

288%

Just One For The Life Of The Line

Increased Risk of CLABSI With Adhesive Devices vs. SecurAcath

Peer-reviewed Publications on Subcutaneous Securement

AGE RANGE Neonates Through Geriatrics



0-1.6% SecurAcath Dislodgment VS 7-12% Adhesive Devices



Lowers

Total Cost of

Patient care

**Optimal Placement and Securement** 

- 1. Rowe, et al, "Catheter Securement Impact on PICC-related CLABSI: A University Hospital Perspective" American Journal of Infection Control, Open Access, June 17, 2020
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- 3. McParlan et al, "Intravascular catheter migration: A cross-sectional and health-economic comparison of adhesive and subcutaneous engineered stabilisation devices for intravascular device securement." Journal of Vascular Access (2020) Jan;21(1):33-38.
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- 17. Lee J, Botteman M, Nicklasson L. "A Systematic Review of the Economic and Humanistic Burden of Needlestick Injury in the United States." Am J Infect Control. 2004;32(3):E43. doi: 10.1016/j. ajic.2004.04.064
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- 20. Crocoli, et al., Vascular Access in Pediatric Oncology and Hematology: State of the Art, Children (2022), 9, 70
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- 22. D'Andrea, et al, Securement of central venous catheters by subcutaneously anchored suturless devices in neonates, Journal of Maternal-Fetal & Neonatal Medicine (2021) April
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- 27. Fitzsimmons, et al, An observational study of the securement of central venous access devices with a subcutaneous anchor device in a paediatric population at a tertiary level hospital, Journal of Vascular Access, (2020) May
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# Protecting Pediatric Patients For the life of the line™

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## SecurAcath<sup>®</sup> provides improved catheter securement for the life of the line

#### **Significantly Reduces Risk of CLABSI**

- University of Arkansas for Medical Sciences (UAMS) analyzed 7,779 patients over four years of Central Line Associated Bloodstream Infection (CLABSI) data<sup>1</sup>
- Analysis compared outcomes of patients whose PICCs were secured with a the SecurAcath to those secured with an adhesive device
- Study found a substantial difference in relative risk among securement devices
- Adhesive device had a 288% increase in risk of CLABSI compared to SecurAcath

#### **Dramatically Decreases Catheter Dislodgement**

- Catheter dislodgement defined as accidental removal or movement that resulted in loss of function
- SecurAcath clinical data publications show very low dislodgement rates of 0-1.6%<sup>2-7</sup>
- Adhesive securement devices have published dislodgement rates of 7-12%<sup>8-11</sup>
- Many accidental dislodgements occur during dressing changes when catheter is not secured
- Catheter replacement cost is approximately \$500 at bedside, \$1,000 in IR<sup>12</sup>, \$1,200 in pediatrics: these are decreased with SecurAcath

#### **Prevents Catheter** Movement

- Catheter movement at the insertion site can introduce bacteria beneath the skin<sup>13</sup>
- Improved stability may promote healing at insertion site which acts as a natural barrier to infection
- May reduce phlebitis, thrombosis and infection

#### Improves Efficiency

- One SecurAcath secures for the life of the line
- Catheter remains secure during dressing changes
- Saves time during routine dressing changes
- Dressing change can be done 41% faster<sup>14</sup>
- Allows for easy catheter repositioning if catheter tip must be pulled back

### Allows 360 Degree Site **Cleaning While Secured**



- Excellent cleaning access
- Catheter remains stable and secure during cleaning
- may help reduce infections



Reliable securement of pediatric catheters is a serious clinical problem. Sutures and adhesives have been used for years with moderate success. Catheter migration and dislodgement are frequent complications of pediatric catheters.

#### How does the SecurAcath work?

- Small, blunt, nitinol securement feet are placed just beneath skin right at the catheter insertion site
- Cover is snapped onto base to affix to catheter shaft
- No sutures or additional skin punctures are needed
- No adhesives needed for securement
- Remains in place for life of catheter
- Works with a variety of vascular access and drainage catheters





- around the entire insertion site
- Improved stability and cleaning

#### **Eliminates Costly Suture** Needle Stick Risk

- 385,000 sharps injuries to healthcare workers in the U.S. annually, over 2 million globally <sup>15</sup>
- 22% are caused by suture needles <sup>16</sup>
- Average cost to hospital of up to \$3766 per exposure <sup>17</sup>
- Serious cases involving bloodborne pathogen transmission far exceed average cost
- Lifetime HIV-related medical costs up to \$490.045 <sup>18</sup>
- Chronic Hepatitis C lifetime cost \$64,490<sup>19</sup>
- Fear, anxiety, emotional distress and productivity loss of healthcare workers create additional unnecessary burden
- Violation of limiting employee's sharps exposure with engineered controls if available, CFR 1941.1030 = \$7,000

#### Effective in a Wide Range of Pediatric Applications

SecurAcath has demonstrated its effectiveness at securing catheters in a variety of applications in neonates. <sup>20-28</sup>

Protecting our youngest patients from premature line replacements, adhesive or suture related skin tears and infection is key to achieving the desired outcomes from these percutaneous catheters.



to these complications. Different approaches to reduce these events have been described, such as the use of non-cuffed third generation polyurethane secured with both suture-less devices and subcutaneously anchored securement systems (SASS). For children with cancer, catheter removal must also be considered as one of the many painful procedures they undergo during the course of disease, with additional stress for the patients and their families. New devices (such as SASS) lead both to easier fixation and removal of the catheter if necessary, eliminating the issue of polyester cuff-equipped catheters, whose adoption should be progressively 🧠 🧲 abandoned in pediatric patients with cancer.

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