



IABP

End Point

The double black marker on the balloon catheter must be visible indicating that the balloon has fully exited the sheath

- Connect to the pressure transducer and pump & pressure the IAB fill button & wait for completion
- Press the assist / standby button to start the pump
- Start on minimal augmentation and increase to maximum

Set timing:
- balloon inflation at dicrotic notch
- balloon deflation at R wave

Insert to T4

CECMADE

- Contraindications:
1. Aortic regurgitation
 2. Aortic dissection
 3. Severe peripheral disease
 4. tachyarrhythmias (relative)
 5. coagulopathy (relative)

Equipment:
1. Image intensifier
2. Select size by patients height:
<165cm: 34ml balloon
>165cm: 40ml balloon

Drugs:
Local anaesthetic

Position

Supine
Aseptic technique

Landmarks

check the length for insertion using the angle of Louis (level of T4) as the surface landmark prior to insertion

Insertion Point & Technique

Femoral artery 12F introducer
Seldinger technique

Things to avoid

1. Balloon too high (occludes aortic arch vessels)
2. Balloon too low (occludes renal / splanchnic vessels)
3. Damage to femoral nerve or vessels - monitor insertion site
4. Limb ischaemia (thrombotic or embolic) - monitor neurovascular obs in lower limbs & left arm

Dressing

Occlusive dressing
Suture in place

Position Check

check CXR post insertion for tip of IABP distal to the origin of the left subclavian artery by 3cm