ID:4555- Umbilical Cord Cannulation Techniques in a Sheep Model of Artificial Placenta: A Comparative Study

Sanin-Ramirez D, Illa M, Moran M, Aghajani F, Hawkins-Villareal A, Rezaei K, Bobillo-Perez S, Randanne Paula C, Velilla M, Del Rio R, Narvaez V, Chorda M, Fucho R, De Roo-Puente Y, Crispi F, Bonet-Carne E, Gratacos E, Eixarch E

BCNatal | Fetal Medicine Research Center (Hospital Clínic and Hospital Sant Joan de Déu), University of Barcelona, Barcelona, Spain.

Aim

To evaluate the benefits and drawbacks of different umbilical cord cannulation techniques in fetal lambs transferred and to an experimental artificial placenta (AP) system.

Methods

- 44 fetal lambs (95-128 days) transferred to an AP system with pumpless extracorporeal circuit with low resistance oxygenator
- Umbilical cord cannulation of two arteries and one vein using three different techniques:
 - Direct cut-down (DCD) (n=8)
 - Lateral-sequential section with mild vasospasm prevention (LSS-M) (n=6)
 - Lateral-sequential section with extensive vasospasm prevention (LSS-E) (n=30)
- Surgical complications, acid base status, hemoglobine, hemodynamic adaptation and survuval were comapred among groups.

Funding





Results

Variables	DCD(n=8)	LSS-M (n=6)	LSS-E (n=30)	P-Value
Male/Female	3/4	2/4	12/18	n.s.
GA (days)	115 (112.25, 115.75)	114 (113, 117.5)	109.5 (109, 110.25)	0.019
Weight (g)	1,795 ± 244	2,203 ± 385	1,637 ± 579	n.s.
Complications	8 (100)	6 (100)	14 (46.7)	0.002
- Decannulation	3 (37.5)	1 (16.7)	1 (3.3)	0.026
- Bubbles in the circuit	2 (25)	1 (16.7)	5 (16.7)	n.s.
- Vasospasm	2 (25)	4 (66.7)	2 (6.7)	0.004
- Bleeding	2 (25)	2 (33.3)	10 (33.3)	n.s.
- Vascular injury	2 (25)	1 (16.7)	1 (3.3)	n.s.
Occlusion time (sec)	246.9 ± 137.5	230.3 ± 119.7	313.6 ± 132.9	n.s.
Total cannulation (sec)	258 (196.5, 378.75)	533 (405, 705.25)	381 (344, 523.5)	n.s.
pH post-cannulation	7.12 (7.01, 7.39)	7.35 (7.25, 7.41)	7.35 (7.29, 7.42)	n.s.
Lactate (mmol/L)	7.3 ± 3.8	5.6 ± 2.5	5.2 ± 1.9	n.s.
Hb post-cannulation (g/dL)	8.1 ± 3.4	7.9 ± 0.8	7.9 ± 1.7	n.s.
Heart rate-mean (bpm)	30 (0, 95.5)	208 (186, 211.5)	177 (168, 187.25)	0.001
Circuit flow-mean (ml/kg/min)	23.0 ± 39.8	82.3 ± 50.2	153.4 ± 27.6	< 0.001
Time in AP (hours)	0.2 (0.15, 0.38)	3.6 (2.33, 6.37)	50.9 (25.44, 96.68)	< 0.001

Conclusions: DCD technique was associated with higher complication rates and short survival period in fetuses transferred to AP system. LSS-E group had a lower complication rate and better results in terms of flow, heart rate and survival.

