

Nurse-led PICC-Ports for the ambulatory chemotherapy patient: a practical alternative to implanted chest ports in the theatre suite

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Introduction and Background

Historically, the CVAD options for ambulatory cancer patients within the Organisation were a PICC or an implanted chest port. Chest ports were placed in theatre suite under life x-ray (fluoroscopy), local anaesthetic and IV sedation by a consultant anaesthetist while PICCs were placed in a procedure room under local anaesthetic and intracavitary ECG method to confirm catheter tip position by a VA specialist nurse. During COVID 19, most elective theatre procedures were cancelled to allow for more urgent cancer surgeries. The nurse-led

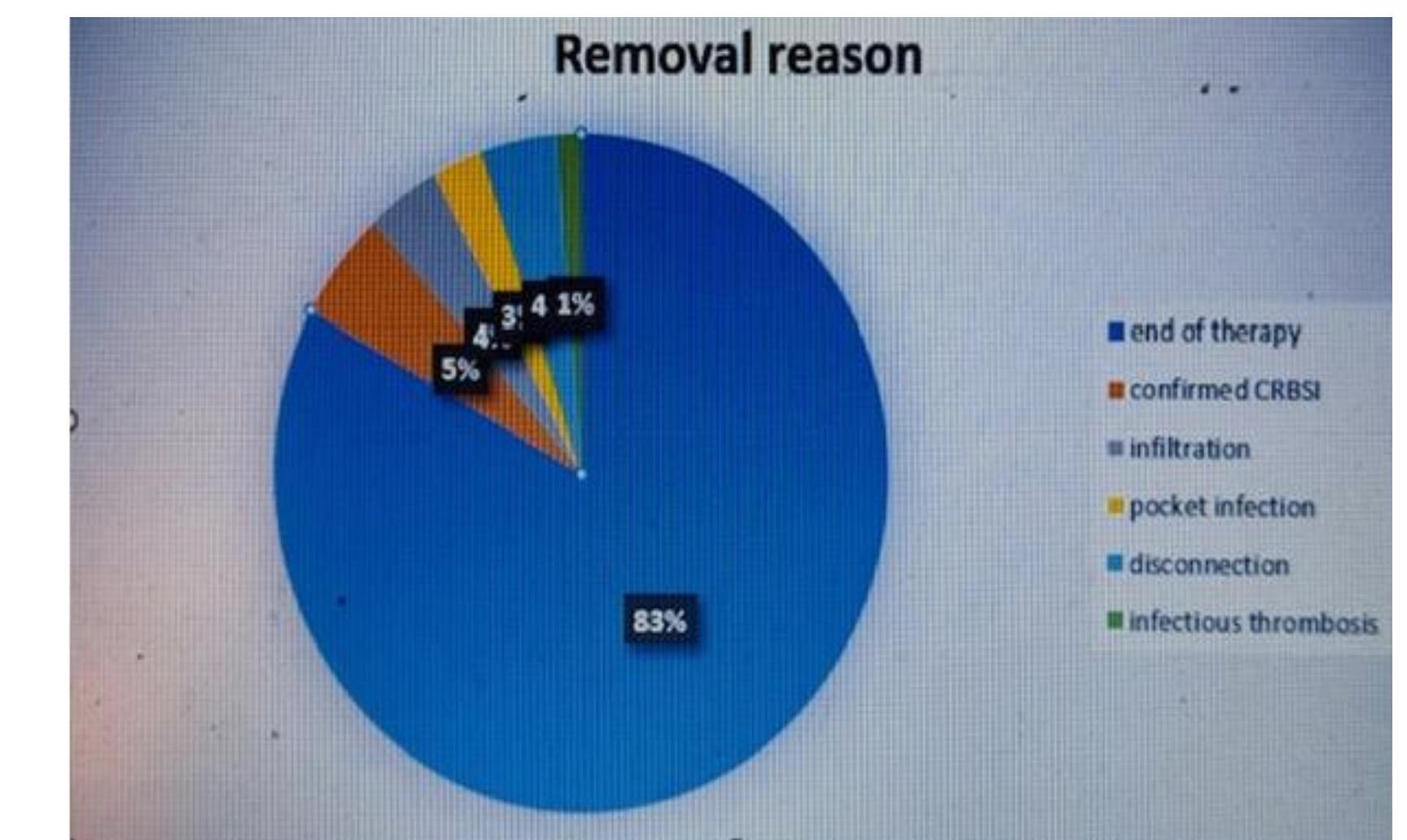
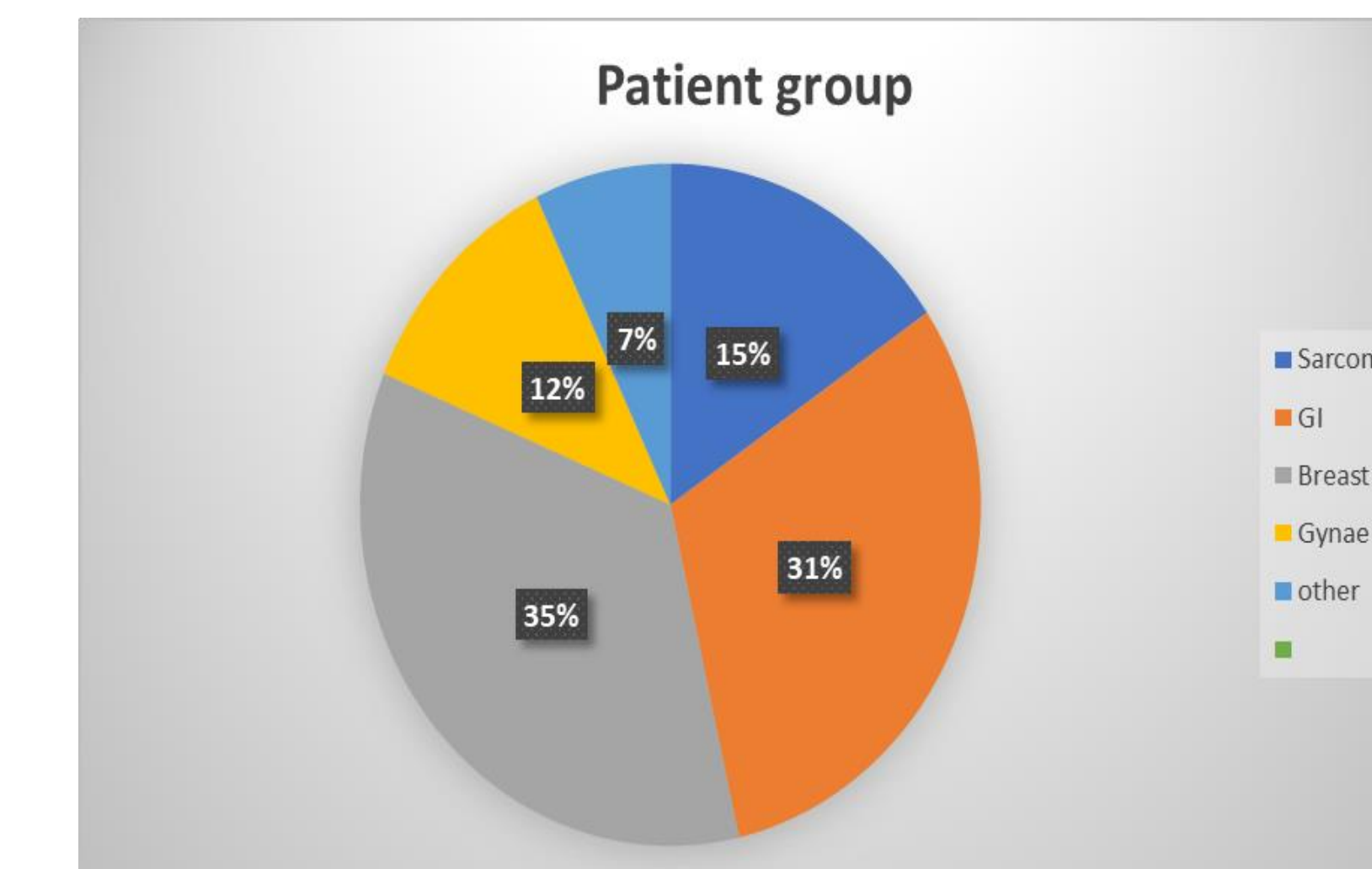
implanted PICC-Port service started in July 2020, following a stakeholders and Clinical Governance body review, to continue to offer a choice between PICC and implanted CVAD (during COVID) while maximising the use of clinical resources and improving patient experience. Since then, PICC-Ports have been a successful addition to the portfolio of VADs offered within the Organisation while contributing to bring extra revenue to the VA Team and Organisation.



