



Cephalic vein (CV) cut-down for totally implantable central venous access devices (TICVADs) is not frequently used due to its low success rate. We compared the outcomes of CV cut-down using preoperative ultrasonography (US) performed by experienced surgeons versus surgical residents” Hashimoto et al (2019).

Abstract:

BACKGROUND/AIM: Cephalic vein (CV) cut-down for totally implantable central venous access devices (TICVADs) is not frequently used due to its low success rate. We compared the outcomes of CV cut-down using preoperative ultrasonography (US) performed by experienced surgeons versus surgical residents.

PATIENTS AND METHODS: From December 2015 to December 2017, 10 surgeons implanted 212 TICVADs using CV cut-down with preoperative US. The surgeons were divided into two groups of five each: surgical residents (Group A, n=124 procedures) and experienced surgeons (Group B, n=88 procedures). Duration of operation time, completion rate, and complications were retrospectively analyzed.

RESULTS: The completion rate was significantly higher in Group A (98.4% versus 92.0%, $p=0.04$). Duration of operation time (45.2 ± 14.5 versus 42.0 ± 13.1 minutes, $p=0.22$), rates of early complications (1.6% versus 1.1%, $p=0.77$) and late complications (3.2% versus 2.3%,

p=0.68) were equivalent between the two groups. No fatal complications occurred in either group.

CONCLUSION: CV cut-down can be safely performed by surgical residents under the use of preoperative US.

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Hashimoto, S., Otsubo, R., Adachi, M., Doi, R., Shibata, K., Sano, I., Shibata, Y., Nakazaki, T., Taniguchi, H. and Nagayasu, T. (2019) Cephalic Vein Cut-down for Totally Implantable Central Venous Access Devices With Preoperative Ultrasonography by Surgical Residents. *In Vivo*. 33(6), p.2079-2085. doi: 10.21873/invivo.11707.

