

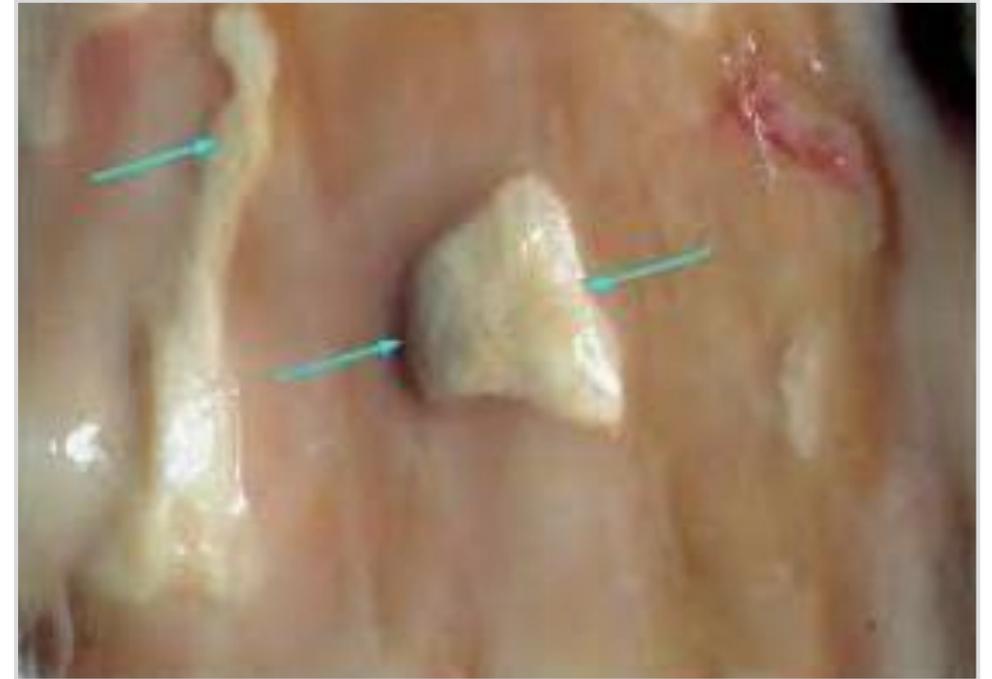


Management of a Suspected Intra-aortic Balloon Perforation

Suspected IAB perforation

Causes

- Contact with a sharp instrument
- Fatigue failure due to unusual (biaxial) folding of the balloon membrane during use
- Contact with calcified plaque resulting in abrasion of the surface and eventual perforation

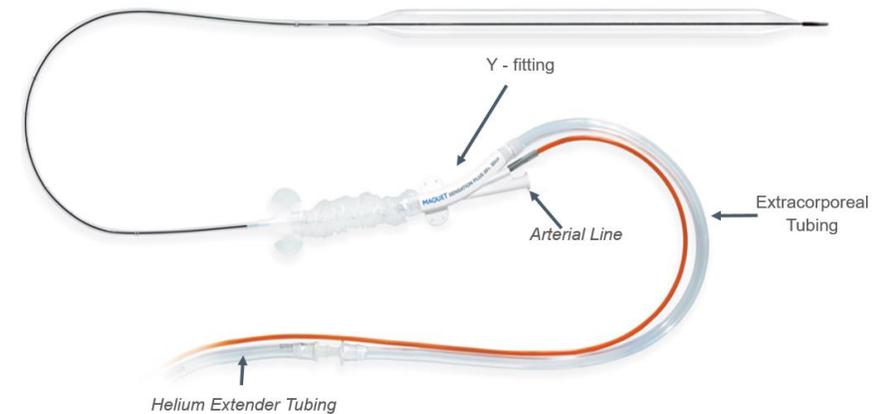


Calcific plaque in aorta

Suspected IAB perforation

Evidence of blood

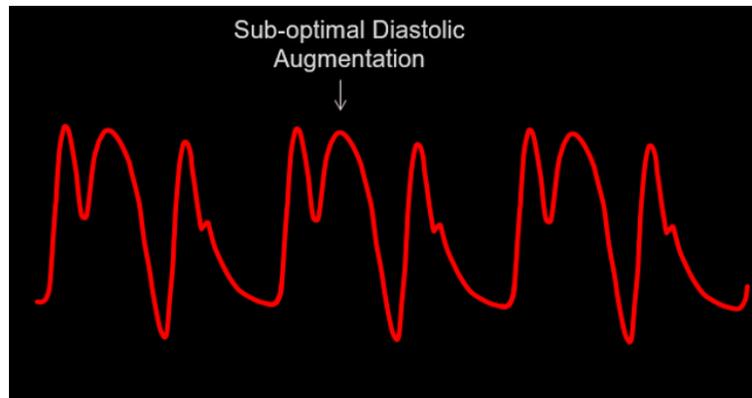
- Blood or fluid in the extracorporeal tubing or catheter extender indicated by:
 - Bright red blood
 - Dried blood particles
 - Serosanguineous fluid



Suspected IAB perforation

Other indicators of an IAB perforation

- Sudden change in the diastolic augmentation pressure



- Possible IABP alarms



Suspected IAB Perforation Troubleshooting

Blood or fluid may be seen in the extracorporeal tubing or catheter extender as evidenced by:

