

An uncommon complication is resistant removal of the catheter due to adherence of the catheter to the vessel wall” Vellanki et al (2015).

Reference:

Vellanki, V.S., Watson, D., Rajan, D.K., Bhola, C.B. and Lok, C.E. (2015) The stuck catheter: a hazardous twist to the meaning of permanent catheters. Journal of Vascular Access. April 28th. .

Management of stuck tunneled central venous catheters [@ivteam](http://ctt.ec/YcR1D+) #ivteam

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Abstract:

INTRODUCTION: Permanent central venous catheter use is associated with significant complications that often require their timely removal. An uncommon complication is resistant removal of the catheter due to adherence of the catheter to the vessel wall. This occasionally mandates invasive interventions for removal. The aim of this study is to describe the occurrence of this “stuck catheter” phenomenon and its consequences.

METHODS: A retrospective review of all the removed tunneled hemodialysis catheters from July 2005 to December 2014 at a single academic-based hemodialysis center to determine the incidence of stuck catheters. Data were retrieved from a prospectively maintained computerized vascular access database and verified manually against patient charts.

RESULTS: In our retrospective review of tunneled hemodialysis catheters spanning close to a decade, we found that 19 (0.92%) of catheters were retained, requiring endovascular intervention or open sternotomy. Of these, three could not be removed, with one patient succumbing to catheter-related infection. Longer catheter vintage appeared to be associated with ‘stuck catheter’.

CONCLUSIONS: Retention of tunneled central venous catheters is a rare but important complication of prolonged tunneled catheter use that nephrologists should be aware of. Endoluminal balloon dilatation procedures are the initial approach, but surgical intervention may be necessary.

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