



securAcath.

Reduce Infections

Decrease Dislodgements

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The graphic features the SecurAcath logo at the top. Below it, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in large, bold, white font against a dark orange background. A 'Learn More' link with a right-pointing arrow is positioned below the text. On the right side, there is a detailed illustration of the SecurAcath device, which is a yellow, U-shaped catheter with a central lumen. The device has 'LIFT' and 'HOLD' labels on its sides and 'securAcath' written on its top surface. The device is shown inserted into a vein, with a cross-section of the vein wall visible.



#IVTEAM #Intravenous literature: “Catheter fracture may occur even after placement via the internal jugular approach and may be underestimated because it is often asymptomatic. Interventional radiology techniques using goose-neck and conformational loop snares may be useful to retract an intravascular foreign body.” Shimizu et al.

Reference:

Shimizu, A., Lefor, A., Nakata, M., Mitsuhashi, U., Tanaka, M. and Yasuda, Y. (2014) Embolization of a fractured central venous catheter placed using the internal jugular approach. International Journal of Surgery Case Reports. 5(5), p.219-221.

A 65-year-old man presented with a catheter embolus after placement of a central venous

catheter [@ivteam #ivteam](http://ctt.ec/o2x26+)

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Abstract:

INTRODUCTION: Fracture and embolization of central venous catheters placed via the subclavian approach is well recognized, but fractured catheters placed via the internal jugular vein are extremely rare.

PRESENTATION OF CASE: A 65-year-old man presented with a catheter embolus after placement of a central venous port using the internal jugular approach undertaken to administer adjuvant chemotherapy for colon cancer with lung metastases. Goose neck and conformational loop snares were successfully used to percutaneously retrieve the severed catheter, which had migrated to the right ventricle.

DISCUSSION: Catheter fracture may occur even after placement via the internal jugular approach and may be underestimated because it is often asymptomatic. Interventional radiology techniques using goose-neck and conformational loop snares may be useful to retract an intravascular foreign body.

CONCLUSION: Imaging studies such as a chest X-ray are mandatory to check that the catheter tip is in the appropriate position during the entire follow-up period even if it was placed through the internal jugular vein.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan. CancerUK IV chemotherapy information.



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