

SDC 7 - Anticoagulation strategy

A single bolus dose of 70 IU/kgBW Na-heparin was routinely administered IV immediately before cannulation followed by a continuous IV administration of Na-heparine with the goal to keep ACT between 150-180 sec, or PTT between 55-60 sec. This standard anticoagulation was discontinued immediately before the transplantation, and the further intra- and postoperative heparin management was adapted on an individual basis, according to the risk-benefit scaling of the surgeon. In most cases continuous heparin was not restarted, even when ECMO was prolonged postoperatively.