Intra aortic Balloon Pump (IABP) is one of the treatments for end stage heart failure patients waiting for a heart transplant who are non responsive to medications. Functional independence decline as a result of mandatory bed rest for traditional femoral IABP. Percutaneously placed Axillary-Subclavian Intra-aortic Balloon Pump (Axillary IABP), enable these patients to be mobilized thereby maintaining or increasing their functional independence while waiting for a heart transplant.

1. Demonstrate that PAIABP therapy allows mobilization while awaiting transplantation, as compared to traditional femoral inserted IABP.
2. Evaluate PAIABP therapy rate of complications vs. femoral inserted IABP.

Methods
Design
This is a retrospective study of pre-heart transplant PAIABP patients (n=45) in CICU from 2007 to 2013. Mobility for our study includes dangling, getting out of bed to the chair, and walking to the bathroom, inside the room, and in the hallways.

Setting
Coronary Intensive Care ICU (CICU) Houston Methodist Hospital

Data are presented as mean (standard deviation) for continuous variables, and number (percentage) are reported for categorical variables.

Result

Pre heart transplant Axillary IABP patients can be mobilized thereby increasing their functional independence. Axillary IABP decreased complications compared to traditional femoral IABP insertion, but has increased tendency for malposition due to increased patient mobility compared to the femoral IABP. Limitations: Single hospital results - Small sample size - Incomplete data on some charts

Future Action
Further research is needed on:
- the effect of this procedure in the post operative ICU length of stay.
- total post operative hospital length of stay.
- the effect of mobility vs. bedrest on these patients’ emotional/psychological well being.

References

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Intra-aortic Balloon Pump
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