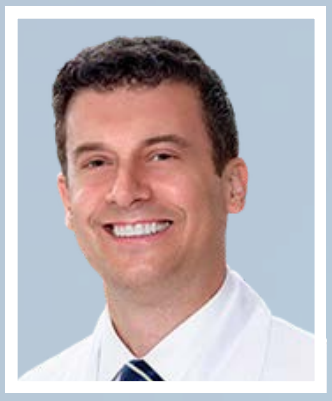
NEWSLETTER

OCTOBER 2026 EDITION

Lauren Kennedy, Editor

MESSAGE FROM THE PRESIDENT



The ELSO Annual Conference in Nashville was an unbridled success, bringing together more than 2,000 registrants from 46 countries across our global ECLS community. With 226 speakers and 44 exhibitors, the meeting showcased the innovation, expertise, and shared commitment to improving patient care that continue to advance our mission around the world.

This month also marked one year since the passing of our founder Dr. Robert Bartlett. As we reflected on his legacy at the Conference, it was impossible not to see his influence throughout the meeting in ways that will forever define our community. Thank you to everyone who attended, presented, exhibited, and contributed to making this year's conference such a meaningful event. We look forward to welcoming you to Denver, CO in 2027!

Dan Brodie, President, ELSO

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CHAPTER CONFERENCES



7th Annual LATAM Conference

Location: San Jose, Costa Rica
Dates: November 5th- November 7th, 2026
Website: https://congresosusp.com/congreso-elso/



15th Annual EuroELSO Conference

Location: Vienna, Austria
Dates: April 28 - May 1, 2027
Website: https://euroelso-congress.com/



SWAAC ELSO Conference 2027

Location: Cairo, Egypt
Dates: May 27 - 30, 2027
Website: Coming Soon!



9th Annual APELSO Conference

Location: Bali, Indonesia
Dates: June 25 - 26, 2027
Website: https://apelso2027.com/

The latest information on ELSO & Collaborative Meetings can be found here.

COMMITTEE ROUNDUP

ELSO Conference Committee

Thank You for Joining Us in Nashville!

On behalf of the Conference Committee, thank you to everyone who joined us for ELSO 2026 in Nashville, TN. The energy, collaboration, and enthusiasm throughout the week made this year's conference a truly memorable experience.

From inspiring presentations and thought-provoking discussions to networking events and reconnecting with colleagues from around the world, the conference showcased the strength and passion of the ELSO community.

We hope you left Nashville with new knowledge, fresh ideas, and meaningful connections. Thank you for making ELSO 2026 such a success and hope to see you next year in Denver, CO! Be sure to explore the resources below, including access to the virtual conference, interest form for our 2027 Conference Committee, and suggestions for future programming.

Unable to attend ELSO 2026 In-person?

Our virtual program is available for purchase through 1/31/27. Continuing education credit available for physicians, nurses, and pharmacists.

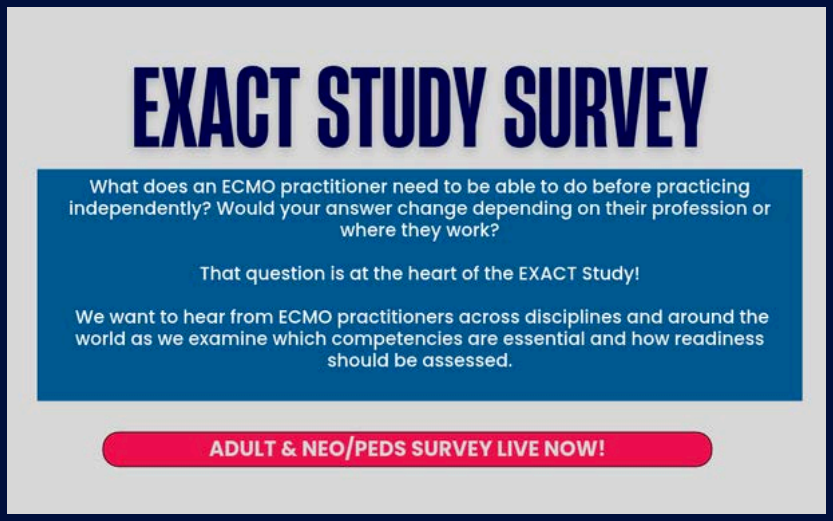
Interested in helping plan ELSO 2027?

Applications for the 2027 Conference Committee are open until December 1st, 2026.

Have a talk idea for a future ELSO conference?

