“This paper reports our experiences of using a modified Seldinger technique to insert FVCs in our neonatal unit” Athikarisamy et al (2015).

Reference:


Using a modified Seldinger technique when placing femoral venous catheters in critically ill infants http://ctt.ec/7_JBD+ @ivteam #ivteam

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Abstract:

AIM: Femoral venous catheters (FVCs) provide multi-lumen access in critically ill infants with difficult venous access. This paper reports our experiences of using a modified Seldinger technique to insert FVCs in our neonatal unit.

METHODS: This was a retrospective case series of 34 infants who had FVCs inserted using the modified Seldinger Technique during a four-year period.

RESULTS: The median (range) postnatal age and weight at the time of insertion was 66 days
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(1-314), and 3,080 grams (865-8,000). The FVC remained in-situ for a median duration of 21 days (1-63). There were nine infants who died while the FVC remained in-situ. The FVCs were removed from four infants due to complications. In three cases they became dislodged and in one case the line became blocked. In 16 infants, the FVC was removed when it was no longer required and one infant was transferred out of the unit with the FVC in-situ. Transient venous congestion of the distal limb occurred in four infants. In one infant, the FVC was accidentally placed in the femoral artery and removed without complications.

CONCLUSIONS: FVC insertion using a modified Seldinger technique appeared to provide alternate and immediate central venous access in critically ill infants.

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