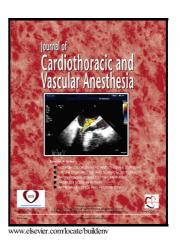
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Mechanical ventilation during cardiopulmonary bypass: a review

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Introduction

Despite progress in perioperative management, postoperative pulmonary complications (PPCs) are

still a leading cause of morbidity and mortality in cardiac surgery. About 25% of patients with no

severe cardiac dysfunction that undergo cardiac surgery experience significant respiratory

impairment for at least one week after the intervention [1]. Post-cardiac surgery PPCs clinically

range from fever with productive cough to acute respiratory distress syndrome (ARDS), requiring

prolonged mechanical ventilation (MV) and showing reduced survival [2-4]. Cardiopulmonary

bypass (CPB) is necessary for the majority of procedures in cardiac surgery, making CPB-related

lung damage inevitable. Inflammatory response following CPB, exclusion of lung tissue from

1

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