



T H O R A T E C[®]
C O R P O R A T I O N

CentriMag

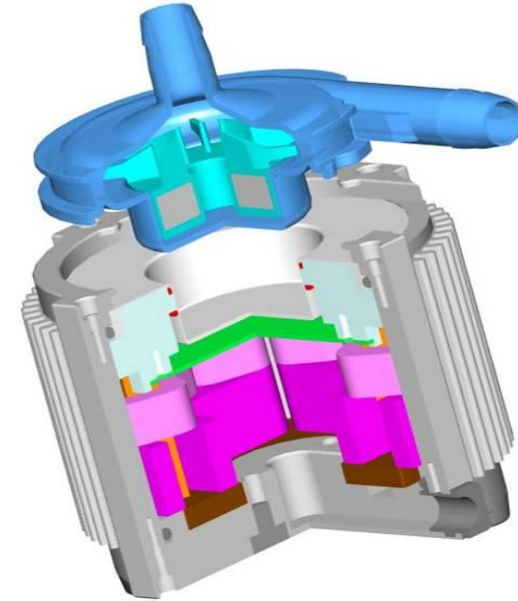
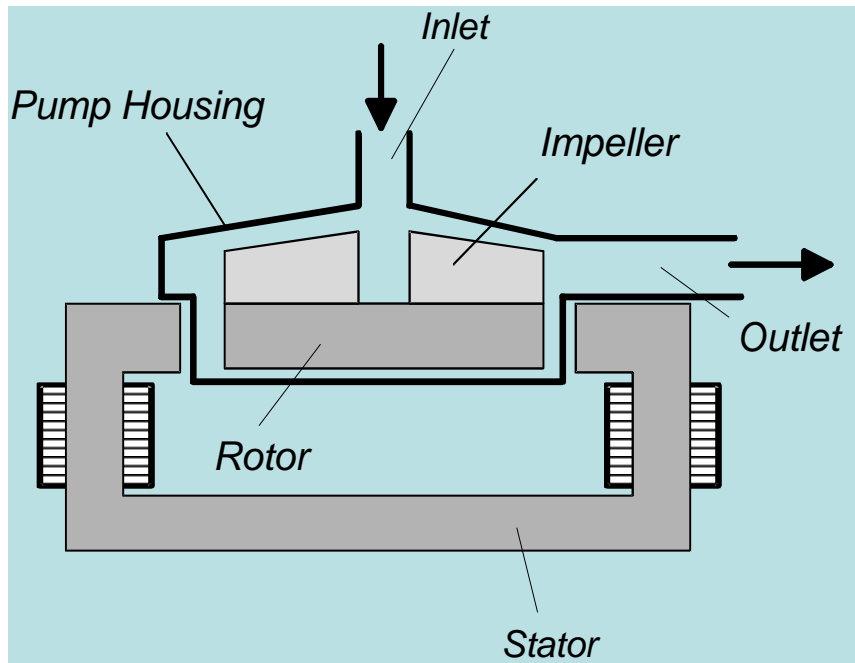
Erin Camenisch, CCP

CentriMag

- Temporary extracorporeal support.
- RVAD, LVAD or BiVAD support.
- Used as a VAD or in an ECMO circuit.



