



We hypothesized that ultrasound-guided peripheral venous access would benefit such patients and would lead to placement of fewer central venous catheters” Salazar et al (2016).

Abstract:

Therapeutic and donor apheresis requires adequate vascular access to achieve inlet flow rates of ~50-100 mL/min. While central dialysis-type venous catheters can usually provide such access, their use includes several associated risks. Some of these risks can be avoided or diminished if adequate peripheral venous access can be established. Some patients have adequate peripheral veins for apheresis that cannot be readily identified visually or by palpation. We hypothesized that ultrasound-guided peripheral venous access would benefit such patients and would lead to placement of fewer central venous catheters. The technique of ultrasound-guided peripheral access for apheresis has been in use at Houston Methodist Hospital since 2012.

ReTweet if useful... Ultrasound-guided peripheral venous access for apheresis  
[@ivteam #ivteam](http://ctt.ec/17f6L+)

Click To Tweet

We performed a prospective review of patients undergoing inpatient and outpatient apheresis at Houston Methodist Hospital from July 1, 2015 to September 30, 2015, to assess its benefit. During this time, we performed 831 procedures on 186 patients, including 787

therapeutic plasma exchanges, three red blood cell exchanges, 41 peripheral stem cell collections. Ultrasound-guided vascular access was used for 68 procedures (8% of all procedures), including 62 therapeutic plasma exchanges, 4 peripheral stem cell collections, and 2 red blood cell changes. Use of ultrasound-guided peripheral access prevented the placement of central venous catheters in 37 (20%) patients, demonstrating its utility in a busy transfusion service.

Reference:

Salazar, E., Garcia, S., Miguel, R., Segura, F.J., Ipe, T.S. and Leveque, C. (2016) Ultrasound-guided peripheral venous access for therapeutic apheresis procedures reduces need for central venous catheters. *Journal of Clinical Apheresis*. August 10th. .

doi: 10.1002/jca.21493.

**Thank you to our partners for supporting IVTEAM**

