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Abstract:

Central venous access devices (CVAD) are used for intravenous therapy in patients with hematological malignancies. There are limited data comparing catheter outcomes in acute myeloid leukemia (AML) patients undergoing induction chemotherapy. A retrospective review comparing the incidence of early- and late CVAD-associated complications and their effect on CVAD removal was performed in AML patients undergoing induction chemotherapy between 2007 and 2011. Overall, 64 Hickman catheters and 84 peripherally inserted central catheters (PICC) were inserted; there was a trend toward increasing use of PICCs. The rate of CVAD occlusion was higher in PICCs compared to Hickman catheters (48.2% vs 3.2%), for a rate of 20.43 vs 1.25 per 1,000 CVAD-days (p=0.0001). There was no significant difference in the rates of CVAD-associated thrombosis, premature removal, blood stream infection (BSI), and CVAD-related BSI. Importantly, there was no significant difference in the rate of CVAD removal between Hickman catheters and PICCs for the duration that the CVADs were in place. The choice of type of CVAD inserted in newly diagnosed patients with AML will depend on ease of catheter placement, cost, perception of frequency and severity of complications, and clinician preference.
Comparison of complication rates of Hickman® catheters versus peripherally-inserted central catheters (PICC) | 2