Supplemental material: VA-ECMO

VA-ECMO

Initial VA-ECMO cannula implantation was guided by fluoroscopy in the catheterization laboratory or by ultrasound directly on ICU. Puncture sites for arterial (15-19 Fr) and venous cannula (21-25 Fr) were proximal femoral artery and vein. Antegrade perfusion sheath (8 Fr) was inserted into the superficial femoral artery. For mechanical circulatory support, a Stöckert Centrifugal Pump System (SCP; LivaNova, Munich, Germany) was used. Blood flow and sweep gas flow were titrated based on clinical assessment and arterial blood gas analyses in order to minimize left ventricular afterload. In case of pulmonary congestion, unloading the left ventricle was achieved by inotropes or implantation of an Impella CP system (Abiomed, Danvers, MA). Unfractionated heparin was IV administered in order to achieve an activated partial thromboplastin time above 60 seconds in the absence of bleeding complications. All patients were weaned at the discretion of the attending physician. VA-ECMO decannulation was routinely performed at bedside with compression of the arterial access site using a compression system or by a closure device.