



In a subset of children with medical complexity (CMC) a continuous access to the central vascular system is advisable to eliminate unnecessary pain and stress and to improve home management and palliative care” Geremia et al (2017).

Abstract:

INTRODUCTION: Children with special health-care needs are an emerging and consistent population. In a subset of children with medical complexity (CMC) a continuous access to the central vascular system is advisable to eliminate unnecessary pain and stress and to improve home management and palliative care.

ReTweet if useful... Totally implantable venous access devices in children with medical complexity [@ivteam #ivteam](https://ctt.ec/I3S_W+)

Click To Tweet

METHODS: The surgical registry of a tertiary hospital was checked in order to identify CMC who underwent totally implantable venous access device (VAD) placement. Medical records were reviewed.

RESULTS: From October 2009 to August 2014, a totally implantable VAD was placed in 10 children. Seven out of 10 patients were affected by cerebral palsy while 3 presented a genetic syndrome. The median duration of the indwelling catheter was 31 months (range 5 to

77 months). Six catheters are still in place since the first placement. Infectious complications were observed in two patients, respectively, a *Candida albicans* and a *Staphylococcus aureus* colonization; in both cases the VAD was removed. In another two cases, removal was planned for reservoir dislodgment within the subcutaneous tissue. No other major complications were observed during the procedure and the follow-up period. Emergency admissions decreased from a median value of 0.4/month (range 0-1.5/month) to 0.2/month (range 0-0.6/month) after the VAD placement.

CONCLUSIONS: A totally implanted VAD in CMC is safe and manageable. As expected, infection seems to be the major complication with no infection-related death. Malnutrition and musculoskeletal deformities, which are frequent comorbidities in CMC, should be considered to reduce the risk of dislodgment/migration.

Reference:

Geremia, C., De Ioris, M.A., Crocoli, A., Adorisio, O., Scrocca, R., Lombardi, M.H., Staccioli, S., Stella, P., Amendola, P., Ciliento, G., De Peppo, F. and Campana, A. (2017) Totally implantable venous access devices in children with medical complexity: preliminary data from a tertiary care hospital. *The Journal of Vascular Access*. May 24th. .

doi: 10.5301/jva.5000727.

Thank you to our partners for supporting IVTEAM

