



Leading experts in the field of prevention of catheter-related infections speaking at this ICPICs symposium, with well over 100 participants, addressed the likelihood of “getting to zero” as Prof. Dennis Maki, chairman of the session, phrased it” 3M (2015).

3M report on the 3rd International Conference on Prevention & Infection Control (ICPIC) 2015 “Leading experts in the field of prevention of catheter-related infections speaking at this ICPICs symposium, with well over 100 participants, addressed the likelihood of “getting to zero” as Prof. Dennis Maki, chairman of the session, phrased it. The very effective technologies now available for the prevention of catheter-related infections were impressively outlined and critically reviewed by Dr. Philippe Eggimann and Prof. Tom Elliott. It became very apparent that infection rates close to zero can be reached today when bundles are implemented, with a high level of consistency, which include technological innovations like antimicrobial dressings, such as the Tegaderm™ CHG IV Securement Dressing from 3M.

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Focusing on the improvement of post-insertion catheter care, this integrated symposium was chaired by the world-renowned specialist in the prevention of nosocomial infections, Prof. Dennis Maki of the University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin, U.S.A.

Prof. Maki emphasised that CHG is a proven invaluable weapon to prevent central line-associated bacteremia and acknowledged that Tegaderm™ CHG is a proven novel technology

to consider incorporating in a hospital’s catheter care bundle.

Session Review: Dr. Philippe Eggimann, Head of Intensive Care Unit (ICU)
University Hospital of Lausanne (CHUV) Switzerland

“Prevention of CRBSI: Overview of the available studies. Results of the implementation of the antimicrobial dressings”

Starting early 2000s, Dr. Eggimann progressively introduced a bundle of measures to reduce catheter-related bloodstream infections (CRBSI) in the ICUs of his hospital, including enhanced staff training, check-lists, maximal barrier precaution, insertion site preparation, post-insertion care and hand hygiene. Encouraged by a decreasing rate, but strongly motivated to further reduce a rate still around 2.5 episodes/1,000 catheter days in 2007, he elected to introduce new technologies with antimicrobial action targeting the catheter insertion site. Using CHG sponges initially, the CHUV ICU undertook an evaluation of the Tegaderm™ CHG transparent dressing with CHG gel pad in 2011 over 2 years during which CRBSI rates continued to decline. At the conclusion of the evaluation period the ICU nursing staff voiced a strong preference for the usability features of Tegaderm™ CHG over the sponge. Currently Tegaderm™ CHG is used on almost all CVCs and arterial lines in Lausanne. With the use of antimicrobial dressings Dr. Eggimann achieved in 2014 a rate far below one CRBSI episode (0.31 per 1000 catheter days) and proved that the financial investment in new technology is cost saving. With the CRBSI preventative measures the CHUV was able to admit 280 additional ICU patients, prevent 56 clinical sepsis, 28 BSIs and save 2.7 Million USD (reference between years 2008-2010).

Session Review: Prof. Tom Elliott, Consultant Microbiologist / Deputy Medical Director,
University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

“Reducing the Risk of Central Venous Catheter (CVC) related sepsis with a CHG gel dressing”

After the publication of clinical proof of efficacy of Tegaderm™ CHG provided by the French multicentre RCT with over 1800 patients, Professor Tom Elliott assessed the same product in a cross-over clinical study. He focused on the microbiological assessment of the catheter and the catheter insertion site, with a special interest on the sutures as potential risk of infections. The results show that, with Tegaderm™ CHG, the cutaneous bioburden at the insertion site, on immobilising skin sutures, and on explanted catheter segments was

significantly lower in comparison to a standard transparent dressing. Additionally, he was able to demonstrate that the use of the novel dressing, continuously releasing CHG at the insertion site throughout the catheterisation period, did not increase CHG resistance in skin flora or produce a shift in the composition of the microbiota. Another important outcome of this study was that there were no serious skin reactions in more than 150 patients.

Session Review: Dr. Tarja Karpanen, Clinical Research Nurse,
University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK
“Methods available for CVC securement”

Dr. Karpanen pointed out the potential advantages of using a sutureless device to secure CVCs rather than traditional skin sutures. This practice has a Category II recommendation in the CDC guidelines, based on findings that sutures may increase the risk of infection and, clearly, the risk of hazardous sharps injuries in healthcare workers. In a randomised study with adult patients with PICC lines published in 2002, Yamamoto showed that the use of sutureless devices reduced PICC-related complications and catheter dislodgement and were associated with significantly fewer (confirmed) CR-BSIs (1.2% vs. 9.4%; $p=0.04$). However, there is limited evidence from randomised clinical trials with short-term CVC securement. Dr. Karpanen is currently engaged in coordinating a multicentre pilot study in different European countries evaluating the new Tegaderm™ PICC/CVC Securement System with I.V. Advanced Dressing compared with standard sutures for CVCs in critical care patients. This study should strengthen the body of evidence supporting the use of sutureless devices for CVCs.

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