



The aims of this retrospective study, were to evaluate totally implantable central venous access device (TICVAD) implantation and to validate the efficacy of preoperative ultrasonography” Otsubo et al (2015).

Abstract:

BACKGROUND: The aims of this retrospective study, were to evaluate totally implantable central venous access device (TICVAD) implantation and to validate the efficacy of preoperative ultrasonography.

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METHODS: A total of 380 cases implanted with TICVADs were divided into four groups: cut-downs with ultrasonography (group A, n = 112); cut-downs without ultrasonography (group B, n = 37); venous puncture (group C, n = 122); and replacements using the existing catheter (group D, n = 109). Operation time, completion rate, and complications were compared.

RESULTS: The average operating time was 41.7, 52.4, and 40.6 min in groups A, B (P < 0.01), and C, respectively. Group A and B experienced no postoperative pneumothorax, arterial puncture, or pinch-off syndrome. Completion rates were 93.7% in group A and 86.5% in group B. Preoperative ultrasonography identified the cephalic vein in 94.1% of subjects with an average diameter of 3.1 mm and depth of 10.2 mm. Identifying convergence of the

cephalic vein and the axillary vein improved the completion rate.

CONCLUSIONS: This study showed that the cephalic vein cut-down approach for TICVAD implantation reduced complications. Preoperative ultrasonography resulted in a shorter operating time and higher completion rate.

Abstract:

Otsubo, R., Hatachi, T., Shibata, K., Yoshida, T., Watanabe, H., Oikawa, M., Matsumoto, M., Yano, H., Taniguchi, H. and Nagayasu, T. (2015) Evaluation of totally implantable central venous access devices with the cephalic vein cut-down approach: Usefulness of preoperative ultrasonography. *Journal of Surgical Oncology*. December 8th. .

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