Bearingless Pump & Motor

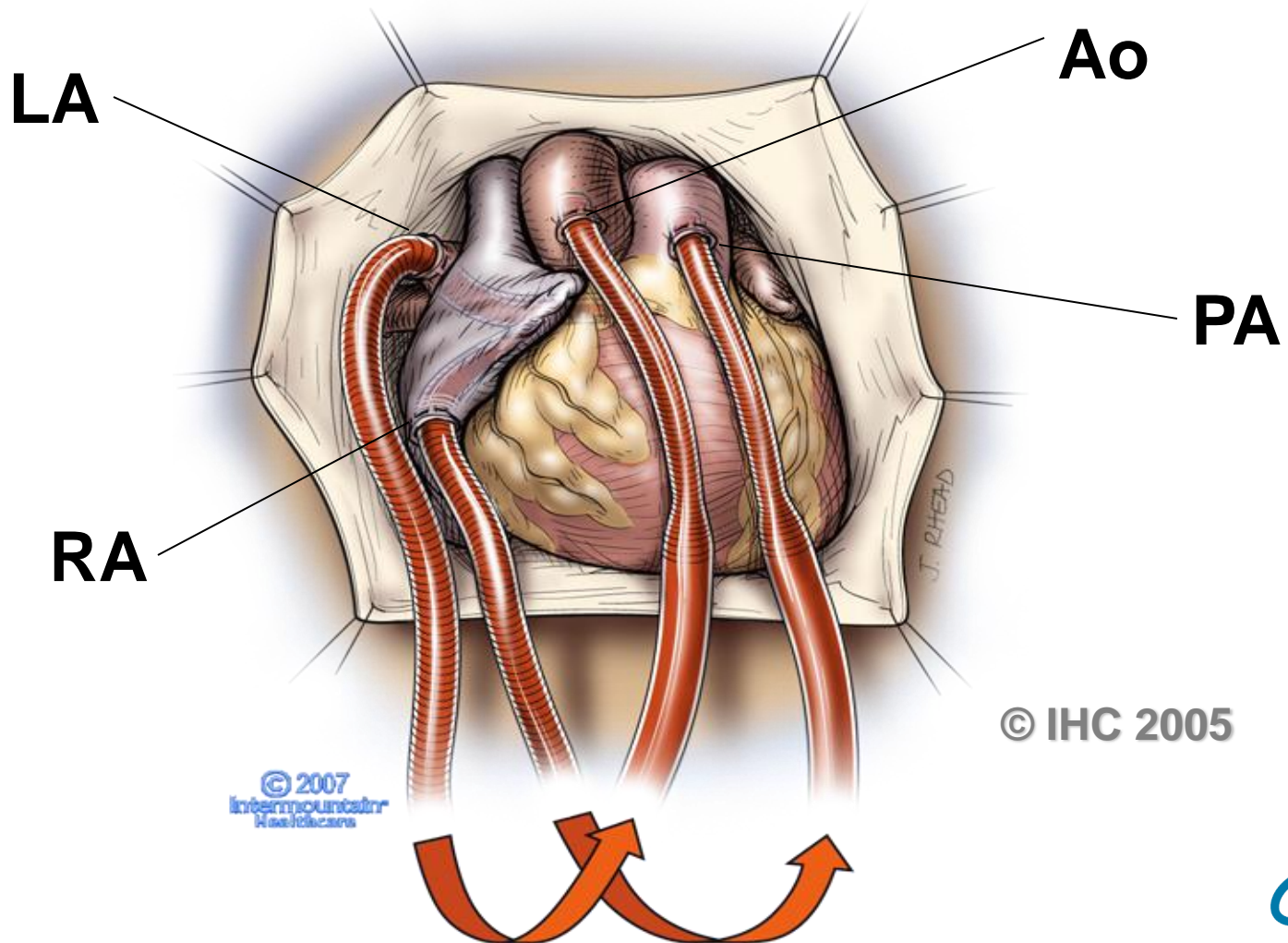


- Active control of position and speed
- No bearing and seals
- Disposable pump head
- 31 cc priming volume
- 3/8 inch barbed inlet and outlet ports

- Max. operating pressure: 600 mmHg
- Max. pump speed: 5500 RPM
- Max. flow: 9.9 LM
- Medical grade polycarbonate
- Rotor has magnetic core



