ELSA Publication Brief: (ELS9679AHKörver)

Quantification of recirculation as an adjuvant to transthoracic echocardiography for optimization of dual-lumen extracorporeal life support University of Maastricht, The Netherlands.

OBJECTIVE

To present three representative cases with which to illustrate the benefits of ultrasound dilution technique to quantify recirculation in addition to transthoracic echocardiography during venovenous extracorporeal life support (VV-ECLS).

METHOD

- Transthoracic echocardiography images were taken of cannula positioning in three VV-ECLS patients.
- One flow/dilution sensor was placed on the arterial inlet of a double-lumen catheter, the second on the venous outlet of the catheter.
- Recirculation was measured in three patients by a 10 mL saline bolus into the outlet port of the
 oxygenator. Ultrasound velocity changes were detected by the flow/dilution sensors and were displayed
 as a dilution curve and percent recirculation.

RESULTS

- In the first case a 2% recirculation by ultrasound dilution confirmed proper cannula positioning as displayed on the transthoracic echocardiography screen.
- In the second case a 45% recirculation by ultrasound dilution confirmed a suboptimal cannula positioning as displayed on the transthoracic echocardiography screen.
- In the third case, ultrasound dilution registered a 38% recirculation, although the transthoracic echocardiography images showed good positioning of the cannula. The ultrasound dilution recirculation prompted repositioning of the cannula that permitted a decrease in mechanical ventilation and increased arterial saturation.

CONCLUSION

Cannula migration can cause suboptimal VV-ECLS, but resultant recirculation may remain undetected using transthoracic echocardiography alone. Ultrasound dilution proved to be a valuable tool to monitor duallumen cannula position during VV-ECLS. We therefore suggest quantification of recirculation in addition to image guidance to prompt interventions that improve oxygenation and decapneization, and provide optimal VV-ECLS.

DISCUSSION

Although transesophageal echocardiography can verify cannula positioning during dual-lumen VV-ELS, recirculation and resultant inadequate lung assist may still occur due to cannula migration. The ultrasound dilution technique's ability to quantify recirculation may be crucial in correctly (re)positioning a double-lumen cannula for maintaining optimal VV-ECLS.

REFERENCE

Körver EP, Ganushchak YM, Simons AP, Donker DW, Maessen JG, Weerwind PW. "Quantification of recirculation as an adjuvant to transthoracic echocardiography for optimization of dual-lumen extracorporeal life support." Intensive Care Med. 2012; 38(5): 906-9.

(Transonic Reference # ELS9679AH)



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Korver(EC-ELS9679AH-pb)RevB2014USltr