Submit proposals for consideration!

Education Committee/ELSO Academy



ADULT SURVEY

NEO/PEDS SURVEY

Endorsement Subcommittee Positions Open Now!

Apply for Subcommittee Co-Chair Position or a Pod-Reviewer on ELSO's Get Involved Page

Upcoming Course Dates

Our Fall 2026 and Spring 2027 ELSO Simulation Center Education activities are live on ELSO Academy! We are offering a variety of Adult Simulation, Neo/Peds Simulation, and Cannulation courses. Please keep an eye on the ELSO Website as well as ELSO Academy to check course dates & availability!

ELSO Extracorporeal Membrane Oxygenation (ECMO) Adult Simulation Course

Fall 2026 Dates: November 9-10 & November 11-12
NEW! Spring 2027 Dates: April 12-13 & April 14-15

ELSO Extracorporeal Membrane Oxygenation (ECMO) Adult Simulation Course @ SCCM 2027 Critical Care Congress in San Diego, CA

NEW! Spring 2027 Dates: March 12-13 I Register here: SCCM Registration

ELSO Adult ECMO Cannulation Workshop

Fall 2026 Dates: November 13, November 14, November 15
NEW ! Spring 2027 Dates: April 16, April 17, April 18

All Endorsed courses can be found HERE
All non-ELSO courses/events can be found HERE.

Registry

ELSO Registry Q&A Corner

The ELSO Registry Development Subcommittee held its most recent Registry Q&A session on September 9th! The next Registry Q&A session will be on November 18th at 11 AM ET. Register here.

Q: How should centers decide primary vs. secondary diagnosis (e.g., cardiogenic shock vs. STEMI)?
A: Ask yourself: Why did the patient go on ECMO? If cardiogenic shock was the reason for ECMO initiation, it should be the primary diagnosis, even if another condition, such as STEMI, led to it. The same principle applies to respiratory cases.

Q: Does the ELSO Registry link patient data when a patient is transported between ECMO centers?
A: Not currently. Patients transferred between centers are recorded separately. ELSO continues to explore ways to better track patient outcomes across facilities in the future.

Q: Does CRRT count as an ECMO complication?
A: Not necessarily. CRRT use is tracked during ECMO, but it is not automatically considered a complication. Renal complications should be reported according to Registry definitions and established criteria.

Q: Why do I have to re-enter hospitalization details when adding a second ECMO run within the same hospitalization?
A: In most cases, you should not have to re-enter hospitalization information. If the patient remains in the same hospitalization, you should be able to add a second ECMO run to the existing hospitalization record.

Keep in touch with Registry Q&A sessions by following ELSO on social media and checking the announcement section of the ELSO website!

Registry Webinar: Entering Complications in the ELSO Registry

November 23, 2026 | 3:00-4:00pm US Eastern Time

More details coming soon!

Registration:
https://us02web.zoom.us/webinar/register/WN_ytcaKfrBRSCTG1qDvS8O9A

Quality Committee - Award of Excellence

ELSO 2027 Awardees: Thank you to everyone who joined us for the Award of Excellence Ceremony at the ELSO 2026 Annual Conference. It was a privilege to recognize the dedication, innovation, and excellence demonstrated by centers across the ELSO community and to celebrate this year's Award of Excellence recipients.

Photos from the ceremony, including recipient team photos, can be viewed and downloaded here. Award plaques are currently being finalized and are expected to ship to recipients in early December.

2027 AOE Application Updates: As part of our ongoing commitment to continuous improvement, ELSO is preparing updates to the Award of Excellence Program to better reflect evolving practices and organizational capabilities that support high-quality ECMO care. These changes will be introduced for the 2027 application cycle, and updated materials will be available on our website in December 2026. While currently available 2026 documents may still serve as general reference, sections and questions will be updated. Your continued work to advance quality and excellence remains central to the program and we are excited to share more details with our community soon.

If you have any questions, please reach out to awards@elso.org.