Biventricular Support



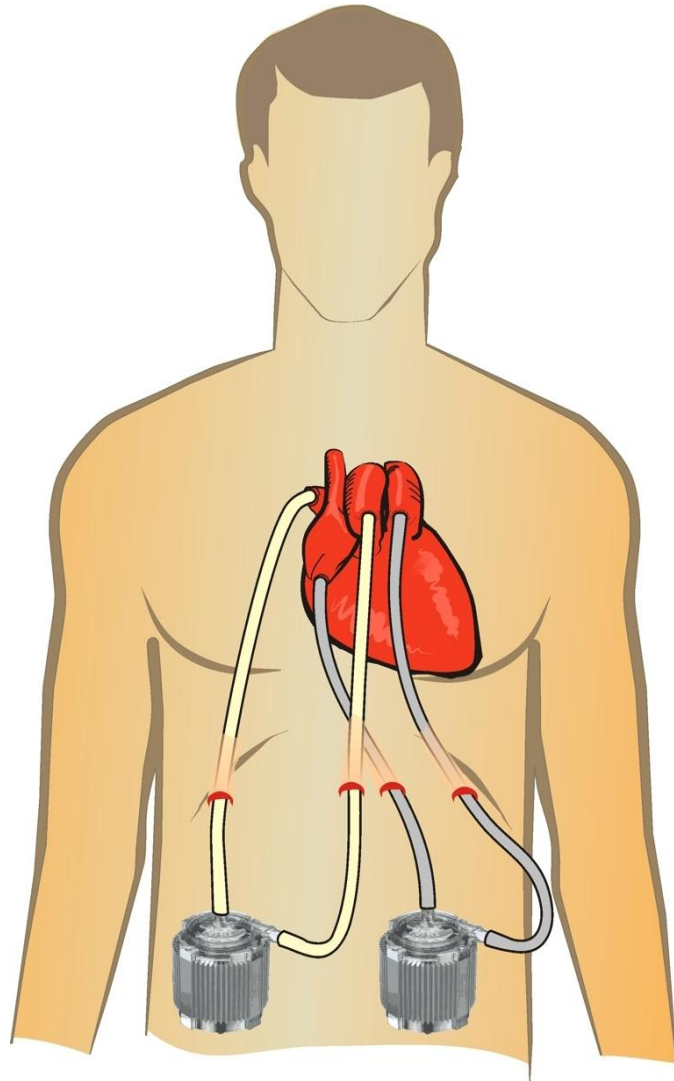
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SURGICAL CANNULATION



