



However device failure and complications rates are high. Over 2½ years, a child requiring parenteral nutrition and associated vascular access dependency due to ‘short gut syndrome’ (intestinal failure secondary to gastroschisis and resultant significant bowel resection) had ten CVADs inserted, with nine subsequently failing” Ullman et al (2017).

Abstract:

Central venous access devices (CVADs) form an important component of modern paediatric healthcare, especially for children with chronic health conditions such as cancer or gastrointestinal disorders. However device failure and complications rates are high. Over 2½ years, a child requiring parenteral nutrition and associated vascular access dependency due to ‘short gut syndrome’ (intestinal failure secondary to gastroschisis and resultant significant bowel resection) had ten CVADs inserted, with nine subsequently failing.

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This resulted in multiple anaesthetics, invasive procedures, injuries, vascular depletion, interrupted nutrition, delayed treatment and substantial healthcare costs. A conservative estimate of the institutional costs for each insertion, or rewiring, of her tunnelled CVAD was \$A10 253 (2016 Australian dollars). These complications and device failures had significant negative impact on the child and her family. Considering the commonality of conditions requiring prolonged vascular access, these failures also have a significant impact on international health service costs.

Reference:

Ullman, A.J., Kleidon, T., Cooke, M. and Rickard, C.M. (2017) Substantial harm associated with failure of chronic paediatric central venous access devices. *BMJ Case Reports*. July 6th.



Article describes multiple central line failures in one child | 2

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