

Dear friends,

On behalf of the *Indian Journal of ECMO (IJECMO)*—the editorial board and the editorial team—we would like to wish all authors, patrons, and readers a wonderful and prosperous new year.

The year 2023 was a great year for IJECMO. Our journal has made a pan India reach and also has made international presence. For this, we would like to congratulate all the members of the editorial team and authors. Journal is continuing to innovate in response to the changing environment of science and technology in the complex field of extracorporeal therapy. We are sure that IJECMO is continuing to become a platform with the aim to assist researchers to grow at all levels the research scholars, post-docs and students who are seeking publishing opportunities for their work.

## Extracorporeal Life Support (ECLS) in the Indian Subcontinent... 13 Years on

Though ECMO was practiced in India at a few centers prior to 2010, efforts to add the respiratory ECMO as an available modality to the therapeutic armamentarium of critical care practice started from this period. Prior to this date, ECMO was mainly practiced as extended cardiopulmonary bypass when the patients couldn't come off following prolonged cardiac surgeries. Last 13 years have seen tremendous growth of the specialty as a result of the mutual cooperation of interested ECMO physicians, the exchange of knowledge from centers abroad, close relationship with the Central Extracorporeal Life Support Organization (ELSO), Ann Arbor, Michigan, USA. Genesis of ECMO Society of India (ESOI) and South Asia, West Asia, Africa Chapter (SWAAC) of ELSO has contributed significantly to the growth and proliferation of ECMO knowledge bases and practicing centers in our country. Besides our team from ECMO Society of India, Riddhi Vinayak, Mumbai, we would like to pay our gratitude to Dr Robert Bartlett, Dr Steve Conrad and Peter Rycus on this historical occasion. We interacted with subsequent ELSO chairmen who made their impact through their contributions to the growth of ECMO all over the world through its five subchapters including ours.

We saw the growth of subspecialty which evolved facing challenges in the last decade. We lived through two pandemics, H1N1 and COVID-19. More and more institutions have incorporated ECMO as part of the care. Obviously, the workforce has to be trained as well. ECMO Society of India took the opportunity and stood by the clinicians by organizing training programs and keeping education going. Besides respiratory ECMO, cardiac ECMO has been growing too. Other centers in the country contributed to ECMO training too. This has been a team effort, demonstrating the success of bringing a relatively new life science into practice, in a short period. ECMO practice needs dedication, persuasion and teamwork validating the true sense of working together. Needless to say, ECMO team has to work like a closely knit family.

We had successes. We had failures. Nearly 50 to 55% of the sickest people, who would have died otherwise were saved. Unlike much of the West, our ECMO service is mostly family funded with further extended help from insurance, charities, and crowdfunding. In the West as well as in some of our Middle East countries (part of the SWAAC region), ECMO program is funded by the governments as well as insurance programs. There is a need to enhance the insurance programs and bring down the cost of ECMO to a moderate level. There is a need to control infection, which has been a major cause of mortality worldwide. There is a need for thorough introspection of infection control policies and putting them into practice in true spirit.

We are glad to see the growth of pediatric ECMO which deserves more attention. Raising the awareness among obstetricians/perinatologists/neonatologists/pediatricians/pediatric cardiac surgeons and cardiac anaesthesiologists will go a long way in making this situation WIN-WIN to the mother as well as the newborn baby. Training of the critical care nurses and the involved subspecialties in the art of neonatal and pediatric cannulation and further management cannot be overemphasized. Efforts are on in this direction.

We are very pleased to share the growth of some of our ECMO centers as the best centers by the central ELSO by careful consideration and a rigorous inspection process. Riddhi Vinayak Hospital, Mumbai, has been awarded Platinum award, which is a pride for us.

The growth of ECMO Society of India in the past 13 years has been very satisfactory with more than 500 ECMO practitioners. Though more centers are practicing ECMO, so far 23 centers are registered with ELSO. The numbers need to grow. We brought simulation into practice by inculcating innovative methods, which has received accolades from all over the world.

There are a lot of academic feasts in the next couple of months. It is our pleasure to see Yashoda Hospital, Hyderabad, hosting the 13<sup>th</sup> Annual Conference of India with National and International experts participating in the exchange of deliberations, starting from January 2024. Besides the conference, workshops have been planned for pediatric and adult ECMO groups individually, which is a new feature starting with this conference. Our 17<sup>th</sup> annual training program of ECMO (ELSO endorsed) will be held in Mumbai soon after that. South Asia, West Asia, and Africa Chapter of ELSO will be held between 14<sup>th</sup> and 17<sup>th</sup> February 2024 at Kuwait.

We would like to end this note with a reminder that ECMO is a science which requires learning and relearning with a need to continuously update ourselves for the benefit of our patients.

Happy Learning and Happy New Year!



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