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Editors

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Sir,
the influenza pandemic of 2009/2010 has brought pulmonary extracorporeal membrane oxygenation (ECMO) once again to the attention of those involved in intensive care. Specialized conferences are now common and topics such as “the best techniques for blood vessel cannulation” give the impression that ECMO is a well known and well handled technique by most clinicians.

Despite the achievements of those who are routinely involved in ECMO, no clinical trial uniquely defined the enrollment criteria for this fundamental therapy. Furthermore, the majority of critical care physicians and nurses have only academic knowledge of the subject, which is not always enough for identifying those patients who should benefit from ECMO. The writers themselves belongs to this category.

In Italy, the 14 ECMO Centers joining the “ECMONET” network (www.ecmonet.org), established in 2009 with the aim of an early centralization of patients requiring ECMO, have high efficiency and specialization. Mean-

while, the knowledge needed by clinicians of other centers to correctly identify a patient who might be eligible for ECMO, is not sufficiently emphasized.

One of the reasons could be the still small number of patients undergoing ECMO.

While awaiting for a survey to investigate the knowledge of the “average Intensivist” and while awaiting to establish his academic and extracurricular training needs, we hope that meetings and congresses will deal -emphasizing the importance of treating the patient following his pathophysiology and remembering the fundamental points of organ protection such as, but not limited to, protective ventilation strategies.

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RESPONSE

Dear Colleagues,

The national ECMOnet network www.ecmonet.org has treated with ECMO and centralized dozens of patients with severe ARDS during the influenza pandemic in 2009/2010 and in 2010/2011.

Even if the critical care professionals not directly involved in ECMO are strengthening their training on this important topic, it is extremely important to improve the identification, management and referral of patients with severe ARDS to the ECMOnet centres.

The ECMOnet website www.ecmonet.org wants to be an area for knowledge sharing and wants to encourage discussion among all those involved in critical care. We can soon organize a

survey on critical care specialist knowledge regarding ECMO.

We’re looking forward to participate to the “2nd Update in Critical Care & Emergency Medicine”, organized by ONLUS Busnago Soccorso, entitled “Heart & Lung: Protective Ventilation & Extracorporeal Support” that will take place in San Raffaele Hospital, Milan on May 5th - 6th 2011 (IRCCS San Raffaele, May 5-6 2011). On this occasion conventional and extracorporeal treatments of respiratory failure will be discussed from a pathophysiological point of view. Lastly, we wish to remind to all our colleagues the importance of early referral of severe ARDS patients to ECMO centres.

Professor Alberto Zangrillo

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