Our prospective randomized study examined the possibility of perioperative management of esophagectomy without a central venous catheter (CVC)" Saito et al (2016).

Abstract:

BACKGROUND/AIMS: Our prospective randomized study examined the possibility of perioperative management of esophagectomy without a central venous catheter (CVC).

METHODS: Forty patients who underwent esophagectomy for esophageal cancer were divided into the total parenteral nutrition (TPN; receiving conventional perioperative management via a CVC) and peripheral parenteral nutrition (PPN; receiving perioperative management without a CVC) groups. Albumin and retinol-binding protein (RBP) levels were used as measurements of the nutritional status. Early postoperative complications and catheter-related complications were also evaluated.

RESULTS: The actual calories administered per kg of body weight and the albumin and RBP levels did not significantly differ between the groups. Additionally, there was no significant difference in the morbidity of early postoperative complications between the groups. Catheter-related complications were observed in 4 patients in the TPN group (2 catheter infections, 1 case of thrombosis, and 1 case of iatrogenic pneumothorax), and 4 cases of peripheral phlebitis occurred in the PPN group. The incidence of catheter-related complications did not significantly differ between the groups.

CONCLUSIONS: Perioperative management without a CVC can be safely performed in esophagectomy patients, and the decision to insert a CVC should be made based on the patient’s perioperative condition.

Reference:


Thank you to our partners for supporting IVTEAM