



“In the current review we will present the complication of pneumothorax after CVC insertion” Tsotsolis et al (2015).

Reference:

Tsotsolis, N., Tsiroggianni, K., Kioumis, I., Pitsiou, G., Baka, S., Papaiwannou, A., Karavergou, A., Rapti, A., Trakada, G., Katsikogiannis, N., Tsakiridis, K., Karapantzos, I., Karapantzou, C., Barbetakis, N., Zissimopoulos, A., Kuhajda, I., Andjelkovic, D., Zarogoulidis, K. and Zarogoulidis, P. (2015) Pneumothorax as a complication of central venous catheter insertion. *Annals of Translational Medicine*. 3(3), p.40.

Pneumothorax as a complication of central line placement <http://ctt.ec/daZ6v+> @ivteam #ivteam

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Abstract:

The central venous catheter (CVC) is a catheter placed into a large vein in the neck, chest (subclavian vein or axillary vein) or groin (femoral vein). There are several situations that require the insertion of a CVC mainly to administer medications or fluids, obtain blood tests (specifically the “central venous oxygen saturation”), and measure central venous pressure. CVC usually remain in place for a longer period of time than other venous access devices. There are situations according to the drug administration or length of stay of the catheter

that specific systems are indicated such as; a Hickman line, a peripherally inserted central catheter (PICC) line or a Port-a-Cath may be considered because of their smaller infection risk. Sterile technique is highly important here, as a line may serve as a port of entry for pathogenic organisms, and the line itself may become infected with organisms such as *Staphylococcus aureus* and coagulase-negative *Staphylococci*. In the current review we will present the complication of pneumothorax after CVC insertion.

Full Text

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