

Cardiopulmonary Bypass

Denise Traxler

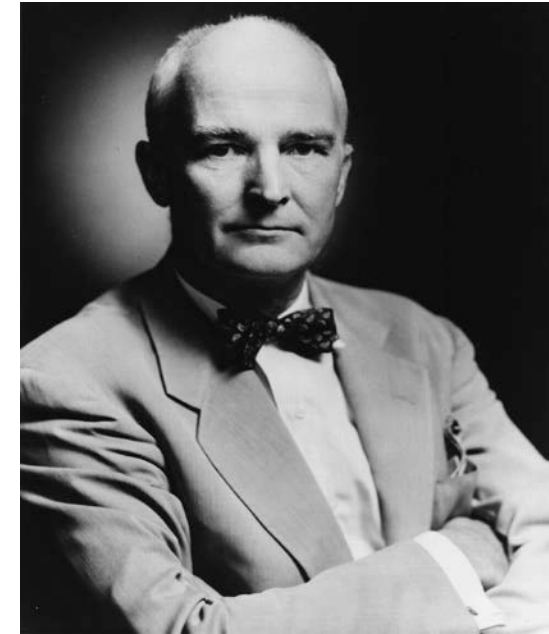
- 1812: Le Gallois showed that extracorporeal circulation is possible
- 1858: Brown-Sequard arterialized desaturated blood
- 1869: Ludwig & Schmid first reported of an artificial oxygenator
- 1882: first “bubble”-oxygenator by von Schroeder
- 1884: first “film”-type oxygenator
first prototype of a heart-lung-machine

- 1890: Jacobj described an device with a bubble oxygenator & bladder pump in order to provide pulsatile flow
- 1915: Hooker invented an forerunner for the disk oxygenator
- 1916: discovery of heparin by McLean
significant step in evolution of heart-lung-machine
- 1928: Dale & Schuster described the prototype pumping mechanism (valved pump)
- 1934: Debakey modified the twin roller pump

John H. Gibbon

1931: idea of an extracorporeal blood circuit that could perform a part of the cardiorespiratory function first occurred to him

cooperation with IBM (3 models)



*„father of cardio-
pulmonary bypass“*

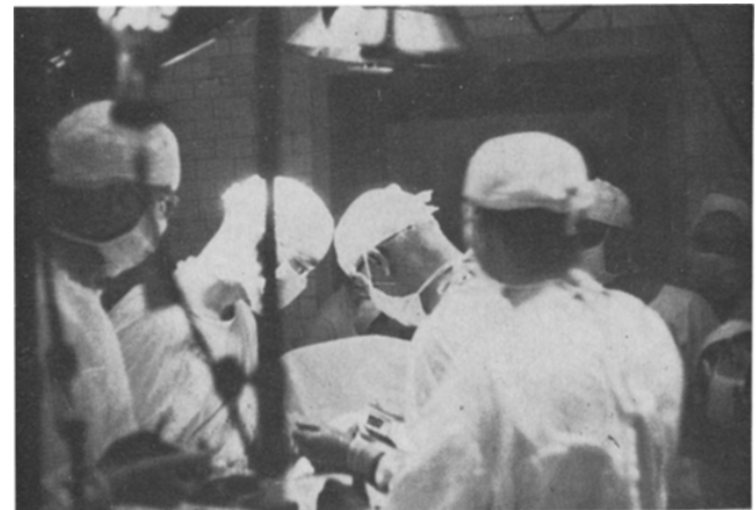
Gibbon's heart-lung-machine:

