Long-term catheters are often necessary for outpatient care after an allogeneic hematopoietic stem cell transplantation (HSCT). However, there is paucity of data on the use of peripherally inserted central catheter (PICC) in post-HSCT setting” Cornillon et al (2017).

Abstract:

PURPOSE: Long-term catheters are often necessary for outpatient care after an allogeneic hematopoietic stem cell transplantation (HSCT). However, there is paucity of data on the use of peripherally inserted central catheter (PICC) in post-HSCT setting.

METHODS: We prospectively evaluated the systematic use of PICC in 37 consecutive patients returning home after HSCT.

RESULTS: In 6 out of 37 patients, the PICC was exclusively used for weekly blood controls. In 31 patients, the PICC line was used at home for hydration (18), antibiotics (3), intravenous human Ig (7), transfusions (10), extracorporeal photopheresis (3), chemotherapy (2), artificial nutrition (1), and/or palliative care (1). PICC complications were reported in ten patients (27%), causing eight PICC removals. At the end of the study, 35 patients had their PICC removed. PICCs were used with a median duration of 67 days. Reasons for removal were that PICC was not considered to be useful any longer (16), suspicion of infection (inflammation without documentation) (5) or infection (2), patient’s wish (4), death (4), accidental withdrawal (2), puncture site bleeding (1), and catheter change due to extracorporeal photopheresis (1). Three venous thromboses were reported (8%), requesting one PICC removal because of associated infection. In other cases, an antithrombotic treatment was initiated.

CONCLUSIONS: Although the number of patients included in the study was small, our
results suggest that PICC is a safe long-term venous access for home care after HSCT.

Reference:


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