

Nomenclature in extracorporeal life support - expert consensus



Extracorporeal life support (ECLS) is a rapidly expanding field. As the technique of ECLS has significantly improved and newer skills developed, complexity in terminology and advances in cannula design led to some misunderstanding and inconsistency in definitions both in clinical practice and scientific research. Thus, the Extracorporeal Life Support Organization (ELSO) has released a consensus document to provide a consistent nomenclature for ECLS and to overcome the inconsistent use of abbreviations for ECLS cannulation.

The document is available online in the American Journal of Respiratory and Critical Care Medicine. This document is a consensus of multispecialty international representatives of ELSO, including the North American, Latin American, European, South and West Asian, and Asian-Pacific chapters, imparting a global perspective on ECLS.

"The Nomenclature Task Force was assembled by ELSO, and the different definitions were based on reviewing of the literature pertaining to ECLS nomenclature as well as on clinical practice. The consensus statement was determined as the most appropriate approach in the absence of studies evaluating the clarity and strength of different terms used in the setting of ECLS; all definitions were then based on expert opinion," according to the writing group.

The Task Force conferred by email and agreements were achieved through iterative discussion and debate. Recommendations were unanimously agreed and then approved by the Task Force.

The document is composed of three sections. The first gives terms, abbreviations and synonyms, and definitions used in the practice of ECLS. The second section addresses units of measurement. The third and final section is a nomenclature and taxonomy for the description of cannulas, cannulation configurations, and vascular access sites.

The use of this consensus document will be beneficial in terms of ease of multicentre collaboration in research and improved registry data quality and clear communication among practitioners and researchers in the field.

"This nomenclature has limitations. While adequate for supporting descriptions for most clinical applications, it may not meet the needs for research applications where more detail for cannulation configurations such as location of the cannula tip, additional cannulation sites, or non-traditional cannulation configurations, would be desirable. Given its systematic basis, however, it could be extended for such a purpose," notes the writing group.

Source: [American Journal of Respiratory and Critical Care Medicine](#)

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