

Leveraging “New” Evidence and Technology

Minimally Invasive Extracorporeal Circulation:

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COLLABORATION IN ACTION

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STATE-OF-THE-ART – ADULT CARDIAC

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Use of minimal invasive extracorporeal circulation in cardiac surgery: principles, definitions and potential benefits. A position paper from the Minimal invasive Extra-Corporeal Technologies international Society (MiECTiS)

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Table 3: Summary of statements endorsed by the Expert Committee

Recommendation

MiECC refers to a combined strategy of surgical approach, anaesthesiological and perfusion management and should not be limited to the CPB circuit alone.

In order to be characterized as MiECC, the main components of the system must include closed circuit; biologically inert blood contact surfaces; reduced priming volume; centrifugal pump; membrane oxygenator; heat exchanger; cardioplegia system; venous bubble trap/venous air removing device; shed blood management system. Additional components that can be integrated to a MiECC system are pulmonary artery vent; pulmonary vein vent; aortic root vent; soft bag/soft-shell reservoir; hard-shell reservoir (modular systems); regulated smart suction device; arterial line filtration.

MiECC: minimal invasive extracorporeal circulation; CPB: cardiopulmonary bypass.

Poll: How familiar are you with minimally invasive extracorporeal technology (MiECC)?

Poll: How familiar are you with the outcome results associated with the use minimally invasive extracorporeal technology (MiECC)?

Poll: Have you or your center ever used minimally invasive extracorporeal technology (MiECC)?

Poll:

Do you currently use 'coated' or 'surface modified' tubing in your circuits?

Poll:

Do you currently use a bubble trap or air removing device for venous line filtration?

Poll: Do you currently use a centrifugal arterial pump?

Poll: Do you currently use an autotransfusion or cell salvage device for shed blood management system?

Poll: For an adult patient (6 feet tall (183 cm) and 200 pounds (91kg) what would your net prime volume be?