Primary and Back-Up Console

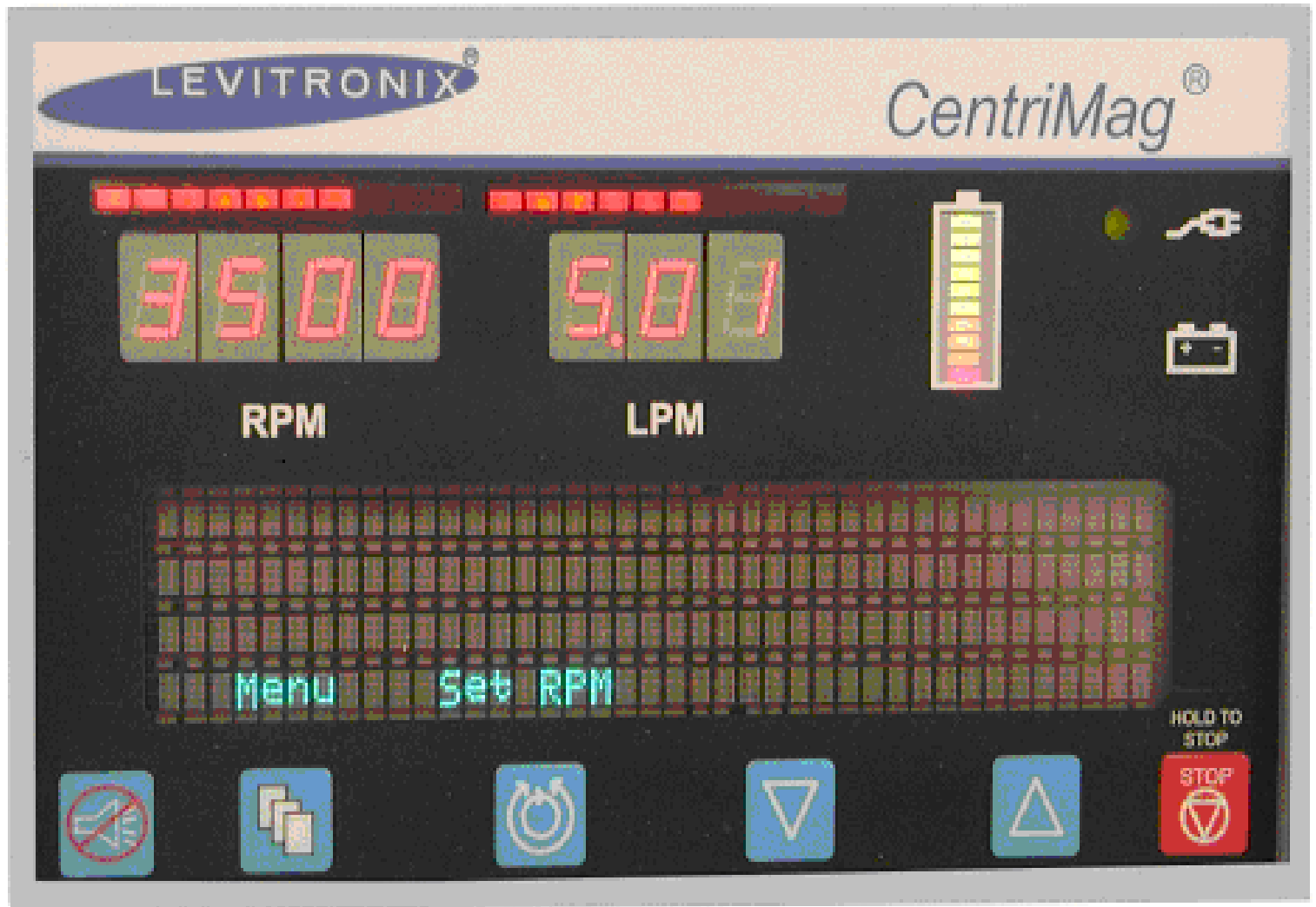


PRIMARY CONSOLE CONTROL PANEL

Row 1

Row 2

Row 3



Adjust RPM For:

- Low flow with line chatter/ shaking
- Low volume / low pressure (CVP)



Possible Causes of Low Flow

- Hypovolemia (Bleeding, Fluid Balance)
- Interstitial edema
- Cardiac tamponade
- Pulmonary vascular resistance
- Cannulae selection and position
- Operating at too high of an RPM
- Ventricular function/ dysfunction



Normal Operating Conditions

- Pump Speed: 3000-4000 RPM's
- Pump Flows: 4-5 LPM
- RAP/LAP: 10-15mm Hg
- ACT: Above 180 by 4th Post Op Day.
- PTT: 1.5-1.8 times control by 4th Post Op Day.



Adult Anticoagulation Guidelines

- CentriMag flow > 4.0 LPM
- No anticoagulation for 6-12 hours unless no CPB
- Start heparin infusion chest drainage < 50 cc/hr for 2-3 hrs
- Target ACT 160-180 sec initially
- ACT above 180 by 4th post op day
- PTT 1.5-1.8 times normal by 4th post op day
- Add platelet anti-aggregant by the 4th post-op day
(for example: 81- 325 mg aspirin per day)



System Checks (Every Shift)

Every 1-2 hours:

- ACT with in target?
- Line chatter or shaking?
- Record pump flow and rpm with vital signs.

