



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, wedge-shaped catheter holder with 'LIFT' and 'HOLD' labels and arrows indicating its function. The device is shown inserted into a clear plastic tube, which is depicted as being inserted into a cross-section of a vein.



Upper extremity deep vein thrombosis (UEDVT) is an increasingly recognized complication in medical inpatients with little data available regarding the incidence, risk factors and association with central venous catheters (CVC) use” Winters et al (2015).

Abstract:

BACKGROUND: Upper extremity deep vein thrombosis (UEDVT) is an increasingly recognized complication in medical inpatients with little data available regarding the incidence, risk factors and association with central venous catheters (CVC) use.

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METHODS: Between 2002 and 2009 all cases of hospital-acquired venous thromboembolism (VTE) on medical services at a University hospital were frequency matched 1:2 to noncases without VTE by admission year and medical service. Records were abstracted to identify, characterize, and assess risk factors for UEDVT. Weighted logistic regression was used to calculate odds ratios (OR) for UEDVT for CVC adjusting for known VTE risk factors.

RESULTS: 299 cases of VTE complicated 64,034 admissions to medical services (4.6 per 1000 admissions). UEDVT constituted 51% (91/180) of all deep vein thrombosis (DVT), for an incidence of 1.4 per 1000 admissions (95% confidence interval [CI] 0.8, to 1.7). There were 247 CVCs placed per 1000 admissions (95% CI 203 to 292). The use of a CVC was associated with a 14.0-fold increased risk of UEDVT (95% CI, 5.9 to 33.2), but was not associated with a significantly increased risk for PE (OR 1.3, 95% CI 0.8 to 2.1). Peripherally inserted central catheters (PICC) had a higher OR for UEDVT (OR 13.0, 95% CI, 6.1 to 27.6) than centrally inserted central venous catheters (CICC) (OR 3.4, 95% CI 1.7, 6.8).

CONCLUSION: UEDVT is a relevant complication affecting medical inpatients, accounting for half of hospital-acquired DVT. Use of CVCs was strongly associated with risk of UEDVT.

Reference:

Winters, J.P., Callas, P.W., Cushma, M., Repp, A.B. and Zakai, N.A. (2015) Central Venous Catheters and Upper Extremity Deep Vein Thrombosis in Medical Inpatients: the Medical Inpatients and Thrombosis (MITH) study. *Journal of Thrombosis and Haemostasis*. September 4th. .

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