The aim of this study was to evaluate catheter-related complications of CVC in patients receiving HPN” Santacruz et al (2018).

Abstract:

OBJECTIVE: Home parenteral nutrition (HPN) has become a common therapy, with tunneled central venous catheters (CVCs) being the preferred route of administration. Peripherally inserted central catheters (PICCs) have been used increasingly, but whether they should be preferred over other types of CVCs is still controversial. The aim of this study was to evaluate catheter-related complications of CVC in patients receiving HPN.

METHODS: All patients treated at our center for HPN from 2007 to 2017 were prospectively included. A specialized intravenous therapy team took care of these patients. Catheter-related bloodstream infections (CRBSI) were confirmed with positive, simultaneous, differential blood cultures drawn through the CVC and peripheral vein and then semiquantitative or quantitative culture of the catheter tip.

RESULTS: In all, 151 patients received HPN during the 11-y study period. Of these patients, 95 were women (63%) and 55 were men (37%), with a mean age of 58 ± 13 y. Twenty-six were non-cancer patients (17%) and the remaining 125 patients had an underlying malignancy (83%). Regarding the CVC, 116 were PICCs, 18 Hickman, and 36 ports. Confirmed CRBSI per catheter-days showed 0.15 episodes per 1000 catheter-days for PICCs, 0.72 for Hickman, and 2.02 for ports. PICCs had less-confirmed CRBSIs per 1000 catheter-days than
Long-term study reviews infective vascular access outcomes associated with home parenteral nutrition

ports ($\phi = 0.54, P = 0.005$), but no difference between PICCs and Hickman was found ($\phi = 0.32, P = 0.110$). Confirmed episodes of CRBSI ($2$ versus $13\%, \chi^2 = 6.625, P = 0.036$) were more frequent with multilumen catheters.

CONCLUSIONS: In our setting, single-lumen PICC and Hickman catheters showed low infectious complications.

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