

Title	Resuscitative Endovascular Balloon Occlusion of the Aorta as a Bridge to Organ Donation after Blunt Trauma
Authors	Joshua J. Sumislawski, MD Dylan P. Foley, MS Ernest E. Moore, MD Hunter B. Moore, MD, PhD
Affiliation	Department of Surgery Ernest E. Moore Shock Trauma Center Denver Health Medical Center University of Colorado School of Medicine Denver, Colorado, United States
Corresponding Author	Joshua J. Sumislawski, MD Department of Surgery Denver Health Medical Center 777 Bannock Street, MC 0206 Denver, Colorado 80204 (615) 504-2711 (phone) (303) 436-6572 (fax) joshua.sumislawski@ucdenver.edu
Author Contributions	JJS, DPF, and EEM cared for the patient in this case report. JJS, DPF, and HBM reviewed the literature and wrote the manuscript, which EEM critically revised.
Disclosures	EEM receives research support from Prytime Medical Devices.

Abstract

Solid organ transplantation is limited worldwide by a shortage of donor organs. Trauma patients with unsurvivable injuries comprise a large portion of potential organ donors, but many of them die from cardiovascular collapse before donation can be pursued. We report the use of resuscitative endovascular balloon occlusion of the aorta (REBOA) to stabilize a deteriorating blunt trauma patient who was ultimately able to donate multiple organs and tissues. Survival to organ donation is a tangible and beneficial outcome of REBOA.

Key Words: Resuscitative endovascular balloon occlusion of the aorta, REBOA, traumatic brain injury, organ donation, blunt trauma