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Extracorporeal membrane oxygenation circulatory support after cardiac surgery.

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OBJECTIVES: Postcardiotomy acute severe heart failure cannot be managed by medical treatment alone and most often requires some form of mechanical support. In this study we evaluate the efficacy of postoperative extracorporeal membrane oxygenation (ECMO) support following surgery for congenital heart disease (CHD) in infants and children. **METHODS:** Over a 6-year period from October 1997 to October 2003, 10 patients aged 5 days to 28.5 months (median 3 months) who underwent surgical procedures for CHD received postoperative mechanical support for failing cardiac function despite optimal medical therapy. In 3 patients ECMO was instituted in the operating room (OR) and in 7 patients this was introduced in the intensive care unit (ICU) 2 to 48 (median 20) hours postoperatively. **RESULTS:** Four patients (40%) were successfully weaned, while support was withdrawn in the remaining 6 due to irreversible vital organ damage. Following successful weaning, one of the survivors died 8 hours later from barotrauma and intrapulmonary hemorrhage, and another died 4 months later from persistent heart failure. The other two patients remain well in NYHA class II. **CONCLUSIONS:** Despite the adverse effects of ECMO, the methodology provided the necessary support and allowed the failing heart to recover in a number of patients where inotropic support alone proved inadequate.

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