

The graphic features the SecurAcath logo at the top center, with the 'A' in orange. Below the logo, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in white on 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 close-up image of the SecurAcath device, which is a yellow and orange plastic component attached to a clear catheter. The device has 'LIFT' and 'HOLD' labels and arrows indicating its operation. The background of the graphic is a stylized orange and white geometric shape.

Reduce Infections

Decrease Dislodgements

Learn More ►



The appropriate training in the use of ultrasound in anesthesia, intensive-care medicine, and pain therapy should be implemented in south of Italy to make uniform the widespread of ultrasonography in anesthesia, in all Italian regions” Fusco et al (2018).

Abstract:

PURPOSE: In recent years, ultrasound has seen a rapid development with numerous applications in anesthesia, intensive-care medicine, and pain medicine, increasing efficacy and safety of procedures. We investigated the prevalence of ultrasound use among Italian anesthesiologists.

METHODS: A cross-sectional prevalence study was carried out on a sample of 735 anesthetists. The research was conducted during the ultrasound training in anesthesia and intensive care, in the Italian Associazione Anestesiisti Rianimatori Ospedalieri – Emergenza Area Critica “SimuLearn®” training centre (Bologna, Italy).

RESULTS: The overall prevalence of a dedicated ultrasound devices in the operating room was 70% [95% CI 66-73%], while 74% [95% CI 69-78%] in northern Italy, 61% [95% CI 52-68%] in southern Italy, and 70% [95% CI 63-77%] in central Italy, indicating a significant difference between the north and south of Italy. The prevalence of regular use of ultrasound was high for regional anesthesia and for central venous cannulation [82-95% CI 79-85%] and low for pain therapy procedures [7-95% CI 6-10%]. Multivariate logistic analysis showed that the presence of a dedicated ultrasound device and high expertise were factors associated with routine use of ultrasound for regional anesthesia in upper and lower limb blocks and in vascular access.

CONCLUSION: The appropriate training in the use of ultrasound in anesthesia, intensive-care medicine, and pain therapy should be implemented in south of Italy to make uniform the widespread of ultrasonography in anesthesia, in all Italian regions.

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Reference:

Fusco, P., Cofini, V., Di Carlo, S., Luciani, A., Scimia, P., Petrucci, E., Behr, A.U., Necozone, S., Colantonio, L.B., Fiore, G., Vergallo, A. and Marinangeli, F. (2018) Ultrasonography and Italian anesthesiology: a national cross-sectional study. *Journal of Ultrasound*. November 1st. .

doi: 10.1007/s40477-018-0334-1.

