Comparison of local reactions to oxaliplatin infusions by peripheral versus central venous administration

“This is the first published report to characterize and quantify a single institution’s experience with oxaliplatin-related local reactions” To et al (2015).

Reference:


Comparison of local reactions to oxaliplatin infusions by peripheral versus central venous administration http://ctt.ec/Gf3yD+ @ivteam #ivteam

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Abstract:

PURPOSE: Oxaliplatin, a platinum-type alkylator, is not classified as a vesicant but can cause local reactions when infused by peripheral vein. Providence Cancer Center, like other institutions, deferred the venous administration method to clinical judgment incorporating patient preference. Patient experience was evaluated for oxaliplatin-related local reactions by peripheral or central venous administration.

METHODS: A retrospective review of the electronic medical record was performed of the period of January 2011 to March 2013 to identify patients who received oxaliplatin. Included
were 59 patients who were given the option of either peripheral or central venous drug administration. The two patient groups (peripheral vein vs. central vein administration) were compared in terms of frequency and type of local reactions (redness/discoloration, swelling, numbness/cold, or pain/discomfort).

RESULTS: Nineteen (63.3%) of the patients in the peripheral vein group experienced some type of local reaction compared to none in the central vein group (p < .0001). Pain was the most common local reaction, occurring in 17 (56.7%) patients in the peripheral group. Despite the occurrence of a local reaction, the majority of patients did not alter their initial choice of infusion method.

CONCLUSION: This is the first published report to characterize and quantify a single institution’s experience with oxaliplatin-related local reactions. A significantly greater number of local reactions, particularly pain, occurred with the administration of oxaliplatin peripherally vs. centrally. This analysis impacted our institution’s best practice for oxaliplatin infusions.

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