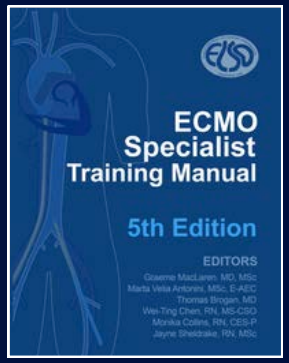


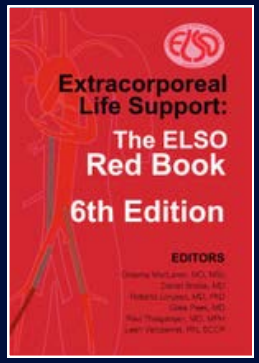


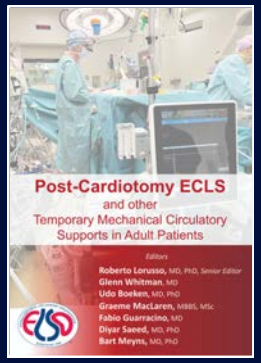
Publications Committee

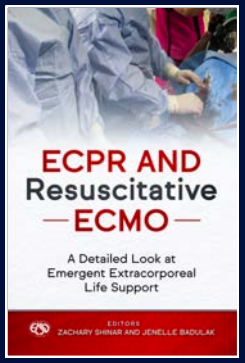
Inspired by a presentation, discussion, or new connection made at ELSO 2026? ELSO's publications are a great way to continue exploring ECMO and ECLS topics long after the conference concludes.

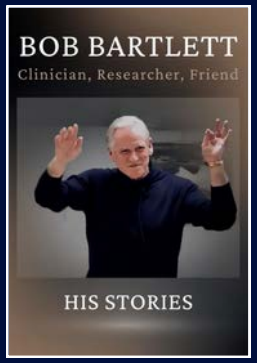
Browse available books and educational resources here: ELSO Publications











FELSO

Congradulations to our 2026 FELSO Recipients: (left to right below) Laurance Lequier, Velia Antonini, Nicholas Barrett, and Rene Gomez Gutierrez. Your outstanding contributions to ELSO and the global ECLS community are inspiring!

FELSO is an honorary designation recognizing extraordinary contributions to the art and science of ECLS. Applications are reviewed by the FELSO Nominations Committee.

For additional information, please contact FELSO@elso.org.



SURVEY ALLEY

ECMO Withdrawl Survey

Please consider participating in this survey for a research project focused on ECMO withdrawal practices related to clinical factors, attention to biases, and ethical considerations. Your insights will help us better understand the varied approach to ECMO withdrawal and the scope of varied practices with the ultimate goal of advocating for factors that may promote consideration for standard protocols and policies.

Primary Survey Contact: Adan (Adam) Mora; Adan.Mora@UTSouthwestern.edu

Link to Survey: https://forms.cloud.microsoft/r/hzp7RgtxWA

Multicenter Survey on PH Medication Use on ECMO

This survey aims to describe current practices in the use of pulmonary hypertension therapies during ECMO, including medication selection, dosing and escalation strategies, monitoring, and management of adverse effects. Your experience will help identify areas of practice variation, shared challenges, and priorities for future multicenter research.

Primary Survey Contact: Corey Chartan; corey.chartan@austin.utexas.edu

Link to Survey: https://redcap.austin.utexas.edu/surveys/?s=WFX378ND4DNA8AAD



Have a survey that would benefit from insight from the global ELSO community?

Please have your ELSO Center's Medical Director or Coordinator send a brief 2–3 sentence summary of the survey, the primary contact and email, and a link to the survey to newsletter@elso.org.

CIRCUIT CHATTER

EDITION 9

EDITED BY DR. GRAEME MACLAREN & DR. GILES PEEK

WRITTEN & SUBMITTED BY:
DANIEL MANZUR SANDOVAL
IGNACIO CHÁVEZ NATIONAL INSTITUTE OF CARDIOLOGY
MEXICO CITY, MEXICO

Pulmonary embolism (PE) remains a major cause of global morbidity and mortality, and its massive and submassive forms can precipitate abrupt hemodynamic collapse driven by a sudden increase in right ventricular (RV) afterload. When the RV cannot adapt to this acute pressure load, shock and multiorgan dysfunction ensue. Reperfusion therapies—ranging from systemic thrombolysis to catheter-directed interventions and surgical embolectomy—seek to rapidly restore pulmonary arterial flow. However, management becomes significantly more complex when thrombus-in-transit is present or when patients fail to stabilize despite escalating vasoactive support. In recent years, mechanical circulatory assistance has emerged as a crucial bridge in such scenarios, particularly venoarterial extracorporeal membrane oxygenation. Yet, in selected patients with preserved left ventricular (LV) function and severe RV dysfunction, venopulmonary ECMO (VP ECMO) offers a physiologically attractive alternative by delivering oxygenated blood directly into the pulmonary artery, thus unloading the RV while maintaining appropriate oxygenation of the systemic circulation.

