For children with critical venous access requirements, direct line exchange procedures are a robust and reproducible means of vein preservation” Davidson et al (2015).

Reference:


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Abstract:

Introduction: The lack of suitable veins in children with critical central venous access requirements is a major obstacle to optimal care and is potentially life-threatening. We present outcomes following the use of vein-preserving (VP) surgical techniques, notably the sheath exchange for tunneled lines (SETL).

Materials and Methods: A retrospective, single observer analysis of a prospectively maintained departmental logbook as well as the medical records of patients. Two broad groups of central line replacements were identified; those inserted following removal of a previous line and a traditional “plastic-free” (PF) period and those exchanged without such an interval.

Results: Overall, 19 lines were directly exchanged during the study period and compared with 34 inserted after a PF period. Similar catheter life spans and infection rates were demonstrated in each group; 125 (range, 78-173) days in VP exchanges versus 122 (range, 70-175) days in PF replacements (p = 0.41). Line Sepsis resulting in removal or change of line occurred at 103 (range, 60-147) days in VP group versus 104 (range, 45-164) days in PF (p = 0.73).

Conclusion: For children with critical venous access requirements, direct line exchange procedures are a robust and reproducible means of vein preservation. The outcomes compare favorably with those following the more traditional removal, a PF period and reinsertion.
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