Methods and Results

A retrospective analysis of clinical data obtained from electronic patient records and financial reports from July 2020 to December 2023. Although the total number of insertions was 428, complete available data only for 347 patients (n=347).

- Patient groups: Breast, Gastro-Intestinal, Sarcoma, Gynaecological and other cancer groups as represented in Picture 1
- Insertions for both infusional (31%) and non-infusional (69%) ambulatory chemotherapy (SACT) regimes.
- Total of 76 removals: 63 (83%) at end of therapy and 13 (17%) other causes. Only 4 removals (1.15%) due to confirmed CRBSI as represented in Picture 2
- 10 confirmed catheter related upper limb DVTs, all but one treated in situ.
- Longest dwell time 820 days
- Shortest dwell time 15 days (removed due to infective thrombosis)
- Mean dwell time 271.2 days
- Risk of thrombosis (upper limb DVT) similar to PICCs (2.8% PICC-Ports vs 3.2% PICCs) but lower risk of infection (<1.2% vs 4% with PICCs)
- Maximising the use of clinical resources (theatre space and anaesthetist time for other surgeries, no need for patient recovery, no need for day case bed, etc.).
- Placed as a day case procedure under local anaesthetic utilising ECG tip location technology with no need for sedation, and unnecessary exposure to x-rays
- Increased patient satisfaction
- Financial benefits with potential for service development and higher income to VA Team and Trust. Average of £1,100-£1,400 final income per procedure after discounting consumables and nursing/ operator time



Conclusion

PICC-Port insertion is a low-risk procedure with improved lifestyle and patient satisfaction for patients suitable for peripheral insertion of a CVAD. In addition, nurse-led PICC-Port services can benefit the Organisation by maximising the use of clinical resources (theatre space and anaesthetist time allocation for other cancer surgeries, no need for patient recovery, no need for day case surgical bed), this was particularly important during the recovery time post COVID 19, while providing additional service development and income for the Organisation .