



The aim of the present study was to clarify the optimal access vein for CVAP implantation when performed by residents rather than attending surgeons” Matsushima et al (2016).

Abstract:

OBJECTIVE: The central venous access port (CVAP) has played an important role in the safe administration of chemotherapy and parenteral nutrition. The aim of the present study was to clarify the optimal access vein for CVAP implantation when performed by residents rather than attending surgeons.

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METHODS: A consecutive cases of CVAP implantation via the subclavian vein (SV) using a landmark-guided technique or via the internal jugular vein (JV) using an ultrasound-guided technique were divided into 2 groups according to whether the intervention was performed by a resident or an attending surgeon. Early and late complications were compared retrospectively between the 2 groups, and the outcomes of the CVAPs were compared between those implanted via the SV and those implanted via the JV in resident group.

RESULTS: A total of 207 cases of CVAP implantation were performed. Overall, 114

implantations were performed by residents, and another 93 implantations were performed by attending surgeons. Early complications were seen more frequently in the resident group (6.1%) than in the attending-surgeon group (1.1%), but the difference was not significant. No differences in operating time or late complications were observed between the 2 groups. In the resident group, CVAP implantations via the JV using the ultrasound-guided technique were associated with a shorter operating time compared with the SV approach.

**CONCLUSIONS:** Residents can perform CVAP implantations safely using both the SV and JV approaches. However, the JV approach using an ultrasound-guided technique can be performed in less time than the SV approach.

Reference:

Matsushima, H., Adachi, T., Iwata, T., Hamada, T., Moriuchi, H., Yamashita, M., Kitajima, T., Okubo, H. and Eguchi, S. (2016) Analysis of the Outcomes in Central Venous Access Port Implantation Performed by Residents via the Internal Jugular Vein and Subclavian Vein. *Journal of Surgical Education*. December 5th. .

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