機械性體外循環維生系統(ECMO)

2013年04月13日

主辦單位：
台北榮民總醫院外科部心臟血管外科

協辦單位：
興東藥品器材有限公司

學分申請:
中華民國心臟學會
中華民國重症醫學會
台灣外科醫學會
台灣血管外科醫學會
台灣胸腔及血管外科學會
行政院衛生署繼續教育積分
(醫師、護理師、專科護理師)

公務人員認證時數

地點：台北榮總致德樓第三會議室
課程時間：2013/04/13 13:00-17:30
報名方式：採 e-mail 報名 kycho2@gmail.com
聯絡人：周小姐 02-28757495
報名資格：對 ECMO 有興趣的所有醫護同仁

*本次活動歡迎參加，不收取費用*

課程說明:

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Evidence and Ethics in ECMO

The treatment of respiratory failure in patients is used as a case study to examine statistical and ethical aspects of clinical trials and to illustrate a proposed 'ethics of evidence', an approach to medical uncertainty within the context of contemporary biomedical ethics. Discussion includes the twofold aim of the ethics of evidence: to clarify the role of uncertainty and scientific evidence in medical decision-making, and to call attention to the need to confront the irreducible nature of uncertainty.

NAVA with ECMO

Patients with acute respiratory distress syndrome (ARDS) requiring extracorporeal membrane oxygenation (ECMO) usually present very low respiratory system compliance (Cstrs) values (i.e., severe restrictive respiratory syndrome patients). As a consequence, they are at high risk of experiencing poor patient–ventilator interaction during assisted breathing. We hypothesized that monitoring of diaphragm electrical activity (EAdi) may enhance asynchrony assessment and that neurally adjusted ventilatory assist (NAVA) may reduce asynchrony, especially in more severely restricted patients. The decision to start venovenous extracorporeal membrane oxygenation (VV ECMO) is commonly based on the severity of respiratory failure, with little consideration of the extrapulmonary organ function. The aim of the study was to identify predictors of mortality and to develop a score allowing a better stratification of patients at the time of VV ECMO initiation.

Oxygen transfer and metabolism in ECMO

The term extracorporeal membrane oxygenation (ECMO) was initially used to describe long-term extracorporeal support that focused on the function of oxygenation. Subsequently, in some patients, the emphasis shifted to carbon dioxide removal, and the term extracorporeal carbon dioxide removal was coined. Extracorporeal support was later used for postoperative support in patients following cardiac surgery. Other variations of its capabilities have been tested and used over the last few years, making it an important tool in the armamentarium of life and organ support measures for clinicians. With all of these uses for extracorporeal circuitry, a new term, extracorporeal life support (ECLS), has come into vogue to describe this technology.

ECMO Survival with longterm survival

Venovenous or venoarterial extracorporeal membrane oxygenation (ECMO) allows lung recovery; however, the optimal approach and impact on long-term survival are unknown. We analyzed outcomes after ECMO use for PGD after lung transplantation at a single center over a 15-year period and assessed long-term survival.