Objective
To describe the use of pumpless extracorporeal interventional Lung Assist (iLA) for transportation of patients with severe life-threatening acute lung failure from tertiary hospitals to a specialized centre.

Study Design
Patients with severe lung failure requiring interhospital transport, in whom implementation of an iLA system at a tertiary hospital for air/ground transportation was performed.

Study Population
Eight patients.

Methods
Retrospective analysis.

Results
After implementation of iLA, a rapid increase in CO₂-elimination was observed and a significant improvement in oxygenation was noted. During transport, no severe complications or mortality occurred.

Commentary
This paper is relevant because it describes the successful use of the iLA system in an important setting: Lung failure patients frequently require transport under intensive care conditions. The small size, easy to use iLA which does not need additional energy or equipment works in transport conditions as well. Note that although improved oxygenation is cited as a result iLA’s primary indication is improvement of ventilation.