Survival outcomes with extracorporeal membrane oxygenation (ECMO) in variable indications: a 5-year single center experience.

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OBJECTIVE:Successful weaning and survival outcome of extracorporeal membrane oxygenation (ECMO) in our hospital were assessed.BACKGROUND:Recently, ECMO had widely used to life support in conditions associated with a high chance of death. But there was insufficient clinical data.METHOD: We retrospectively reviewed the experience of our hospital from January 2009 to July 2013. Baseline characteristics of patients, ECMO type and indication, Hospital days, ICU days, ECMO duration, successful weaning and survival rate were assessed (Table 1). Total survival outcome by year also checked.RESULT:A total of 95 patients treated with ECMO were reviewed. Fifty-nine (62.1%) patients were implanted veno-arterial (V-A) ECMO and 36 (37.9%) patients implanted veno-venous (V-V) ECMO. Refractory cardiogenic shock (44.1%) was most frequent cause in V-A ECMO and ARDS (63.9%) in V-V ECMO. Total successful weaning rate was 38.9%. Total survival rate was 27.2%, however, survival rate had improved gradually by year (Figure 1).CONCLUSION:Survival rate with ECMO in variable indications had increased with cumulating experiences and techniques by year in our hospital.

