



To review our experience with implantable venous port-systems (IVPs) in pediatric cancer patients” Rykov and Polyakov (2016).

Abstract:

PURPOSE: To review our experience with implantable venous port-systems (IVPs) in pediatric cancer patients.

MATERIALS AND METHODS: From 2010 to 2015 we were monitoring the treatment of 163 children (aged 3 months to 17 years) with oncologic diseases. These patients underwent venous port implantations.

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RESULTS: During insertion of 163 IVPs the following complications and technical difficulties were present: unintended puncture of the common carotid artery (CCA) during the puncture of the internal jugular vein (IJV) - 7 cases (4.3%); retrograde positioning of the distal end of the guidewire in the IJV - 17 cases (14.4%); placement of the distal end of the guidewire into the punctured subclavian vein (SV) - 12 cases (7.6%); difficulties driving the guidewire into the IJV after successful puncture - 15 cases (9.3%). The use of 163 IVPs was complicated by the following: venous port contamination - 4 cases (2.5%); occlusion of the IVPs by a clot - 8

cases (5%); withdrawal of the Huber needle bevel from the port chamber – 22 cases (13.6%); subcutaneous fat layer thinning above the port chamber – 3 cases (1.7%).

CONCLUSIONS: There are many complications, but they can be reduced by proper choice of materials and methodology.

Reference:

Rykov, M.Y. and Polyakov, V.G. (2016) Implantable venous ports in pediatric oncology: experience of single institution in Russia. The Journal of Vascular Access. May 2nd. .

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