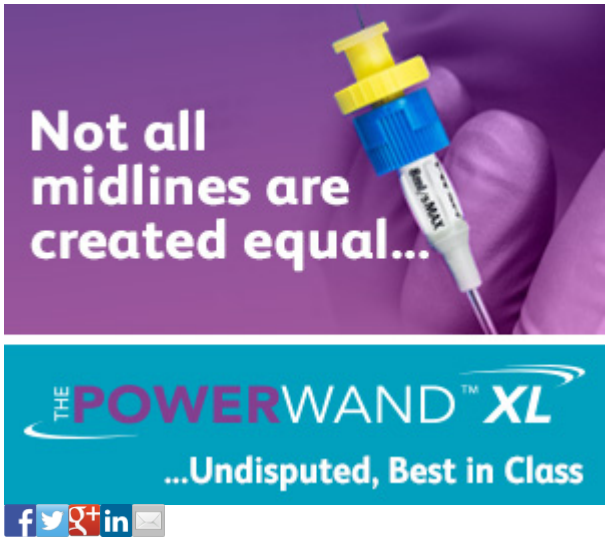


# Parienti et al (2008) compare the risk of nosocomial complications associated with jugular and femoral central catheterisation" Parienti et al (2008).

Abstract:

"Based on concerns about the risk of infection, the jugular site is often preferred over the femoral site for short-term dialysis vascular access. To determine whether jugular catheterization decreases the risk of nosocomial complications compared with femoral catheterization.

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A concealed, randomized, multicenter, evaluator-blinded, parallel-group trial (the Cathedia Study) of 750 patients from a network of 9 tertiary care university medical centers and 3 general hospitals in France conducted between May 2004 and May 2007. The severely ill, bed-bound adults had a body mass index (BMI) of less than 45 and required a first catheter insertion for renal replacement therapy. Patients were randomized to receive jugular or femoral vein catheterization by operators experienced in placement at both sites. Rates of infectious complications, defined as catheter colonization on removal (primary end point),

and catheter-related bloodstream infection. Patient and catheter characteristics, including duration of catheterization, were similar in both groups. More hematomas occurred in the jugular group than in the femoral group (13/366 patients [3.6%] vs 4/370 patients [1.1%], respectively; P = .03). The risk of catheter colonization at removal did not differ significantly between the femoral and jugular groups (incidence of 40.8 vs 35.7 per 1000 catheter-days; hazard ratio [HR], 0.85; 95% confidence interval [CI], 0.62-1.16; P = .31). A prespecified subgroup analysis demonstrated significant qualitative heterogeneity by BMI (P for the interaction term 28.4). The rate of catheter-related bloodstream infection was similar in both groups (2.3 vs 1.5 per 1000 catheter-days, respectively; P = .42). Jugular venous catheterization access does not appear to reduce the risk of infection compared with femoral access, except among adults with a high BMI, and may have a higher risk of hematoma" (Parienti et al 2008).

Reference:

Parienti J.J., Thirion M., Megarbane B., Souweine B., Ouchikhe A., Polito A., Forel J.M., Marque S., Misset B., Airapetian N., Daurel C., Mira J.P., Ramakers M., du Cheyron D., Le Coutour X., Daubin C., Charbonneau P. and Members of the Cathedia Study Group (2008) Femoral vs jugular venous catheterization and risk of nosocomial events in adults requiring acute renal replacement therapy: a randomized controlled trial. JAMA, 299(20), p.1538-3598.

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