The present case illustrates the potential role of VP ECMO as rescue therapy following surgical pulmonary embolectomy in a patient with massive PE and refractory shock. The patient, a 60-year-old man with hypertension, overweight, atrial fibrillation, and recent arthroscopy, initially presented with syncope and was diagnosed with intermediate–high-risk PE. He underwent thrombolysis, but rapidly deteriorated into obstructive shock requiring multiple inotropes. Upon arrival at our institution, he remained tachycardic, tachypneic, and hypoxemic, with elevated lactate levels and evidence of major RV compromise. CT angiography confirmed bilateral proximal emboli, RV enlargement, a thrombus-in-transit within the right atrium, and pulmonary infarctions. Echocardiography revealed severe RV dilation and dysfunction with markedly elevated pulmonary pressures. Although levosimendan temporarily improved tissue perfusion, the patient remained unstable.

Urgent surgical embolectomy of the right atrium and pulmonary arteries was performed under cardiopulmonary bypass. Postoperatively, he continued to manifest refractory shock despite high-dose inotropes and vasopressors, and he developed severe hypoxemia, acute kidney injury requiring continuous renal replacement therapy, and sustained ventricular arrhythmias. Hemodynamic assessment confirmed severe RV failure with preserved LV function. In this context, the use of VA ECMO posed a substantial risk of differential hypoxia, and multiple groin hematomas made peripheral arterial cannulation even less desirable. For these reasons, VP ECMO was selected as the support strategy most aligned with his physiology.

A Whisper Extra Support guidewire was advanced through the pulmonary artery flotation catheter inserted via the left internal jugular vein and positioned in the pulmonary artery. The catheter was then withdrawn while maintaining the guidewire in place. Subsequently, a 5 Fr Judkins right catheter was advanced to the same location, through which an Amplatz Super Stiff guidewire was introduced, with its position confirmed by fluoroscopy. Over this guidewire, a 17 Fr multifenestrated venous cannula was inserted, and appropriate positioning was confirmed fluoroscopically. Additionally, a 23 Fr venous drainage cannula was percutaneously placed via the left femoral vein.

Once VP ECMO was initiated at 5 L/min, the patient's hemodynamics stabilized rapidly, vasopressors were withdrawn, and lactate levels normalized. Over the following days, oxygenation improved, arrhythmias subsided, and renal replacement therapy was maintained as needed. After six days of support, a structured weaning trial showed normalization of RV size and a marked improvement in systolic function, allowing the safe removal of ECMO without surgical closure. His subsequent course was complicated by ventilator-associated pneumonia, prolonged ventilation requiring tracheostomy, dialysis-dependent renal failure, and critical illness myopathy, yet he ultimately recovered and was discharged home after six weeks of hospitalization.

This case highlights the expanding role of ECMO in massive PE. While VA ECMO remains the most frequently used modality because it provides comprehensive hemodynamic and respiratory support, it carries limitations when the LV is preserved and RV failure predominates. In such cases, VP ECMO directly addresses the central pathophysiologic disturbances of acute PE: ventilation–perfusion mismatch, increased dead space, hypoxemia driven by intrapulmonary shunt, and RV pressure overload. By delivering oxygenated blood into the pulmonary circulation, VP ECMO improves gas

exchange, avoids differential hypoxia, and protects against the complications of arterial cannulation. Although evidence remains limited, its use has grown in contexts such as refractory ARDS, ischemic RV dysfunction, and decompensated congenital heart disease.

In massive PE with profound RV failure, VP ECMO represents a physiologically coherent and potentially safer alternative to VA ECMO when LV function is preserved. This case demonstrates that this mode can serve as an effective bridge to recovery.

ELSO CHAPTER UPDATES: ECMO AROUND THE WORLD

AP ELSO

We're excited to welcome the ECMO community to Bali for the AP ELSO 2027 Congress this June. More details about the program, sessions, and registration can be found on our website here: https://apelso2027.com

LATAM ELSO

Please join us for the 7th Annual LATAM Conference, being held in San Jose, Costa Rica in November 2026. Up to date news and event information can be found on our website here: elsolatam.net.

ELSO CHAPTER UPDATES: ECMO AROUND THE WORLD

SWAAC ELSO

Mark your calendar for the next annual meeting which will be held in Cairo, Egypt May 27 – 30, 2027. More information on the program and registration will be available soon.

EuroELSO

The EuroELSO Scientific and Steering Committees are preparing an outstanding programme for the next EuroELSO Congress, taking place in Vienna from 28 April to 1 May 2027. We look forward to welcoming you there!

