Abstract:

PURPOSE: Central venous catheters or “venous access devices” include totally implantable venous access devices or “ports,” peripherally inserted central catheters, and tunneled lines. Venous access devices are now the standard of care in patients requiring long-term intravenous drug administration. Arm venous access device placement is a valuable option for vascular access yet often complicated or rendered practically impossible by the condition and size of peripheral veins. We describe a modification of the arm venous access device implantation technique that we use in our department in order to offer this option to our patients, regardless of their peripheral veins condition.

METHODS: After ultrasound guided venous access of a suitable neck vein, we create a port pouch-in case of a totally implantable vascular access device-or a skin nick-in case of a venous access device-in the inner aspect of the mid-arm. Using a straight metal tunneler, we tunnel the line from the neck to the arm in two stages, externalizing and re-inserting the line into a skin nick made on the deltopectoral groove. We call this technique “Arm-to-Chest Tunneling” and use it to place venous access devices in the arm using a neck venous access.

RESULTS: The Arm-to-Chest Tunneling technique allows us to use larger arm venous access device catheters irrespective of the arm veins condition. Thus, this technique has the advantages of arm venous access device placement, with the added benefit of saving the arm veins.
CONCLUSION: The “Arm-to-Chest Tunneling” method offers the alternative to place a venous access device in a more discreet site in the arm, even in cases in which arm veins are inadequate.

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