



To evaluate the combination of access site and level of experience on fluoroscopy times (FT) and dose area products (DAP) during implantation of port catheters in a large patient population” Jonczyk et al (2017).

Abstract:

BACKGROUND: Totally implantable central venous port systems provide a safe and effective, long-term means of access for administration of hyperosmolar, local irritant medication, such as chemotherapy, antibiotics and parenteral nutrition.

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AIM: To evaluate the combination of access site and level of experience on fluoroscopy times (FT) and dose area products (DAP) during implantation of port catheters in a large patient population.

MATERIALS AND METHODS: A total of 1,870 patients (992 women, 878 men; age: 61 ± 13.14 years) were reviewed investigating two groups of junior (≤ 50 implantations) and senior (> 50) radiologists.

RESULTS: Senior radiologists required less FT/DAP (0.24 s/57.3 μ Gy m² versus 0.43 s/68.2 μ Gy m², respectively; $p < 0.001$). Right jugular vein access required the least FT/DAP (0.25 s/56.15 μ Gy m²) and right-sided implantation lower FT/DAP (right: 0.26 s/56.4 μ Gy m², left: 0.40 s/85.10 μ Gy m², $p < 0.001$).

CONCLUSION: Due to DAP/FT reductions, the right jugular vein seems to be the most favorable implantation side for port systems. For further dose reduction, residents should be well-trained.

Reference:

Jonczyk, M., Gebauer, B., Rotzinger, R., Schnapauff, D., Hamm, B. and Colletini, F. (2018) Totally Implantable Central Venous Port Catheters: Radiation Exposure as a Function of Puncture Site and Operator Experience. *In Vivo*. 32(1), p.179-184.

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