

Although totally implantable venous access devices (TIVAD) are increasingly being used in oncology patients, more robust evidence about the best technique is lacking, especially regarding to ultrasound (US) guided puncture” Tagliari et al (2015).

Reference:

Tagliari, A.P., Staub, F.L., Guimarães, J.R., Migliavacca, A. and Mossmann, D.D. (2015) Evaluation of three different techniques for insertion of totally implantable venous access device: A randomized clinical trial. Journal of Surgical Oncology. July 14th. .

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Abstract:

BACKGROUND: Although totally implantable venous access devices (TIVAD) are increasingly being used in oncology patients, more robust evidence about the best technique is lacking, especially regarding to ultrasound (US) guided puncture.

METHODS: One hundred ten patients with indication of intravenous chemotherapy were randomly assigned to TIVAD implant through US-guided internal jugular vein (USG) puncture (39) or internal jugular vein blindly (IJB) (36) or subclavian vein blindly (SCB) (35). Procedure data and complications were prospectively recorded within 30 days of the procedure.

RESULTS: All patients completed the follow up. Immediate complication rate was 5.1%, 13.9%, and 0% in the USG, IJB, and SCB groups, respectively ($P = 0.05$). First attempt success rate was 79.5% in the USG, 52.8% in the IJB and 47.2% in the SCB group ($P = 0.012$). Technique failure was observed in 2.6%, 22.2%, and 8.6% of the population in the USG, IJB, and SCB, respectively ($P = 0.021$). Early complication rate was 5.1% in USG group, 2.8% in the IJB, and 0% in the SCB ($P = 0.401$).

CONCLUSION: The findings of our study suggest superiority of the USG approach in terms of first puncture success rate and technique failure, without increasing the procedure duration. Long-term follow-up results should help to further clarify the current debates.

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