It was found that patients with a longer use of a central venous catheter \( (p=0.014) \) and those who were operated on in conjunction with total parenteral nutrition \( (p<0.05) \) were more prone to develop a catheter-associated infection” Parra-Flores et al (2016).

**Abstract:**

**BACKGROUND:** Central venous catheters are devices used for therapeutic, diagnostic, and monitoring purposes. Complications associated with central venous catheter use include those related to their insertion, rupture and displacement of the catheter, occlusion, thrombosis, and infection. Of these the latter is important due to the high morbidity and mortality it causes in the patients, and total parenteral nutrition increases the risk. The aim of this study is determine the incidence and risk factors associated with catheter-related infection in patients on parenteral nutrition.

**MATERIAL AND METHODS:** A retrospective, observational, and cross-sectional study was conducted, by analysing patients on total parenteral nutrition who developed a catheter-related infection in a 6-month period. Multiple variables were studied, looking for significance. A statistically significant relationship was considered with a \( p<0.05 \).

**RESULTS:** The study consisted of 85 patients, of whom 52% were women and 48% men. The median age was 54 years. The most frequent diagnosis was enterocutaneous fistula. Catheter associated infection was present in 19% of patients. The most frequent microorganisms found were Staphylococcus sp. (44%) and Candida sp. (25%). Median time between central venous catheter insertion and infection was \( 78 \pm 64 \) days. There was a significance between days with a central venous catheters and infection development \( (p=0.014) \). Infection developed in 81% of patients on whom surgery was performed \( (p<0.05) \).

**CONCLUSION:** It was found that patients with a longer use of a central venous catheter \( (p=0.014) \) and those who were operated on in conjunction with total parenteral nutrition
(p<0.05) were more prone to develop a catheter-associated infection.

Reference:


Thank you to our partners for supporting IVTEAM