO, so no open decannulation.

No ischemia requiring amputations

INFEKTIOUS 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

Contact Information
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