



An alternative location was selected for the insertion of a femoral vein central venous catheter in the midhigh to reduce the risk of infection” Ostroff and Moureau (2018).

Abstract:

Background: Bedside vascular access options have been limited to the short peripheral intravenous, midline catheter, peripherally inserted central catheter, and central venous catheter (CVC) insertion sites such as the jugular, subclavian, and femoral vein. Many patients with limited options for upper extremity, subclavicular, supraclavicular, and cervical limitations have traditionally received a femoral CVC in the inguinal region. This insertion site is considered a high risk for infection because of its location in the inguinal region and associated difficulties with maintaining the dressing integrity. An alternative location was selected for the insertion of a femoral vein central venous catheter in the midhigh to reduce the risk of infection.

Methods: After a multiple-year implementation process, midhigh femoral (MTF) insertions were performed on a select group of patients. The case studies that are included in this report outline the indications, procedures, and other pertinent aspects of the MTF placement. Patients at this institution with contraindications to upper extremity and thoracic catheter insertion received a MTF vein CVC in place of a traditional common femoral vein catheter insertion in the inguinal area. All procedural consents include permission for photography of procedure sites.

## You may also be interested in...

Unrecognized intrathoracic central venous catheter placement  
Intraperitoneally located tip of femoral central venous catheter  
Haemodialysis central venous catheter related central venous thrombosis

Results: All but a single patient completed their therapy without complication; 1 intentional dislodgement by a patient was recorded. There were no MTF catheter-related bloodstream infections and 2 confirmed central line associated bloodstream infections (n = 2 of 100) with the second noted as probable contaminated specimen. Outcomes reflected no procedural complications (eg, expanding hematoma or femoral nerve injury or any other femoral artery or vein injuries) and 1 nonocclusive deep vein thrombosis (n = 1 of 100).

Conclusions: The MTF CVC provides an alternative to traditional common femoral vein catheter placement for nonemergent patients with upper extremity and thoracic contraindications to central line placement.

### Full Text

#### Reference:

Ostroff, M. and Moureau, N. (2018) Review and Case Studies of Midthigh Femoral Central Venous Catheter Placement. *The Journal of the Association for Vascular Access*. 23(3), p.167-175.

DOI: <https://doi.org/10.1016/j.java.2018.06.004>

