

# Introducing SecurAcath into a Haematology/Oncology setting



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## Introduction

Our team of specialist nurses insert around 800 Peripherally Inserted Central Catheters (PICCs) per year for Oncology and Haematology patients. Around 7% of these PICCs are removed prematurely due to displacement of the PICC during dressing changes resulting in the tip of the PICC migrating out of the superior vena cava. This poster aims to share our experience of the introduction of SecurAcath as a means of reducing the incidence of migration. After our initial pilot study involving inserting 22 SecurAcath devices in patients undergoing autologous bone marrow transplants, the results convinced us to introduce SecurAcath to all our patients requiring a PICC for more than 4 weeks. We hope that this project will inform our future practice and may prove useful to teams at other hospitals considering introducing SecurAcath.



## Objectives

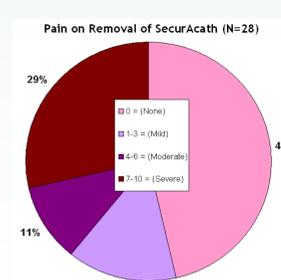
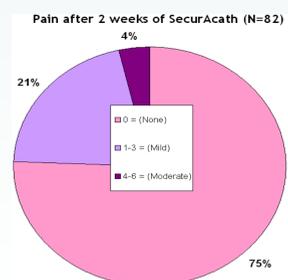
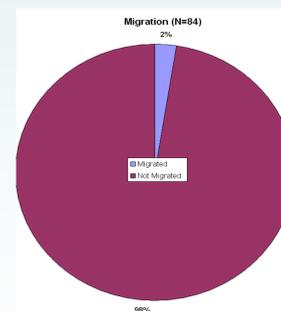
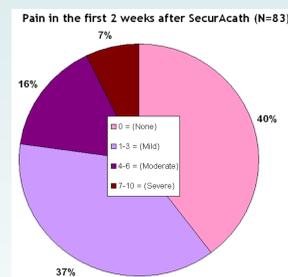
- Assess migration rate
- Assess patient experience of SecurAcath using pain scale (McCaffery et al 1993)
- Assess benefit vs. discomfort
- Clinical implications using SecurAcath

## Methods

As SecurAcath is a new product, we first sought approval from our organisation's Clinical Effectiveness Steering Group and Infection Control department. Preparation involved a "train the trainers" education programme (for ward nurses providing aftercare) and updating our internal website and our patient & community nurse information.

We completed a retrospective audit involving the first 100 haematology/oncology patients with SecurAcath inserted. Our audit tool comprised a telephone and face to face questionnaire collecting quantitative and qualitative data. (Note that patients attached to IV infusions had a secondary stabilisation device in addition to SecurAcath. This was because the pilot had shown that although the SecurAcath appeared to prevent migration of the PICC during dressing changes, if the PICC was accidentally pulled vigorously, it would stretch and slip through the SecurAcath.)

## Results



## Conclusion

- Rate of migration with SecurAcath was 2% as compared with previous rate of 7%.
- Levels of discomfort
  - < 2 weeks after insertion - 40% of patients experienced no pain & 37% of patients experienced mild levels of pain.
  - > 2 weeks after insertion 75% of patients experienced no pain
- 88% found SecurAcath tolerable and would have it again.
  - The discomfort experienced with the SecurAcath is preferable over a second central line being inserted due to migration.
  - Although pain is described as severe, it is transient and resolves quickly
  - Patients liked the security that SecurAcath offered
- “feels secure, one less thing to think about” “glad I had a SecurAcath”
- Recommendations & considerations for future practice
  - Improved insertion technique
  - Solutions needed for skin integrity problems
  - Further work required on removal & dressing change technique to improve patient experience. This could have been a factor in increased pain felt by these patients.
  - “bit painful during dressing change” “stinging pain whilst having dressing change”
  - Plan to survey nursing staff for feedback
- Outcome: We will continue using SecurAcath

## References

McCaffery, M & Beebe. A., 1993. Pain: Clinical Manual for Nursing Practice. Baltimore: V.V. Mosby Company.  
SecurAcath Interrad Medical, Inc.