Every shift:

- Move flow probe ~1 cm
- Tubing secured to patient?
- Tubing bends wide and smooth?
- On AC power and battery fully charged?
- Air circulation around motor & console?
- Two tubing clamps near each blood pump?
- Backup console ready with battery charged?
- Low flow alarm set 1.0 LPM less than target?
- Review “Emergency Switch to Backup” ref. card
- Practice pump “Switch” with the backup console

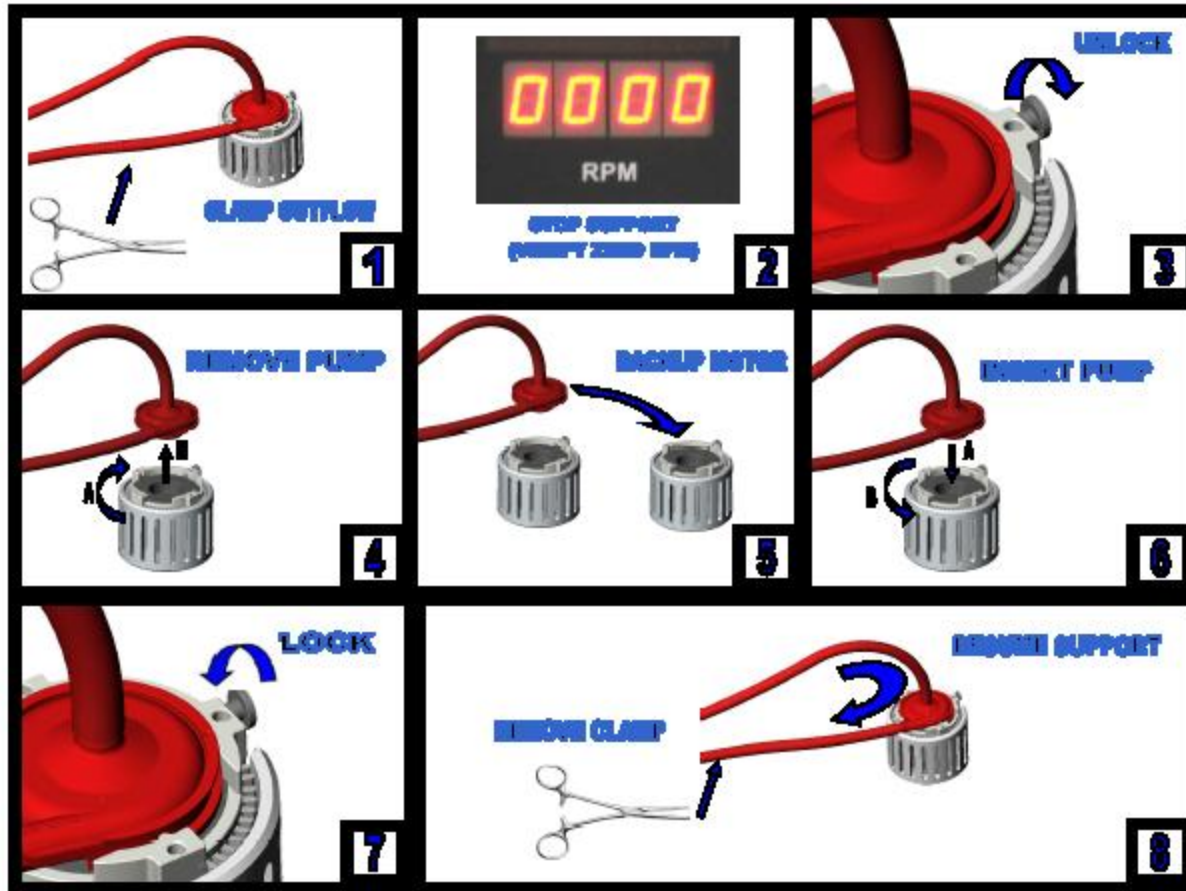


Patient Movement & Transport

- Risk of decannulation is greater during transport of the patient
- Continuously monitor patient's hemodynamics and pump flows
- Assign one individual to monitor consoles and blood pumps
- Place blood pump and motor on the bed between the patients legs
- Insure pumps are not covered
- Backup console and clamps must always be with the patient
- The Primary Console has approximately 1 hr of battery power and a Back Up Console has 2 hrs of battery power