- Bright red blood
- Dried blood particles
- Serosanguineous fluid

During an autofill	Outside an autofill period
<p>Potential alarms:</p> <ul style="list-style-type: none">• Autofill Failure – Blood Suspected• Autofill Failure	<p>Potential alarms:</p> <ul style="list-style-type: none">• Gas Loss in IAB Circuit• Gas Gain in IAB Circuit• IAB Catheter Restriction

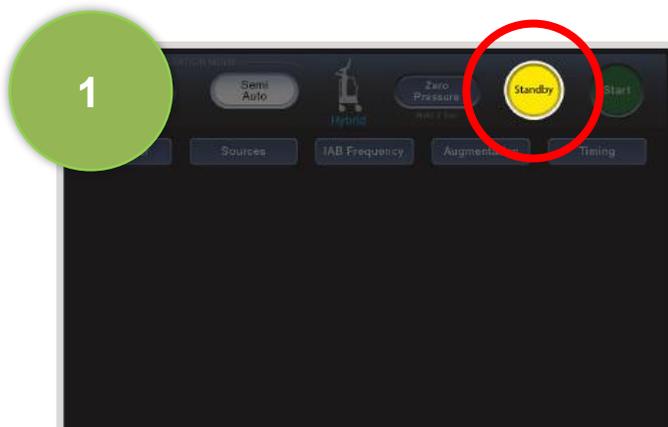
- Regularly inspect the IAB catheter tubing for the presence of blood during therapy and when the mentioned alarms occur.
- Do not disregard the alarms, and carefully heed the specified alarm's corrective actions.
- These alarms play a crucial role in potentially detecting a perforated balloon earlier, preventing the possibility of blood entering the IABP system.

Suspected IAB perforation

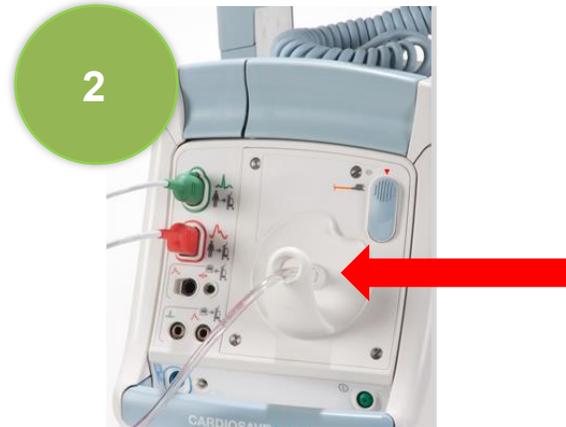
Troubleshooting

If any blood is noted or perforation is suspected, the following procedure must be performed immediately:

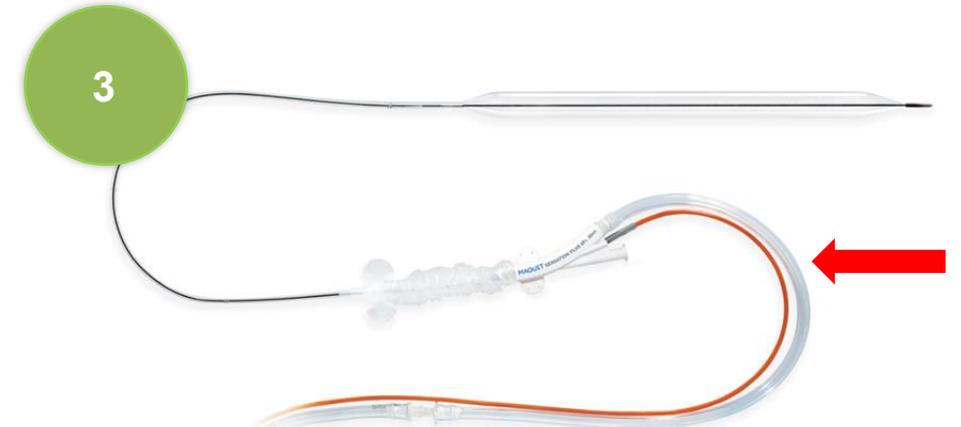
1. Stop pumping by placing IABP console in Standby
 2. Disconnect the catheter extender tubing from the IABP console to allow the balloon to deflate
 3. Clamp extracorporeal tubing between white y-fitting and male connector
- Notify physician and prepare for IAB catheter removal.
 - Consider IAB catheter replacement, if the patient's condition warrants
 - If blood is suspected of having entered the pump, take pump out of service. It should be evaluated before use in another patient by Biomed/Technical Service to determine if replacement of contaminated components are necessary.



Standby



Disconnect



Clamp

Risk to health

- An unexpected shutdown can occur if blood is permitted to enter the Cardiosave IABP. This event is referred to as a “blood back”.
- This may threaten the hemodynamic stability of the supported patient as the user is left unaware of the status of the IABP.
- Additionally, any subsequent attempts to use the affected console that experienced a blood back event without reconditioning may delay future therapy delivery.
- The user and subsequent maintenance or service personnel can be exposed to an unexpected biohazard if proper containment precautions are not taken.
- Subsequent patients may be exposed to an unexpected biohazard if an affected console is not appropriately serviced prior to use.



Suspected IAB Perforation Summary

- Timely detection and an appropriate response to indicators are fundamental to managing IAB perforation effectively.
- In situations involving suspected IAB perforation, follow the outlined procedures.
- Immediate action helps prevent further complications and ensures patient safety.



Questions?

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