

The graphic features the SecurAcath logo at the top center, with the 'A' in orange. Below the logo, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in white on a dark orange background. A 'Learn More' link with a right-pointing arrow is positioned below the text. On the right side, a close-up image of the SecurAcath device is shown, which is a yellow, wedge-shaped catheter with 'LIFT' and 'HOLD' labels and arrows indicating its operation. The device is shown inserted into a vein, with a cross-section of the vessel wall visible.

**Reduce Infections**

**Decrease Dislodgements**

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This review comments on the evidence-based recommendations on ultrasound (US)-guided vascular access which have been published recently within the framework of Guidelines on Interventional Ultrasound (INVUS) of the European Federation of Societies for US in Medicine and Biology (EFSUMB) from a clinical practice point of view” Dietrich et al (2016).

Abstract:

Peripheral venous as well as arterial punctures have traditionally been performed on the basis of designated anatomical landmarks. However, due to patients’ individual anatomy

and vessel pathology and depending on individual operators' skill, this landmark approach is associated with a significant failure rate and complication risk. This review comments on the evidence-based recommendations on ultrasound (US)-guided vascular access which have been published recently within the framework of Guidelines on Interventional Ultrasound (INVUS) of the European Federation of Societies for US in Medicine and Biology (EFSUMB) from a clinical practice point of view. Part 1 of the review had its focus on general aspects of US-guidance and on central venous access, whereas part 2 refers to peripheral vascular access.

Full Text

ReTweet if useful... Discussion on ultrasound-guided peripheral vascular guidelines  
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Reference:

Dietrich, C.F., Horn, R., Morf, S., Chiorean, L., Dong, Y., Cui, X.W., Atkinson, N. and Jenssen, C. (2016) US-guided peripheral vascular interventions, comments on the EFSUMB guidelines. *Medical Ultrasonography*. 18(2), p.231-9.

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