



Tunneled peripherally inserted central catheters (PICCs) offer several advantages such as an exit site at the green zone no matter where the puncture point is and a long subcutaneous route, which is considered a shield against infections and provides comfort to the patient” Maria et al (2019).

Abstract:

Tunneled peripherally inserted central catheters (PICCs) offer several advantages such as an exit site at the green zone no matter where the puncture point is and a long subcutaneous route, which is considered a shield against infections and provides comfort to the patient. Clinicians could choose the proper exact exit site so as to avoid blood leakage from the exit point. The aim of the study was to assess the value of the tunneled PICCs versus normal PICCs with no long subcutaneous route. Sixty patients were randomly divided into two groups and underwent a PICC placement procedure between August 2014 and November 2014 and were then observed until February 2015. Thirty of them (group A) underwent a PICC placement procedure, after proper ultrasound scan and under local anesthesia, of the veins of the upper limb, internal jugular and axillary veins. The mean (\pm standard deviation) age of patients was 54.8 ± 9.2 years (range, 18-80 years). The primary success rate was 100% for all patients in both the groups. The procedure was not painful for the patients. In group A, after 3 months of surveillance, 7 devices were removed because the patients’ therapy came to an end, and only in one incident, the catheter was removed due to soft tissue infection.

Tunneled PICCs seem to be a safe option and an easy alternative to perform in contrast to placement without a tunnel. It is an easy, cheap procedure that allows us to catheterize the vein with a larger caliber and create an exit point at any preselected point on the upper limb.

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Reference:

Maria, K., Theodoros, K., Maria, B., Panagiotis, K., Emmanouil, S. and Evangelos, K.A. (2019) Implementation of tunneled versus not tunneled peripherally inserted central catheters. *Journal of Vascular Nursing*. 37(2), p.132-134. doi: 10.1016/j.jvn.2018.11.007.

