



As experience with catheters and tubes grows, it becomes increasingly evident that the interventional radiologist needs to be an expert not only on device placement but also on device management” Huang et al (2015).

Reference:

Huang, S.Y., Engstrom, B.I., Lungren, M.P. and Kim, C.Y. (2015) Management of dysfunctional catheters and tubes inserted by interventional radiology. *Seminars in Interventional Radiology*. 32(2), p.67-77.

Management of dysfunctional central venous catheters by interventional radiology  
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Abstract:

Minimally invasive percutaneous interventions are often used for enteral nutrition, biliary and urinary diversion, intra-abdominal fluid collection drainage, and central venous access. In most cases, radiologic and endoscopic placement of catheters and tubes has replaced the comparable surgical alternative. As experience with catheters and tubes grows, it becomes increasingly evident that the interventional radiologist needs to be an expert not only on device placement but also on device management. Tube dysfunction represents the most common complication requiring repeat intervention, which can be distressing for patients and other health care professionals. This manuscript addresses the etiologies and solutions to



leaking and obstructed feeding tubes, percutaneous biliary drains, percutaneous catheter nephrostomies, and drainage catheters, including abscess drains. In addition, we will address the obstructed central venous catheter.

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