

2019 Hypoperfusion

Permission to print:	Yes
Incident type	Harmful incident
Type of incident:	Management
Procedure acuity:	Elective
Description:	<p>Ten minutes into a CABG on a 114 kg 192cm male and following the completion o induction cardioplegia the low level alarm activated as the surgeon asked for pump sucker high. The venous line was empty from cannula to reservoir and we were on sucker bypass at variably about 1/3 flow. There was a “rent” in the RA/IVC. The N+1 perfusionist was called as backup. The tear was not immediately controlled and additional suckers were used but flow to the patient remained limited. VAVD was applied allowing repriming of the venous line once the tear was controlled. Further cooling (from 35) was requested during this busy period with maximal sucker flow. Electronic record data showed a 6 minute period of variably reduced flow with the mean MAP of 30mm Hg, SVO2 <70 for 3 minutes (52-60). The following dose of cardioplegia did not cool the heart (myocardial temperature monitoring) and the 2nd perfusionist noticed the water flow to the cardioplegia was not flowing – I had inadvertently hit the wrong water flow displet (S5) when activating systemic cooling during the emergency. The surgeon was advised we needed to repeat the cardioplegia which was effective. The procedure continued without further issues apart from a prolonged post CPB period to ensure hemostasis at the RA tear. No blood products were required. Subsequent discussion with the surgeon suggested an injury during cannulation that tore on elevating the heart for the first distal anasomosis.</p>
GOOD CATCH - what went well	Good catch – Having a second perfusionist available as a 2nd pair of eyes in a tricky situation and having a VAVD controller on the HLM (had been out there as an “incase” as the patient was large.
What could we do better	Cannulation technique
Preventive actions	Hard to plan for such an unexpected event but having the team recognize limitations of cardiotomy return during sucker bypass and availability of VAVD .
Catagory	hypo / hyper perfusion
Region	ANZ
Manufacturer advised:	No
Hospital incident filed:	No
Ext Authority Advised	No
Patient outcome variance f	Mild
Discussed with team:	Yes