Debaquey roller pumps

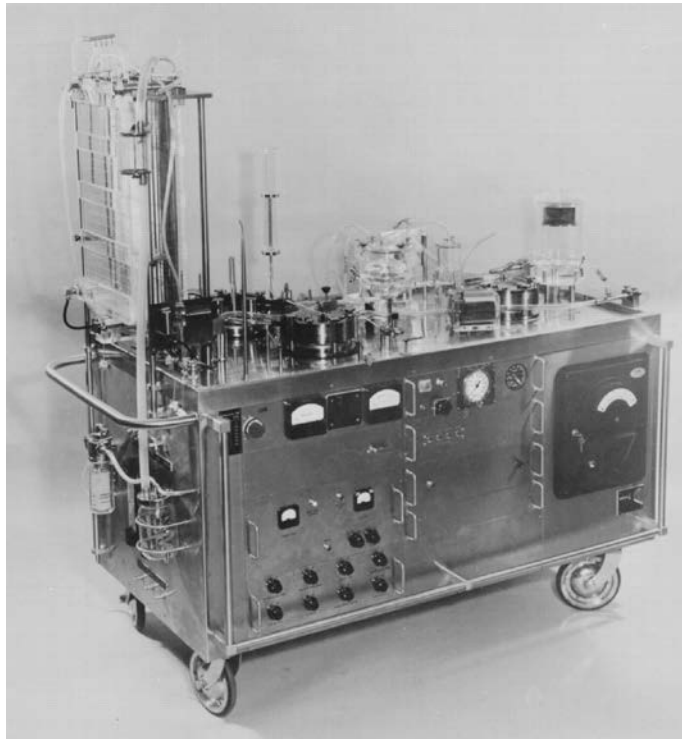
film oxygenator

1st patient: a year old girl with a presumed large atrial septal defect

2nd patient: 18 year old woman with a large atrial septal defect



further development by John Kirklin (Mayo-Gibbon heart-lung machine)



Walton Lillehei's cross circulation
donor: mother/father
28 survivors of 45 operations
2 serious accidents involving the
donor parents

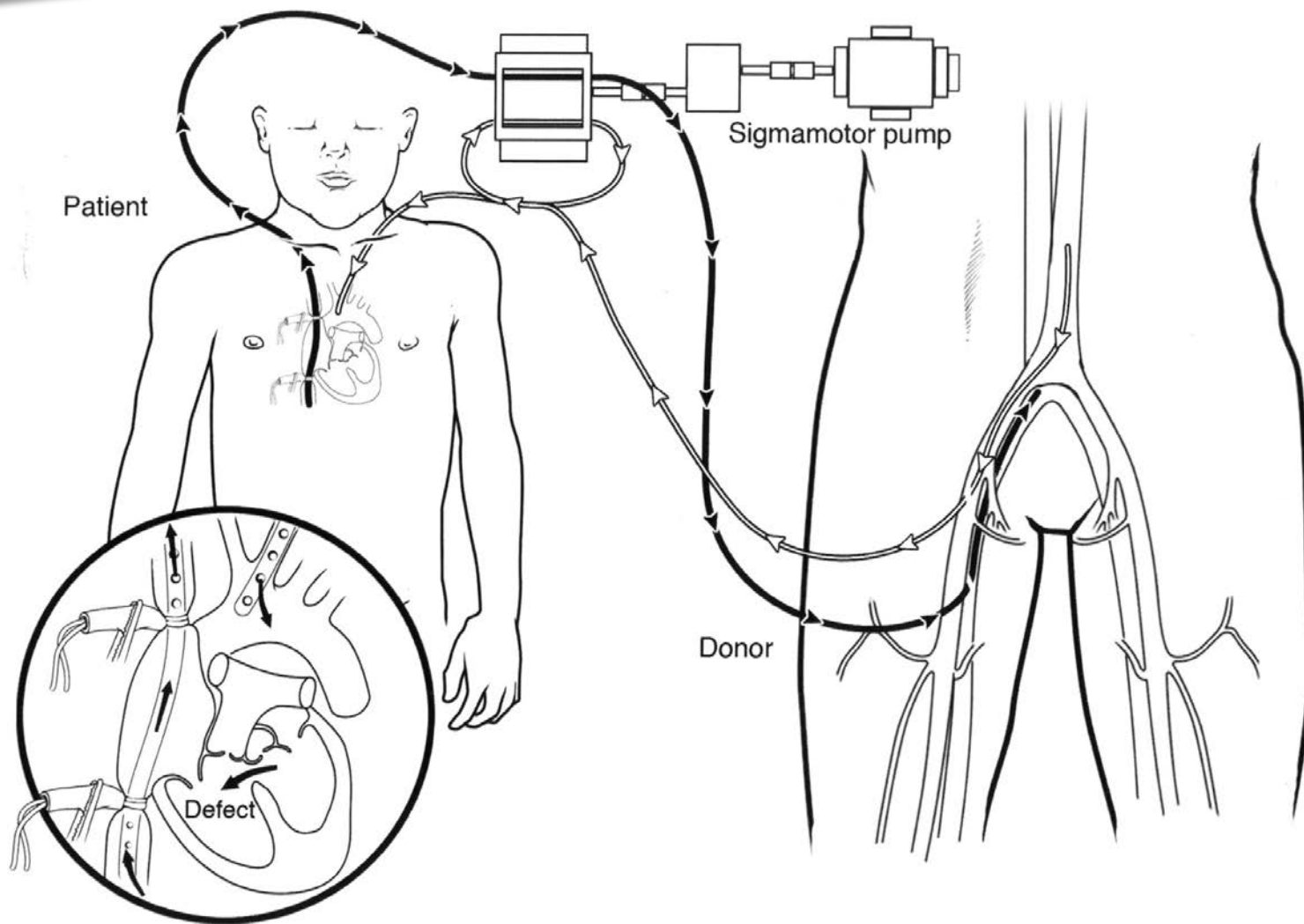
cessation of this method because of
high risk for donor parents (200% mortality) and limited
application



