

We investigated the efficacy of bedside thrombolysis with urokinase for the management of catheter thrombosis” Son et al (2014).

Reference:

Son, J.T., Min, S.Y., Kim, J.I., Choi, P.W., Heo, T.G., Lee, M.S., Kim, C.N., Kim, H.Y., Yi, S.Y., Lee, H.R. and Roh, Y.N. (2014) Thrombolytic Therapy Using Urokinase for Management of Central Venous Catheter Thrombosis. *Vascular Specialist International*. 30(4), p.144-50.

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Abstract:

PURPOSE: The management of central venous catheters (CVCs) and catheter thrombosis vary among centers, and the efficacy of the methods of management of catheter thrombosis in CVCs is rarely reported. We investigated the efficacy of bedside thrombolysis with urokinase for the management of catheter thrombosis.

MATERIALS AND METHODS: We retrospectively reviewed data from patients who had undergone CVC insertion by a single surgeon in a single center between April 2012 and June 2014. We used a protocol for the management of CVCs and when catheter thrombosis was confirmed, 5,000 U urokinase was infused into the catheter.

RESULTS: A total of 137 CVCs were inserted in 126 patients. The most common catheter-related complication was thrombosis (12, 8.8%) followed by infection (8, 5.8%). Nine of the 12 patients (75%) with catheter thrombosis were recanalized successfully with urokinase. The rate of CVC recanalization was higher in the peripherally inserted central catheter (PICC) group (87.5%) than the chemoport group (50%). Reintervention for catheter-related thrombosis was needed in only 2.2% of patients when thrombolytic therapy using urokinase was applied. Age

CONCLUSION: Thrombolysis therapy using urokinase could successfully manage CVC thrombosis. Reintervention was rarely needed when a protocol using urokinase was applied for the management of CVC thromboses.

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