From the Editor

ECMO Remains a Major Part of Our Scope of Practice

Our last issue was short on number of articles but was an important one since it contained the lengthy update to clinical practice guidelines on patient blood management (1). My thanks to Rob Baker and Dave Fitzgerald for their on-target guest editorial. This issue, we are able to catch up with more articles than usual. Many of them are extracorporeal membrane oxygenation (ECMO)-themed as has been the case in recent issues since the COVID-19 pandemic began. While much of the ECMO attention is currently on its use as a last resort for COVID-19 patients, the ECMO articles in this issue as well as previous and upcoming issues describe instead a variety of other cardiopulmonary ailments that can be treated with this versatile therapeutic option.

In this issue, we have case reports of ECMO use in severe aspiration pneumonitis after Roux-en-y gastric bypass (2) and in a pre-B-cell acute lymphoblastic leukemia patient with disseminated legionnaires' disease (3). Moreover, Robb et al. transitioned a single ventricle ECMO-supported patient to a durable left ventricular assist device using a novel combination of a minimized cardiopulmonary bypass circuit and the ECMO system to help de-air the device during implant surgery (4). These articles highlight the application of our expertise in unusual disease conditions as well as with creative modifications in combination with our other devices to achieve needed goals. The fourth ECMO article in this issue by Palmer et al. presents a way to help train our physician partners on cannulation (5). Collectively, all of these articles indicate opportunities to remain engaged in the ECMO sphere and to keep it a central part of our scope of practice.

No matter which staffing model your ECMO program utilizes, your expertise to operate, instruct, supervise ECMO, and your ability to combine and adapt circuit components for varieties of goals are paramount going forward. And this seems likely the case whether or not a pandemic is ongoing. But with the pandemic going on in particular, there is a lot of information being generated and perfusionists should strive to both participate in contributing data and keeping up to date. For example, many of our hospitals and various ELSO groups are members of the COVID-19 Critical Care Consortium which has a group focused on ECMO studies. As the JECT Editor-in-Chief, I would of course encourage you to disseminate any experiences and knowledge you have gained on any ECMO topic by presenting at meetings like the AmSECT and ELSO conferences, and then proceeding to publish your work in our journal.

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REFERENCES