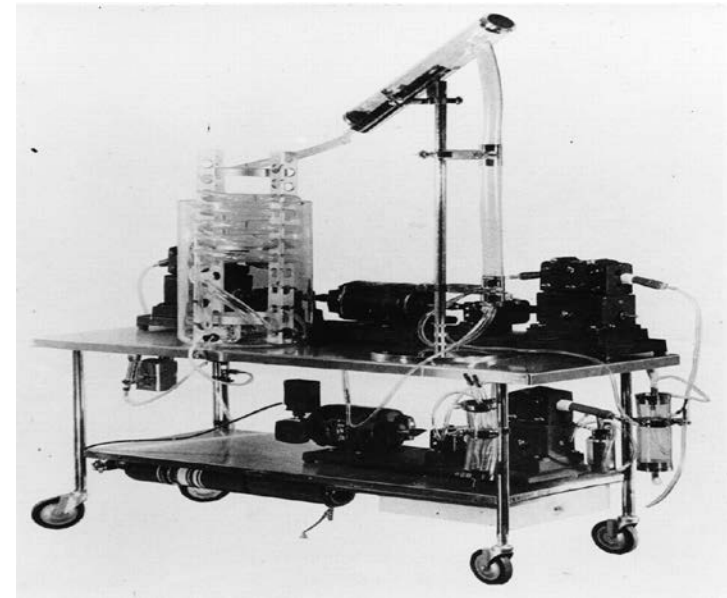
*„father of open
heart surgery“*



History



Walton Lillehei's heart-lung-machine
bubble oxygenator (DeWall oxygenator)
Sigmamotor pump
disposable plastic tubing
inexpensive

