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valve replacement (AVR) was first
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The major components of the
extracorporeal circuit are as follows: 1,
a blood access device (shown as a
central venous catheter); 2, a blood

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pump; 3, a blood purification device (hemodialyzer, hemofilter, or sorbent cartridge); 4, an anticoagulant infusion pump; 5, air-capture chambers; 6, pressure-monitoring systems (shown as a pressure transducer isolated from the blood path by a pressure-transmitting sterile barrier); 7, a side

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line for priming the extracorporeal
circuit with saline; 8 ...

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springer, Minimal extracorporeal
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Minimal invasive extracorporeal
circulation (MiECC) refers to a

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combined strategy. 145. of surgical approach, anaesthesiological and perfusion management and not be is. 146. limited to the CPB circuit alone. Several terms have been used to 147 invasive extracorporeal describe a minimal

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Practice Authors: Anastasiadis,

Kyriakos, Antonitsis, Polychronis,

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As there is no venous reservoir, the patient's vascular system acts as a "reservoir". Moreover, air entrainment is far more difficult to handle compared to conventional extracorporeal circulation (CECC). Perfusion during

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Surgery with MECC follows two main principles: volume management and air handling.

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surgical operating room, in particular
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Management in adult and pediatric cardiac surgery, and techniques of extracorporeal circulation in both age groups. Further special topics are cardiovascular tissue engineering, minimally invasive cardiac surgery, endovascular treatment of aortic diseases, and cardiac assist devices,

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including total artificial heart. Written by 71 internationally recognized experts from 40 cardiac units in Central Europe and North America, this book will be invaluable not only for both novice and experienced surgeons, but also for all physicians, nurses, and technicians caring for

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patients with heart disease of any
type, at any age.

Traditional cardiopulmonary bypass
(CPB) techniques have suffered from
a number of disadvantages including
haemodilution, inflammation and post-
operative bleeding. Minimised

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Over the past 50 years, advanced techniques and strategies have arisen in the field of myocardial protection.

Meticulous trials, focusing on pulmonary protection during heart surgery requiring cardiopulmonary bypass (CPB), have been missing.

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textbook is of interest to different professionals, such as card-vascular surgeons, pulmonary surgeons, transplantation physicians, cardiothoracic anesthesiologists, intensive care physicians, cardiothoracic fellows, radiologists, basic sciences physicians,

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cardiologists, pulmonary medicine physicians, perfusionists, nurses, students, and researchers. This textbook has 7 sections, aimed at addressing general and specific aspects of pulmonary protection during heart surgery with CPB. The first section on general concepts provides

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information about anatomic, physiologic, histologic, molecular, and radiologic considerations regarding the lungs. The second section focuses on ischemia-reperfusion injury and is composed of several interesting chapters, addressing the basic science aspects of pulmonary protection, as

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