

The aim of the study reported here was to evaluate patients' satisfaction with implantation of venous access devices under local anesthesia (LA) with and without additional oral sedation" Chang et al (2015).

Reference:

Chang, D.H., Hiss, S., Herich, L., Becker, I., Mammadov, K., Franke, M., Mpotsaris, A., Kleinert, R., Persigehl, T., Maintz, D. and Bangard, C. (2015) Implantation of venous access devices under local anesthesia: patients' satisfaction with oral lorazepam. Patient Preference and Adherence. 9, p.943-9. eCollection 2015.

ReTweet if useful... Implantation of vascular access port under local anesthesia  
[@ivteam #ivteam](http://ctt.ec/3542k+)

Click To Tweet

Abstract:

**OBJECTIVE:** The aim of the study reported here was to evaluate patients' satisfaction with implantation of venous access devices under local anesthesia (LA) with and without additional oral sedation.

**MATERIALS AND METHODS:** A total of 77 patients were enrolled in the prospective descriptive study over a period of 6 months. Subcutaneous implantable venous access devices through the subclavian vein were routinely implanted under LA. Patients were offered an additional oral sedative (lorazepam) before each procedure. The level of anxiety/tension, the intensity of pain, and patients' satisfaction were evaluated before and immediately after the procedure using a visual analog scale (ranging from 0 to 10) with a standardized questionnaire.

**RESULTS:** Patients' satisfaction with the procedure was high (mean:  $1.3 \pm 2.0$ ) with no significant difference between the group with premedication and the group with LA alone ( $P=0.54$ ). However, seven out of 30 patients (23.3%) in the group that received premedication would not undergo the same procedure without general anesthesia. There was no significant influence of lorazepam on the intensity of pain ( $P=0.88$ ). In 12 out of 30 patients (40%) in the premedication group, the level of tension was higher than 5 on the visual analog scale during the procedure. In 21 out of 77 patients (27.3%), the estimate of

the level of tension differed between the interventionist and the patient by 3 or more points in 21 out of 77 patients (27.3%).

CONCLUSION: Overall patient satisfaction is high for implantation of venous access devices under LA. A combination of LA with lorazepam administered orally might not be adequate for patients with a high level of anxiety and tension. The level of tension is often underestimated by the interventionist. Pre-procedural standardized questionnaires could be used to identify patients for whom a gradual approach of individualized sedation may be more effective.

**Thank you to our partners for supporting IVTEAM**