



The tip of a long term central venous access should be located at the junction of the superior vena cava with the right atrium in order to reduce the incidence of dysfunction and venous thromboses” Desruennes and Gomas (2018).

Abstract:

The tip of a long term central venous access should be located at the junction of the superior vena cava with the right atrium in order to reduce the incidence of dysfunction and venous thromboses. Picc-lines have their place for treatments of less than 6 months with obvious advantages in terms of discretion and comfort. Long-term sequential chemotherapy is an indisputable indication of an implantable port, while long-term parenteral nutrition is an indication of a tunneled cuffed catheter. In case of mediastinal compression, the risk-benefit ratio favors femoral access. Catheter related venous thrombosis or infection do not necessarily require the withdrawal of the device. A device that is no longer used should be removed when the likelihood of recurrence of the disease is low or too far.

Reference:

Desruennes, E. and Gomas, F. (2018) Central venous access for cancer chemotherapy. Presse



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