



To evaluate if infection or occlusion rates differ between home care regimens used for ports in children with haemophilia” Khair et al (2017).

Abstract:

INTRODUCTION: Central venous access devices facilitate home treatment in boys with haemophilia. These are usually fully implanted lines, referred to as ports. Caregivers are taught to manage the port using sterile techniques and maintaining patency by flushing with saline or heparin solution. National and international guidelines for the home care of ports are lacking.

AIM: To evaluate if infection or occlusion rates differ between home care regimens used for ports in children with haemophilia.

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METHODS: Children with ports were identified from the PedNet registry. Data on the homecare policy were acquired from each centre. To ensure a complete data set for each port, only ports that had been removed were included in the study. Three care groups were defined: ‘aseptic non touch technique’, ‘sterile technique’ and ‘fully sterile technique’.

Outcomes within and between the groups were analysed.

RESULTS: A total of 240 children with 352 ports were studied. Insertion occurred at a median age of 1.32 years. The median port duration was 2.94 years with a total of 215 688 port days in children without and 183 852 in children with inhibitors. Infection was the most common cause of port removal (34%); there was no significant difference with infection as reason for removal between the different care groups. Occlusion was not more frequent in centres that did not use heparin.

CONCLUSION: Use of sterile gloves and gowns did not reduce the risk of port infection. Using less stringent sterile techniques for accessing ports is easier for caregivers and in addition may have health economic benefits.

Reference:

Khair, K., Ranta, S., Thomas, A. and Lindvall, K. (2017) The impact of clinical practice on the outcome of central venous access devices in children with haemophilia. Haemophilia. May 24th. .

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