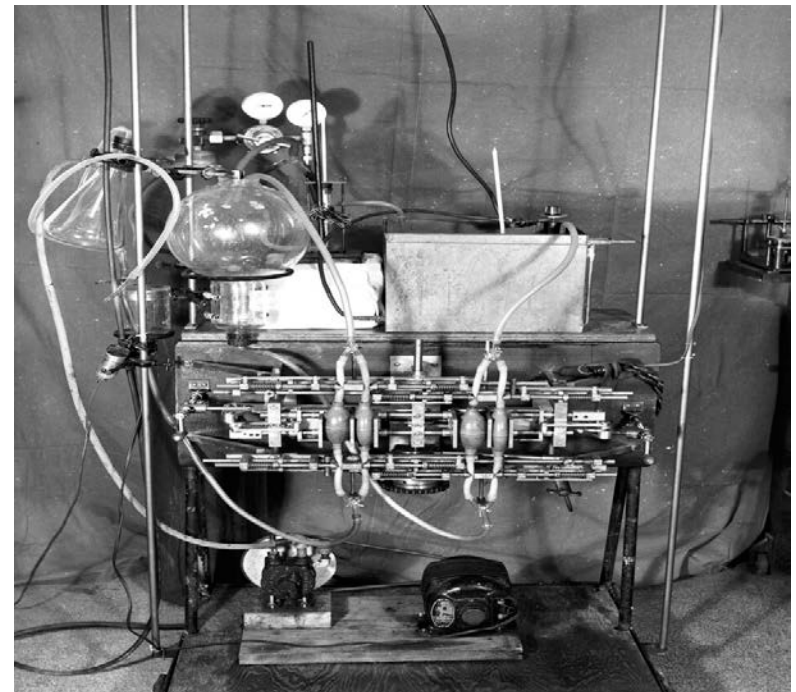


“can opener to the cardiac surgery picnic”

Unpractical/not realistic ideas

1950s: Dodrill had the intention to bypass only the right/left heart (without oxygenation) or to use the patients own lung as an oxygenator

William T. Mustard used a monkey lung oxygenator



first attempts at cardiopulmonary bypass in the 1950s were a series of disasters, as

- everyone built his own device
- surgeons were inexperienced with this new technology
 - poor myocardial protection
 - accidental intraoperative air embolism
 - postoperative bleeding
- only the sickest patients were referred to surgeons
- error rate in preoperative diagnosis was high

Requirements

1. anticoagulation which could be reversed at the end of the operation
2. method of pumping blood without destruction of red blood cells
3. oxygenation of blood & dissipation of carbon dioxide

hypothermia

has already been postulated in 1959 by Charles Drew, but did not gain wide acceptance because of rumours of neurological injuries

