

VV ECMO 3.0: ready for prime time?

The epidemics of veno-venous Extracorporeal Membrane Oxygenation (VV ECMO) for acute lung failure in 2009 has prompted a wide application of this technology with increasing numbers of centers and procedures worldwide.

We are now ready with the 2.0 VV ECMO era, taking advantage from the lessons learned in the recent years with the currently available devices and on a shared background on protective ventilation. We have the feeling to drive the new users of this technology through the key factors affecting outcome (cannulation strategies, drug pharmacokinetics, new configurations, modulation of inflammation and coagulation, etc.) and a look at new perspectives in the management of the ECMO but also the patient (awake, mobilized, extubated).

We cannot not overemphasize the value of an innovative approach to the primary lung disorder, the cardiovascular interactions and therefore a new “holistic” point of view, besides gas exchange and airway pressures: if this will turn true (and this needs the REAL NEW randomized controlled trials), we will face the third era of VV ECMO approaching new timing and definitions for indications and general strategies of patients management.

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