

PURPOSE:

This study aims to provide insight into the lived experience of one patient dependent on a central venous access device (CVAD) in which a Subcutaneous Anchored Securement System (SASS) provided a positive outcome.

BACKGROUND:

The patient is a 72-year-old female with extensive CVAD use from 2016 to the present. The medical history includes Crohn's disease, Crohn's ileitis, Crohn's colitis, small bowel and rectal resections, and a history of malnutrition caused by impaired absorption. Total Parenteral Nutrition (TPN) and routine hydration have been prescribed to improve the patient's nutritional status. Secondary to the patient's malnutrition and medication to decrease inflammation, the rate of stabilization is unknown.

Since 2016 the patient has had three tunneled non-cuffed centrally inserted catheters (T-CICC). The first was placed in 10/2016 and secured with sutures until it was removed in 04/2017, secondary to bacteremia. Pt also had documented erythema to insertion site and surrounding area. The patient was then given a trial line break from total parenteral nutrition (TPN) to attempt to aliment and hydrate on her own. Ultimately the patient was unable to meet her dietary needs, was not a candidate for enteral of J-tube feedings due to fistulas secondary to her Chrons. A new T-CICC was placed as an outpatient on 8/15/2017 for continued delivery of TPN and secured with Dermabond and 3M™ CVC securement device. Patient admitted in July of 2018 to Greater Baltimore Medical Center (GBMC) for large pericardial infusion and subsequently transferred to tertiary center for care with T-CICC in situ. During admittance to tertiary center, T-CICC was removed and replaced with multi-lumen catheter. Once the patient stabilized, the patient returned to GBMC for continued care. In anticipation of discharge and ongoing need for TPN support, the multi-lumen catheter was replaced with a single lumen T-CICC in August of 2018 and secured by a SASS.

Transparent Semipermeable Membranes (TSM) from various manufacturers were employed during hospitalization and homecare visits. The protocols for care and maintenance of all T-CICCs were equally variable across locations.

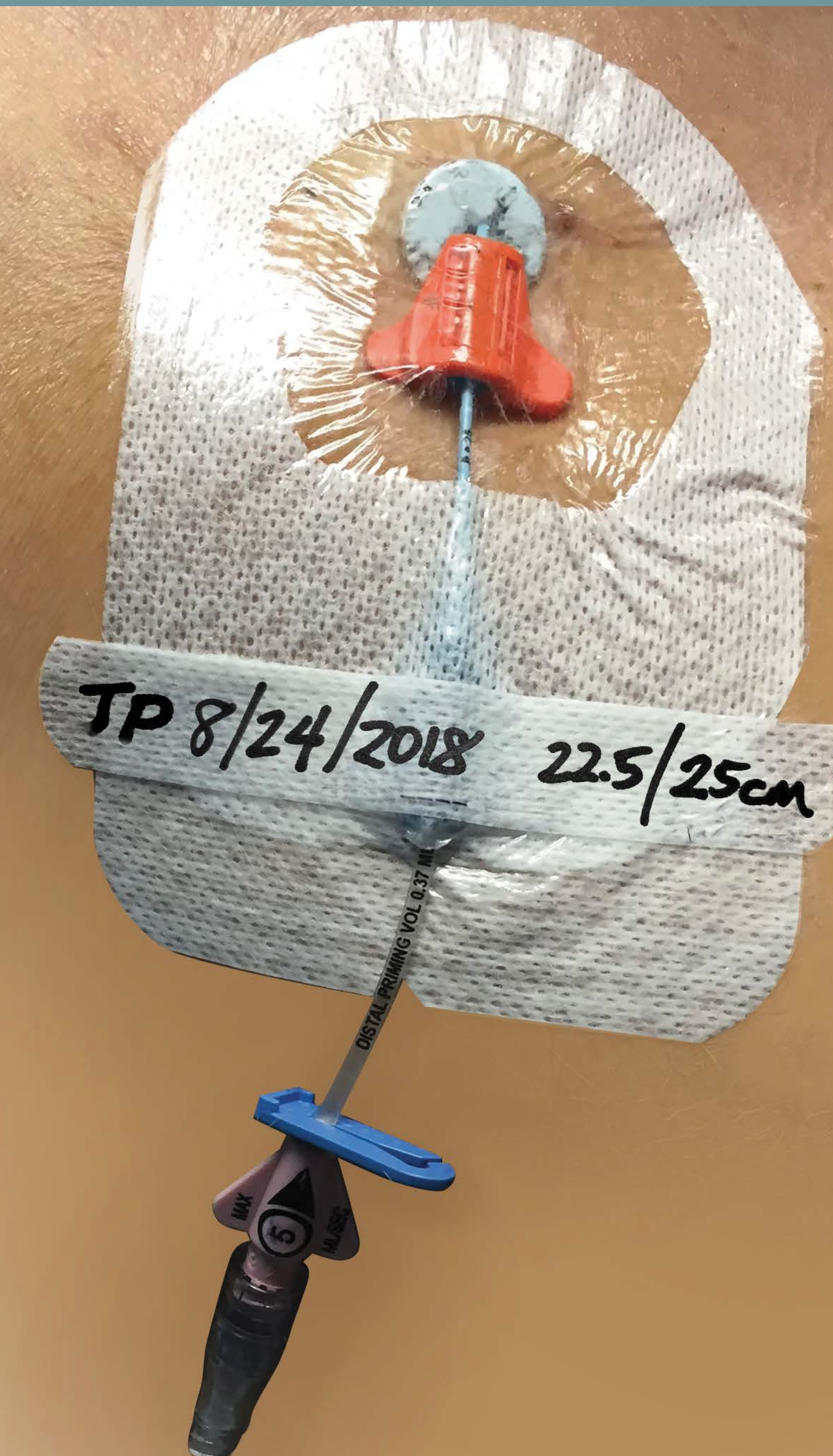
RESULTS:

A longitudinal assessment of the objective clinical presentation of the T-CICC and subjective reports from the patient were gathered over a 5-year period of continuous use.

The T-CICC placed in 2018 remains functional without site, tunnel, or systemic infection. According to anterior-posterior chest images obtained after placement in 2018 and repeated in December 2022, no change was observed in the tip location. This is validated with zero alteration in the external segment observed by the patient and clinicians. The patient reports extreme satisfaction with the securement of her T-CICC and the ease with which her home care nurses are able to care for her lifeline.

CONCLUSION:

Continuous securement of the CVAD by a SASS was found to be a significant factor in this patient's need for reliable access to life-sustaining infusates.



<p>ONE T-CICC</p> <hr/> <p>5 YEARS</p>	<p>ONE SASS</p> <hr/> <p>260 DRESSING CHANGES</p>	<p>ZERO COMPLICATIONS</p>
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Abstract for a poster not associated with experimental research.

Track: Continuum of Care Throughout Vascular Access & Care and Maintenance of Vascular Access Devices.