revival in the 1980s

prolongs hypoxic time

cardioplegia

4°C

arresting agents: potassium

procaine

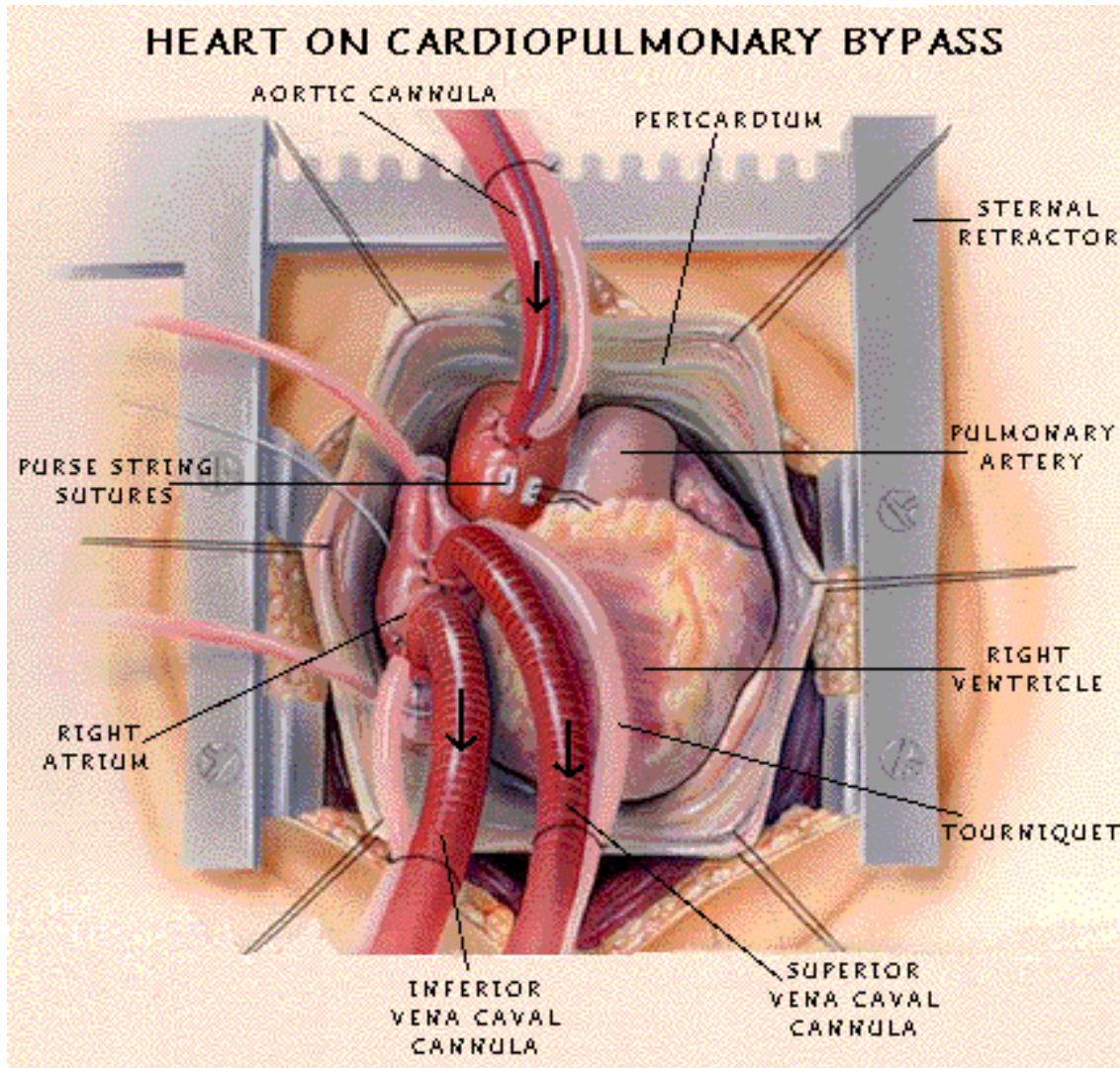
magnesium

injection in the aortic root

blood cardioplegia

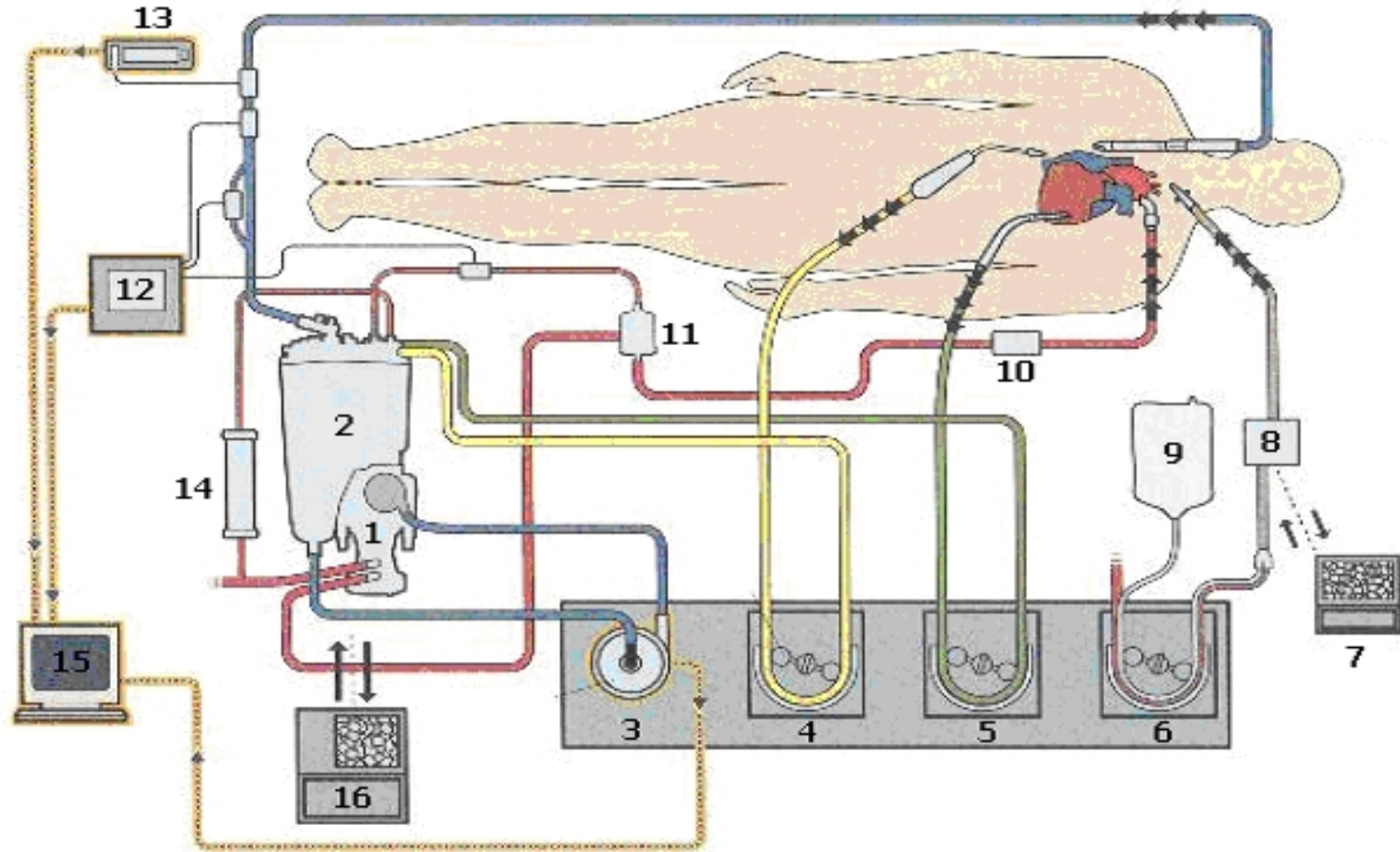


Principles





Principles



heart-/lung transplantation

