Regarding this, the present study aimed to assess the success, patency, as well as early and late complications of cuffed femoral and jugular hemodialysis catheters” Sepas et al (2019).

Abstract:

The design of a suitable catheter to achieve a permanent, economical, and efficient vascular pathway for hemodialysis has been always accompanied by difficult and potential complications. Various strategies have been adopted to minimize the use of tunneled catheters that are used for dialysis. Regarding this, the present study aimed to assess the success, patency, as well as early and late complications of cuffed femoral and jugular hemodialysis catheters. This case-control study was performed on 145 hemodialysis patients who were candidates for the insertion of tunneled hemodialysis catheters at Rasoul-e-Akram Hospital in Tehran, Iran, during 2015-2016. The data were collected retrospectively by reviewing the patients’ medical records. The participants were divided into two groups of femoral and jugular accesses, based on the type of catheter they had. To determine the procedure-related outcomes, they were assessed 1 week, 1 month, and 6 months after catheterization. According to the results, the mean times of catheter efficacy (patency) were $4.43 \pm 3.11$ and $5.65 \pm 4.57$ months in the femoral and jugular access groups, respectively, showing no significant difference between the two groups ($P = 0.095$). Furthermore, the femoral and jugular access groups had the infection prevalence of 23.2% and 16.2%, thrombosis prevalence of 28.6% and 20.9%, and mortality rates of 3.5% and 1.4%, respectively. According to the multivariable linear regression model, the history of
catheterization could predict reduced catheter patency. In addition, catheter-related infection could be predicted among females based on the multivariate logistic regression analysis. As the findings indicated, femoral and jugular hemodialysis catheter insertions showed no significant difference in terms of the mean patency, complications (e.g., infection and thrombosis), and mortality rate.

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