Abstract:

BACKGROUND: Changing a central venous catheter occlusive dressing on a twice-weekly basis is usually recommended in hemato-oncological patients. A longer interval is believed to give rise to infections. However, frequent dressing changes might cause local cutaneous damage. MATERIAL/METHODS: Local cutaneous damage and infections were compared in patients with once-weekly versus twice-weekly changes of central venous catheters occlusive dressings. This was a prospective, randomized, multicenter trial. RESULTS: Eighty-one patients with acute myeloid leukemia being treated with intensive chemotherapy were enrolled (twice-weekly group: n=42, once-weekly group: n=39). They had a non-tunneled polyurethane central venous catheter inserted into the vena subclavia and the insertion site was covered by a polyurethane semi-permeable occlusive dressing. No differences were observed between the groups with respect to local cutaneous damage, fevers, or positive catheter blood cultures. There were more insertion-site inflammations in the twice-weekly group (55% vs. 25%, p=0.008). In the once-weekly group it was necessary to change the occlusive dressing sooner in 42% of the cases, mostly due to a soiled dressing and local bleeding, and the real mean interval of changes was 5.4 days. CONCLUSIONS: Prolonging the frequency of occlusive dressing change to a once-weekly interval was limited by an...
increasing number of unplanned dressing changes. The prolonged interval of dressing changes, with a real mean interval of 5.4 days, did not lead to an increased number of local cutaneous complications or central venous catheter blood culture positivity and even contributed to reduced insertion-site inflammation occurrence.

More IV news at IVTEAM