

PICC Catheters in Ambulatorial Oncology Patients

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BACKGROUND: PICC (Peripherally Inserted Central Catheter) is a central venous line inserted peripherally through the brachial vein and allows the day-hospital administration of chemotherapy. Although it is easily and safely inserted, it has an external component that needs adequate management to avoid complications such as traction/displacement, obstruction, infection. Due to chemotherapy immunosuppression oncology patients have higher chances to develop catheter-related infection. To minimize this risks and guarantee a longer catheter durability strict follow up of the patients in use of the PICC has to be conducted.

METHODS: We followed up all oncology patients with PICC on treatment in our institution from February to December 2015. Patients were trained and taught on the daily management of the catheter with information such as avoidance of repetitive movements with the member where the catheter was avoidance of immersion baths, when to come back to the service to change the bandages, how to evaluate the catheter insertion and how to recognize local changes that need a nurse intervention. In parallel the nursing team received training about better practices for managing the PICC and was updated about new materials for the catheter management . During the observation period we annotated the date of catheter implantation, date of removal and the cause for catheter removal. Results are presented in a descriptive way.

RESULTS: This type of catheter represented 16% of the total of central venous lines in our institution. During the observation period , with a total number of 78 patients using a PICC. There were 823 evaluations of these catheters being 398 evaluations in pediatric patients and 425 evaluations in adult patients. Catheter evaluations consisted of weekly bandage changes, cleaning of the central line or the administration of medications and/or transfusions. The average time with PICC was 2 months. From the 78 patients, 35 had their catheter removed for the following causes : 27 (69%) due to end of treatment; 4 (5%) due to catheter-related infection, 2 in our hospital and 2 in other institutions; 3 (8%) due to thrombosis; 1 (3%) for an accidental removal and 6 patients died with a functioning catheter. The other XX patients were still using the the catheter in the time of our analysis. In total 7 (11%) patients out of 78 lost their catheters for a catheter-related complication.

CONCLUSION: The PICC catheter is a good option for central venous access for oncology treatment, especially in patients with short treatments schedules, possibly avoiding the use of a totally implanted central venous catheter, It is easily manageable and implanted and low cost in comparison to totally implanted catheters. With good training, patients can participate in the care of catheter. This, associated to a skilled nurse team, can ensure catheter durability and reduction of catheter-related complications.