

Introduction

- **Peripherally inserted central catheter** (PICC) are increasingly used in daily practice mainly due to the **easier insertion, safety** and possible **cost-effectiveness** advantages.
- Our hospital started the first **multidisciplinary vascular access team** (VAT) at beginning of **2019** and **PICC placement** in **May**. It's the only hospital where nurses are doing this procedure in a VAT in our country.



Objective

- The **primary objective** was to **evaluate immediate procedure results**.
- The **secondary objective** was to evaluate **long term complications** such as infection and occlusion.

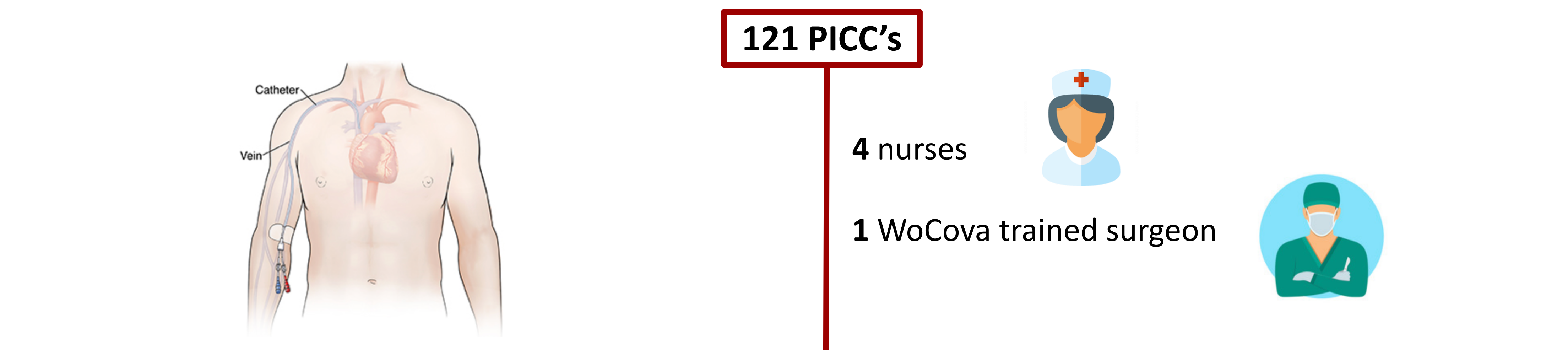
Methods

- Single, tertiary cancer center
- Observational study
- **Prospective database**
- Initial experience with **ultrasound-guided PICC placement** by members of VAT
- **May 2019 - January 2020**



Results

May 2019 → January 2020



Patients:

- 100% oncological
- 73% breast cancer

Venipuncture site:

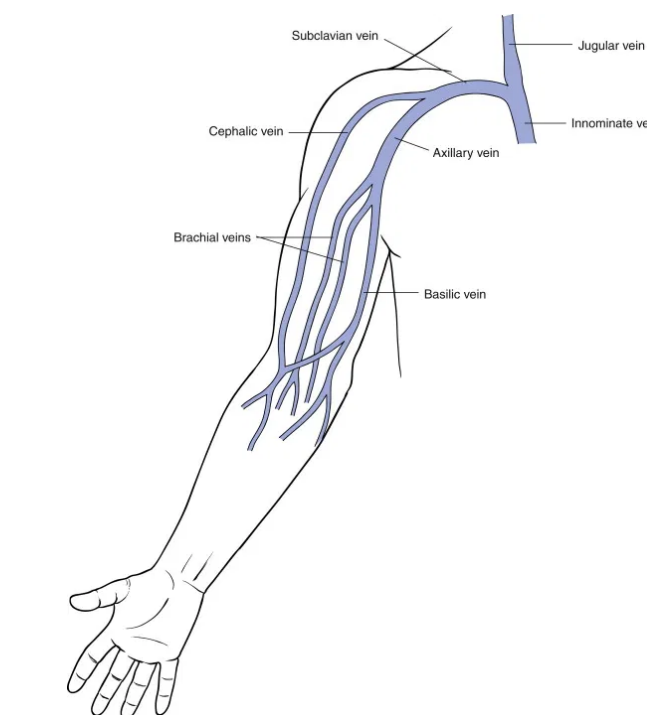
- **Basilic vein** 79% (n=96)
- **Brachial vein** 21% (n=25)

Number of attempts:

- **1** in 57% (n=69)
- **>4** in 9% (n=11)

Tourniquet used in 26%

Median vein diameter 4mm (4-5.5)



Complications:

- **Early 1.6%**
Hematoma 1.6% (n=2)
- **Late 2.5%**
Occlusion 0.8% (n=1)
Thrombosis 0.8% (n=1)
Infection 0.8% (n=1)

Follow-up:

- 77 still under use
- 44 removed
82% (n=36) no longer necessary

Conclusion

- **PICC placement**, even done by inexperienced professionals but integrated in a **VAT**, is a **safe procedure** with **few** short and long-term **complications**.