



“...there are several approaches to implantation, here we describe Port-A-Cath® (PAC) placement by percutaneous puncture of the subclavian vein with ultrasonographic guidance.”
Mudan et al (2014).

Reference:

Mudan, S., Giakoustidis, A., Morrison, D., Iosifidou, S., Raobaikady, R., Neofytou, K. and Stebbing, J. (2014) 1000 Port-A-Cath® Placements by Subclavian Vein Approach: Single Surgeon Experience. World Journal of Surgery. September 23rd. .

Port-A-Cath® placements by the subclavian vein approach <http://ctt.ec/2a9Nr+> @ivteam #ivteam

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Abstract:

INTRODUCTION: Totally implantable venous access ports are widely used for the administration of chemotherapy in patients with cancer. Although there are several approaches to implantation, here we describe Port-A-Cath® (PAC) placement by percutaneous puncture of the subclavian vein with ultrasonographic guidance.

PATIENTS AND METHODS: Data on our vascular access service were collected prospectively from June 2004. This service included port-a-caths and Hickman lines. Once 1000 consecutive

port-a-caths® had been reached the study was closed and data analysed for the port-a-caths® alone. The left subclavian vein was the preferred site for venous access, with the right subclavian and jugular veins being the alternative choices if the initial approach failed. Patients were followed up in the short-term, and all the procedures were carried out by a single surgeon at each one of two institutions.

RESULTS: Venous access by PAC was established in 100 % of the 1,000 cases. Of the 952 patients where the left subclavian vein was chosen for the first attempt of puncture, the success rate of PAC placement was 95 % (n = 904). Pneumothorax occurred in 12 patients (1.2 %), and a wound haematoma occurred in 4 (0.4 %) out of the total 1,000 patients. No infections were recorded during the immediate post-operative period but only in the long-term post-operative use with 8 patients requiring removal of the PAC due to infection following administration of chemotherapy.

CONCLUSION: This is a very large series of PAC placement with an ultrasound-guided approach for left subclavian vein and X-ray confirmation, performed by a single surgeon, demonstrating both the safety and effectiveness of the procedure.

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