



Extracorporeal life support for patients with acute respiratory distress syndrome: report of a Consensus Conference

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Résumé en anglais	<p>The influenza H1N1 epidemics in 2009 led a substantial number of people to develop severe acute respiratory distress syndrome and refractory hypoxemia. In these patients, extracorporeal membrane oxygenation was used as rescue oxygenation therapy. Several randomized clinical trials and observational studies suggested that extracorporeal membrane oxygenation associated with protective mechanical ventilation could improve outcome, but its efficacy remains uncertain. Organized by the Societe de Reanimation de Langue Francaise (SRLF) in conjunction with the Societe Francaise d'Anesthesie et de Reanimation (SFAR), the Societe de Pneumologie de Langue Francaise (SPLF), the Groupe Francophone de Reanimation et d'Urgences Pediatriques (GFRUP), the Societe Francaise de Perfusion (SOFRAPERF), the Societe Francaise de Chirurgie Thoracique et Cardiovasculaire (SFCTV) et the Sociedad Espanola de Medicina Intensiva Critica y Unidades Coronarias (SEMICYUC), a Consensus Conference was held in December 2013 and a jury of 13 members wrote 65 recommendations to answer the five following questions regarding the place of extracorporeal life support for patients with acute respiratory distress syndrome: 1) What are the available techniques?; 2) Which patients could benefit from extracorporeal life support?; 3) How to perform extracorporeal life support?; 4) How and when to stop extracorporeal life support?; 5) Which organization should be recommended? To write the recommendations, evidence-based medicine (GRADE method), expert panel opinions, and shared decisions taken by all the thirteen members of the jury of the Consensus Conference were taken into account.</p>

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