PATIENT STORY SPOTLIGHTS

Nick Dodge



Recently, Nicholas P. Dodge reached out to ELSO to share his extraordinary ECMO journey. After developing severe COVID-19 in 2021, Nick spent an incredible 241 days on ECMO, much of that time awake and actively participating in rehabilitation while awaiting a life-saving double lung transplant. In January 2022, he received new lungs and began the long road to recovery. Today, he is back home with his family, celebrating milestones he once feared he would never see.

Reflecting on his experience, Nick credits ECMO and the healthcare professionals who cared for him around the clock with giving him a second chance at life. His story is a powerful reminder of the resilience of patients, the dedication of multidisciplinary ECMO teams, and the profound impact of this lifesaving therapy. We are honored that Nick shared his journey with the ELSO community!

Editor's Note: Thank you to Nick and Maureen Dodge for sharing their story with the ELSO community. Their full story, "A Life Returned," will be featured soon on the ELSO website.



Maria Young

In 2020, Maria Young was living an active and adventurous life. What began as a respiratory illness quickly escalated to double pneumonia and acute respiratory distress syndrome (ARDS), leading to a sudden hospitalization and an ICU stay with dangerously low oxygen levels. ECMO became the lifesaving support she needed, providing a bridge through some of the most critical moments of her illness.

Today, Maria reflects on ECMO as far more than a medical technology. For her, it represents hope, resilience, and a second chance at life. Motivated by her own recovery journey, she has dedicated herself to supporting others facing critical illness through Maria's Miracle and ARDS Alliance, helping patients and families navigate the challenges of recovery with compassion, understanding, and hope. We are grateful that Maria shared her story with the ELSO community!

Editor's Note: Thank you to Maria Young for sharing your ECMO journey with the ELSO community and for your continued advocacy on behalf of ECMO and ARDS patients and families. We were honored to connect with Maria through the ARDS Alliance, a nonprofit organization dedicated to supporting survivors of ARDS and critical illness, their families, and caregivers. Her story "My Journey of Survival" can be found through the ARDS Alliance website.

CHIEF EXECUTIVE OFFICER REMARKS

Legacy

From the opening plenary to the closing remarks, Dr. Bartlett's legacy was pervasive throughout ELSO's 37th Annual Meeting that concluded earlier this month in Nashville, Tennessee.

Jay Zwischenberger started us off with a powerful tribute to Bartlett with his harmonica. Pearl O'Rourke provided the view of a long-time friend and colleague of his. The hot topics were diverse - exactly as he would expect. Ron Hirschl provided more depth to his mentor and friend. 2,000+, including many new colleagues, joined us and are now part of carrying Bartlett's legacy forward. Doing so is in the details: how we work together; that we work together; and that we are relentlessly curious on behalf of the patients we serve around the world in our pursuits of advancing knowledge and improving outcomes. Natalie Rintoul provided the thread throughout the conference that strung together each topic and the experts brought together.

Thank you for all involved and all that participated. The opportunity persists through the virtual conference (thru January 31 for CME/CEU; thereafter for free for ELSO members).

Looking Forward

The future looks bright for our community. We thrive on collaboration, successes on behalf of our patients, and the opportunity to expand and empower the next generation of brilliant nurses, respiratory therapists, perfusionists, basic scientists, physicians and surgeons - the entire team that comprises our friends working hard to make a difference in extracorporeal life support. We are enormously supportive of every person interested in being a part of this effort.

Thank you for all you do each and every day.

Christine Stead, CEO

The Extracorporeal Life Support Organization

Our Mission

Providing global leadership in extracorporeal life support through innovation, advocacy, and advancing knowledge.

Our Vision

ELSO will be the premier organization for the advancement of extracorporeal life support throughout the world.

Guiding Principles

Innovation
Seeking to identify and promote advances for the application of extracorporeal therapies.

Expertise
Bringing together world leaders in the care of critically ill patients for collaboration to advance quality of care through education and publication.

Clinical Support
Maintaining a comprehensive registry of data to assist in reducing morbidity and improving survival of patients requiring extracorporeal therapies.

Community
Fostering communication and collaboration among professionals who apply advanced technologies in the treatment of refractory organ failure.

@ELSO.Org @ELSOOrg @elso_official @ELSO @TheELSO

The Extracorporeal Life Support Organization (ELSO)
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For editorial concerns related to this newsletter, please contact newsletter@elso.org.

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