

This prospective observational single-centre study aimed to investigate PICC-related complications after implementation of a multidisciplinary approach to PICC care and compared it with previous literature” Curto-García et al (2015).

Reference:

Curto-García, N., García-Suárez, J., Callejas Chavarria, M., Gil Fernández, J.J., Martín Guerrero, Y., Magro Mazo, E., Marcellini Antonio, S., Juárez, L.M., Gutierrez, I., Arranz, J.J., Montalvo, I., Elvira, C., Domínguez, P., Díaz, M.T. and Burgaleta, C. (2015) A team-based multidisciplinary approach to managing peripherally inserted central catheter complications in high-risk haematological patients: a prospective study. Supportive Care in Cancer. May 3rd. .

Managing peripherally inserted central catheter complications [@ivteam](http://ctt.ec/Ldckg+) #ivteam

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Abstract:

PURPOSE: Use of peripherally inserted central catheters (PICCs) has markedly increased during the last decade. However, there are few studies on use of PICCs in patients with haematological malignancies (HM) receiving intensive chemotherapy. Preliminary data suggest a higher rate of PICC-related complications in these high-risk patients. This prospective observational single-centre study aimed to investigate PICC-related complications after implementation of a multidisciplinary approach to PICC care and compared it with previous literature.

METHODS: A total of 44 PICCs were inserted in 36 patients (27.3 %, thrombocytopenia $<50 \times 10^9/L$ at insertion) over 5045 PICC days (median duration, 114.5 days).

RESULTS: No major insertion-related complications were observed. Major late complications were obstruction in 13.6 % (1.19/1000 PICC days) of patients, catheter-related bloodstream infection in 6.8 % (0.59/1000 PICC days), and catheter-related thrombosis in 4.5 % (0.39/1000 PICC days). Premature PICC removal occurred in 34 % (2.97/1000 PICC days) of patients. The overall rate of potentially major dangerous complications was particularly low (11.36 %, 0.99/1000 PICC days) compared with previous studies.

CONCLUSIONS: This study highlights the utility of a multidisciplinary approach for PICC care in adults with HM receiving intensive chemotherapy. We provide further data to support use of PICCs in such patient populations.

Thank you to our partners for supporting IVTEAM