Central Venous Catheters (CVC) are linked with Catheter-related bloodstream infections (CLABSI) or exit-site infections. Dressings may reduce the rate of infection, but they are uncomfortable, do not eliminate the risk of infection, and in some cases become the cause of infection” Ammar et al (2019).

Abstract:

BACKGROUND: Central Venous Catheters (CVC) are linked with Catheter-related bloodstream infections (CLABSI) or exit-site infections. Dressings may reduce the rate of infection, but they are uncomfortable, do not eliminate the risk of infection, and in some cases become the cause of infection.

AIM: This study evaluates the impact of early CVC dressing removal on CLABSI, exit-site infections, and patient quality of life in an oncology setting.

METHOD: A quasi-experimental pilot study was conducted over 15 months at a specialized oncology center. Sixteen patients were divided into control (n=8) and experimental (n=8) groups. The control group received the standard protocol of applying CVC dressings, while the experimental group received a “no-dressing” protocol.

RESULTS: There was no statistical significance in the infection rate between the two groups (p=1.0). Two cases developed CLABSIs, one in each group. One patient from the experimental group developed an exit-site infection as well. Patients in the experimental group reported high satisfaction and an improved quality of life.

CONCLUSIONS: Applying a no-dressing protocol to a well healed exit site CVC showed encouraging results in terms of exit-site and bloodstream infections. That is to say; it did not predispose patients to increased risk of infections. Furthermore, patients with no dressing protocol feel more comfortable in their life.

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