rupture of the aorta

atrial septal defect

coronary artery bypass

pulmonary embolectomy

valvular heart disease

consists of a oxygenator & pump

application

supportive after heart-/lung transplantation/reanimation

pneumonia

bridge-to-transplant

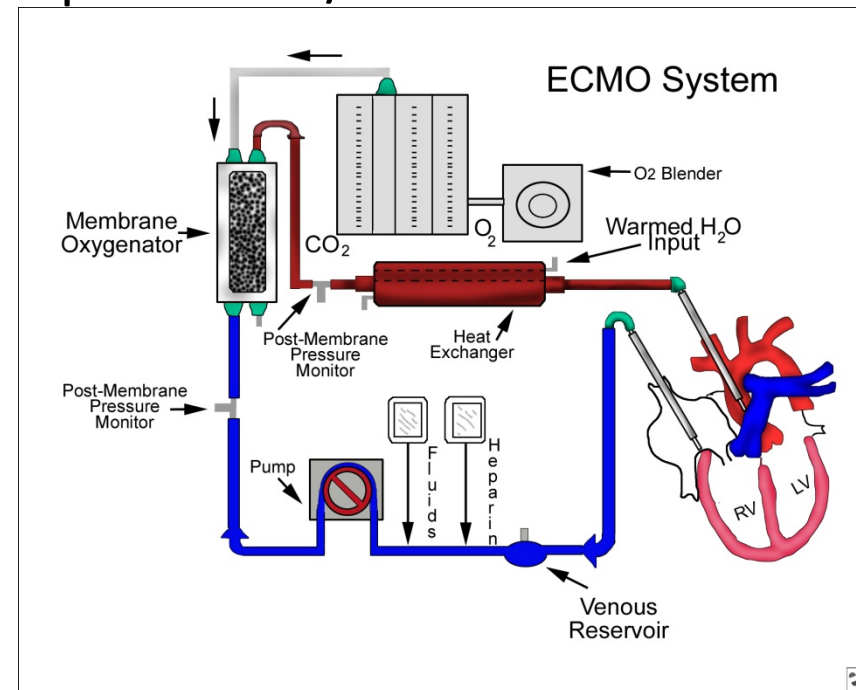
ARDS

complications

bleeding

