



We report our preliminary experience with the use of SecurAcath® to secure CSF drainage, either ventricular or spinal, to the skin” Frassanito et al (2016).

Abstract:

INTRODUCTION: Accidental dislocation or removal are well-known complications of external CSF drainage in daily clinical practice, although no data about the incidence of such complications are available across the scientific literature so far. SecurAcath® (Interrad Medical) is a subcutaneously anchored device recently adopted for securement of central venous catheters, known to be highly effective (and cost-effective) in reducing the risk of catheter dislodgement and/or accidental removal.

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METHODS: We report our preliminary experience with the use of SecurAcath® to secure CSF drainage, either ventricular or spinal, to the skin.

RESULTS: SecurAcath® was used in 29 consecutive patients (age 3 weeks-16 years). In particular, the device was used for 25 ventricular catheters (a patient received two catheters in the same procedure for bilateral brain abscess) and 5 spinal drainages. Period in place

ranged from 1 to 4 weeks. No complication related to the use of the device was observed, in particular there was no case of dislocation or accidental removal of the catheter. The removal procedure was extremely easy. The device has proven its utility also in three cases requiring an adjustment of the length of the catheter.

CONCLUSIONS: In our experience, SecurAcath® is a safe and effective device to secure CSF external catheters to the skin, with several relevant advantages: its placement and maintenance are easy; it may stay in place for the whole duration of the catheter; it allows a more complete antisepsis of the exit site, thus reducing local skin complications; it eliminates the risk of suture-related needlestick injuries.

Reference:

Frassanito, P., Massimi, L., Tamburrini, G., Pittiruti, M., Doglietto, F., Nucci, C.G. and Caldarelli, M. (2016) A new subcutaneously anchored device for securing external CSF catheters: Our preliminary experience. World Neurosurgery. May 27th. .

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