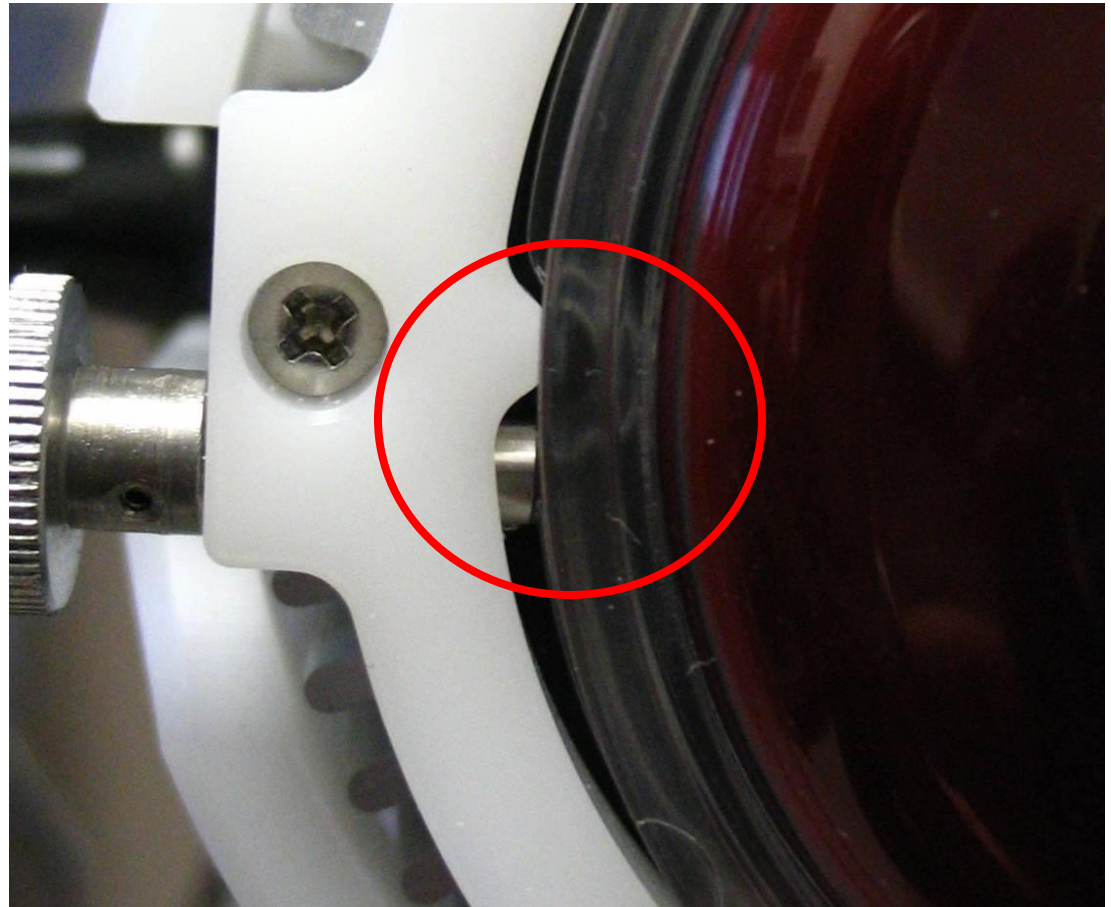
Emergency Switch to Backup



Incorrectly Mounted Blood Pump

Problem: Pump was not rotated counter-clockwise and the retaining screw was advanced into the side of the pump.

The screw should have been advanced into one of the four notches on the pump.



Thoratec Resources

- HeartLine (24 Hour Clinical & Technical Support)
 - 800-456-1477 (*not for patient use*)
- Published Reference Materials
 - www.thoratec.com
 - www.hearthope.com
- Online Education
 - www.ethoratec.com
- Reimbursement
 - VADReimbursement@thoratec.com