infection

air embolism





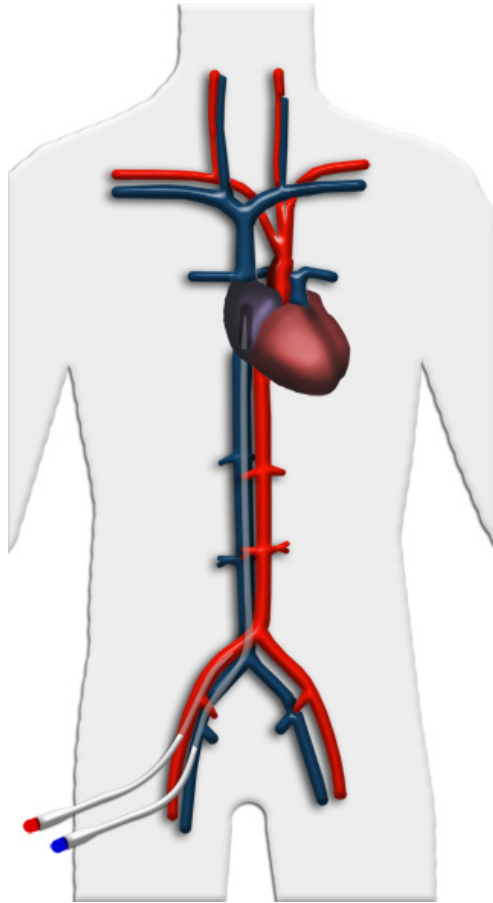
Christian
Doppler
Laboratory

for
Cardiac and Thoracic
Diagnosis & Regeneration

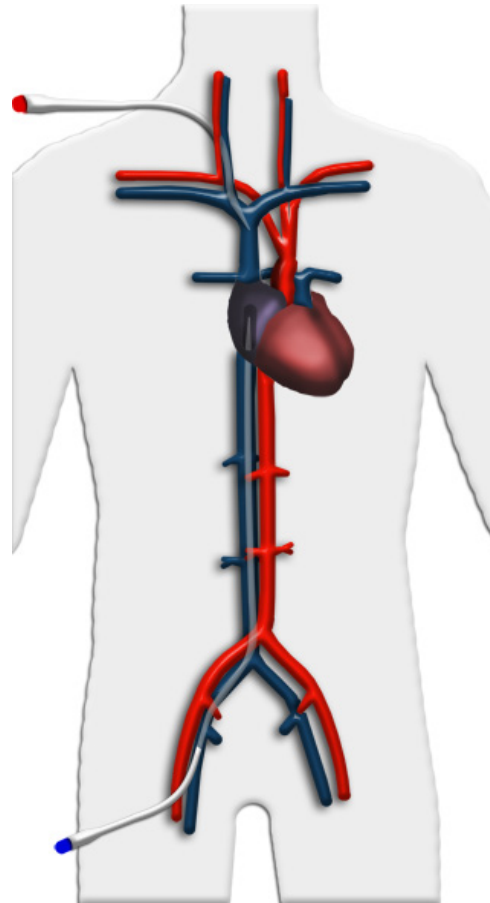
ECMO



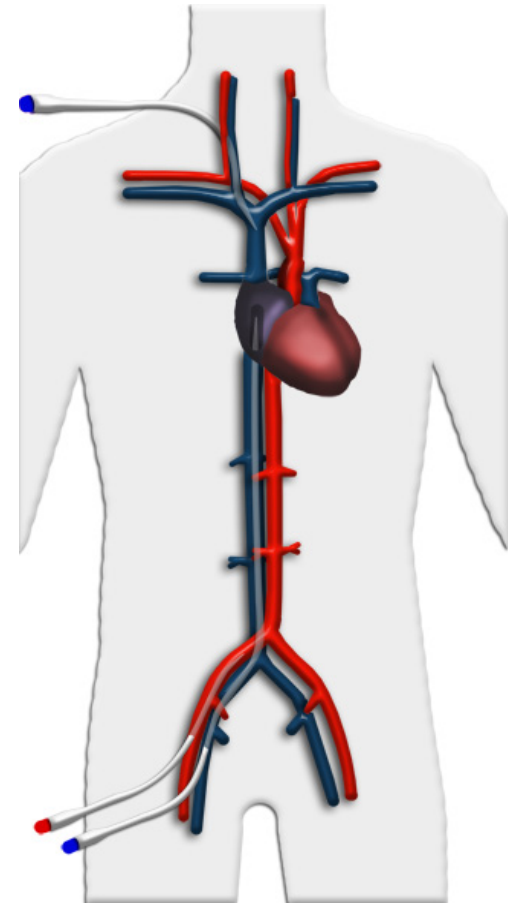
MEDIZINISCHE
UNIVERSITÄT
WIEN



venoarterial



venovenous



venovenous