



**SNS COLLEGE OF ALLIED HEALTH SCIENCES**  
SNS Kalvi Nagar, Coimbatore - 35  
Affiliated to Dr MGR Medical University, Chennai



**DEPARTMENT OF CARDIOPULMONARY PERFUSION CARE**  
**TECHNOLOGY**

**COURSE NAME : CPB & ITS COMPLICATIONS**

**3<sup>RD</sup> YEAR**

**TOPIC : VENOUS CANNULA PARTIALLY DISLODGED**

MS. KRIPA/LECTURER/SNSCAHS



# PROCEDURE



- Check the position of venous cannula by visual and inspection and palpitation to determine the degree of dislodgement
- If the cannula is only partially dislodged and the blood flow is not compromised
- The cannula can be repositioned gently by rotation .
- If the venous cannula is completely dislodged and blood flow is comprised
- Clamp the venous line to prevent air entry into the circuit
- Repositioned the dislodged venous cannula and check for the venous drainage
- Check for air in the venous cannula and purge it out before connecting to venous line
- Pre establish the bypass , start the flow slowly check for any hemodynamics instability or gas exchange abnormalities.



## CAUSES



- This leads to decrease venous return
- Air lock occurs .

## STEPS TO BE TAKEN

- Stop the pump immediately
- Notify the Perfusionist, Surgeon,  
Anesthesiologist regarding venous cannula  
dislodged



# CAUSES FOR LOW DRAINAGE



- Kink
- Hypovolemic patients
- Increased CVP
- Over vasodilation ( anesthetic drugs)
- Improper Snugging
- RA myxoma
- Removal of vent cap



- Distal anastomosis and Posterior anastomosis during CABG
- Reversal of pump
- Cannula is touching the lumen .



**THANK YOU**