To study the variability of techniques used for vascular access of central venous devices, totally implanted and external tunneled, as well as polling the use of ultrasound by pediatric surgeons in Spain” Sánchez Sánchez et al (2017).

Abstract:

OBJECTIVES: To study the variability of techniques used for vascular access of central venous devices, totally implanted and external tunneled, as well as polling the use of ultrasound by pediatric surgeons in Spain.

MATERIAL AND METHODS: Descriptive study of a survey results, conducted by phone, email and online, about 20 items related to the placement of these devices in children and the use of ultrasound in this procedure.

RESULTS: We analyzed 71 surveys from 31 national hospitals. The response rate was 54%. In 66% of the cases the pediatric surgeon is the one who carries out the vascular access. 75% of the respondents place less than 25 catheters/year. Only 28% have attended to an ultrasound-guided vascular puncture course. The vein used more often is the internal jugular (55%), followed by the subclavian (17.4%), with preference for the right side in most of the cases (87%). 64% perform the ultrasound-guided technique, 29% the venous cutdown and 7% the landmark approach. There is no significant association between the technique chosen (landmark vs ultrasound-guided) and the vein used (p= 0.062). The majority of the respondents does not modify the usual approach in case of coagulopathy. We describe the complications associated with the three techniques.

CONCLUSIONS: The preferred via for the vascular access by pediatric surgeons is the internal jugular vein, being this access ultrasound-guided in most of the cases. 91.5% consider the use of ultrasound decreases the number of associated complications. Nevertheless, just a minority has attended to a training course.
Reference:


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