

“DURATION OF NEED” – A KEY FACTOR IN THE SELECTION OF VASCULAR ACCESS DEVICE IN CHEMOTHERAPY

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Introduction:

Peripherally inserted central catheter (PICC) and a totally implanted venous access device (Port) are the two main vascular options to deliver chemotherapy. The choice between the two depends on a number of factors including the duration of need, local service delivery models and patient choice. Randomised controlled trials suggest the use of ports for longer term access and PICCs for shorter term access, but this duration of need is very subjective. The aim of this study is to clarify this duration of need based on PICC performance.

Methods:

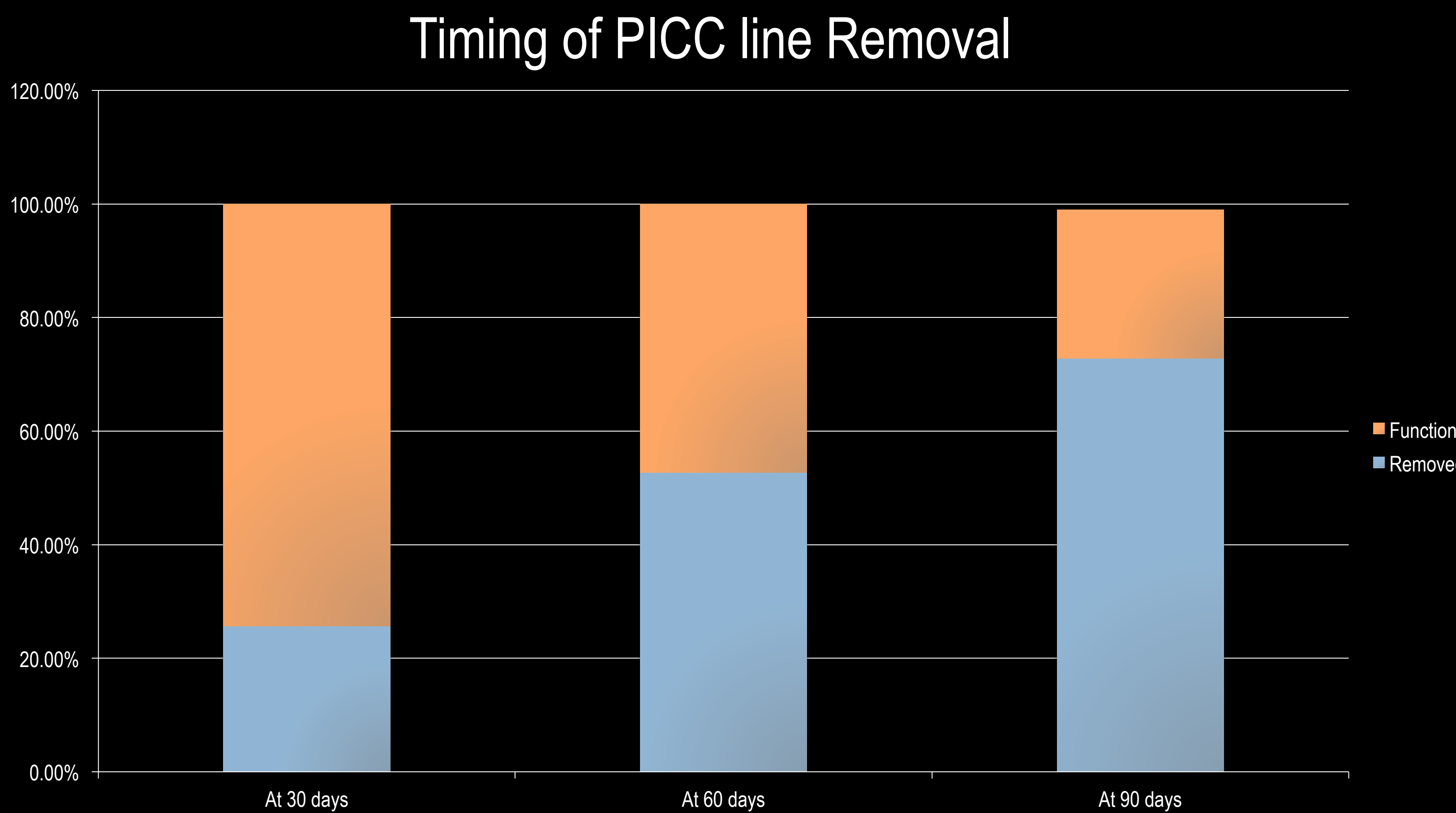
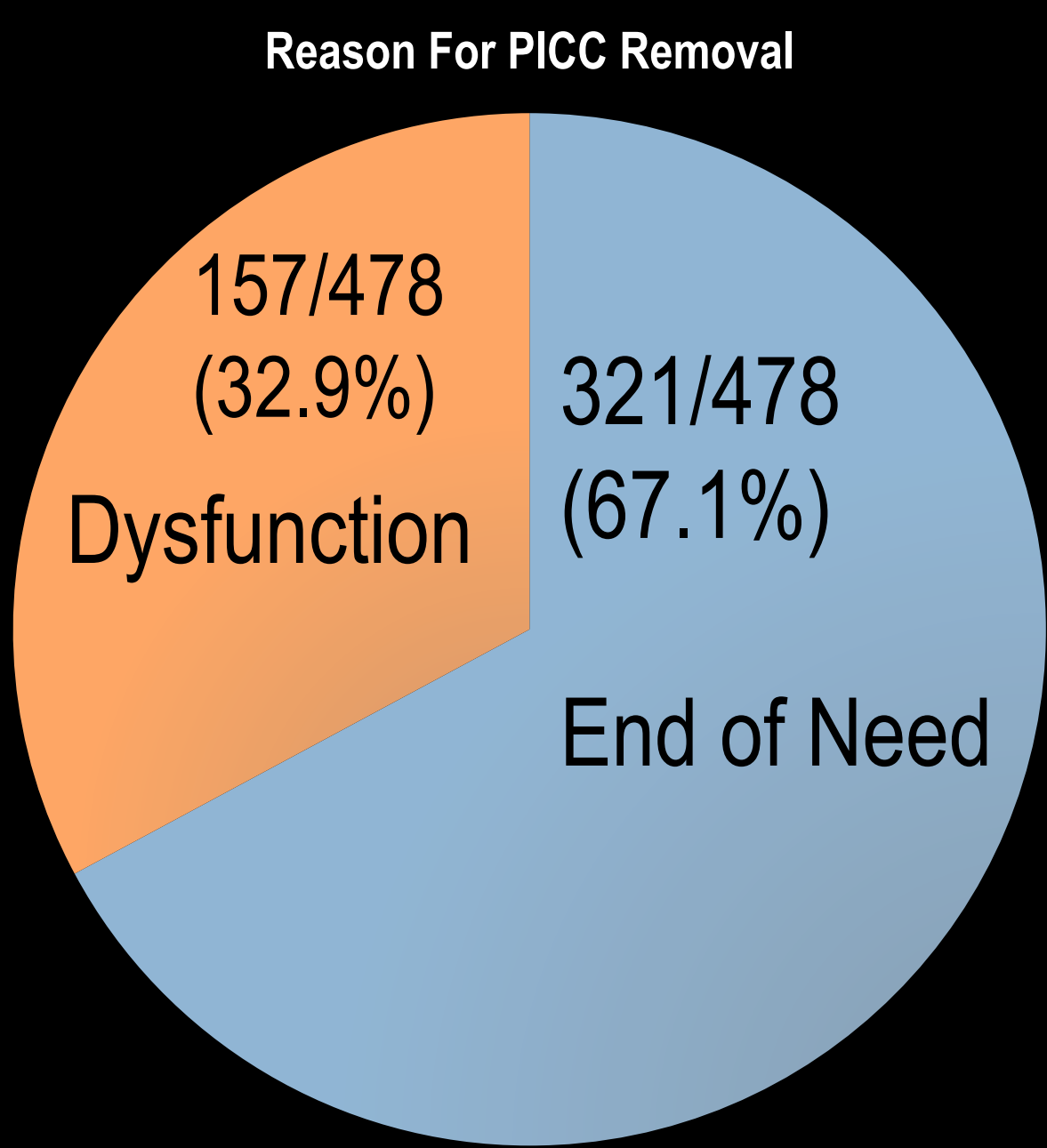
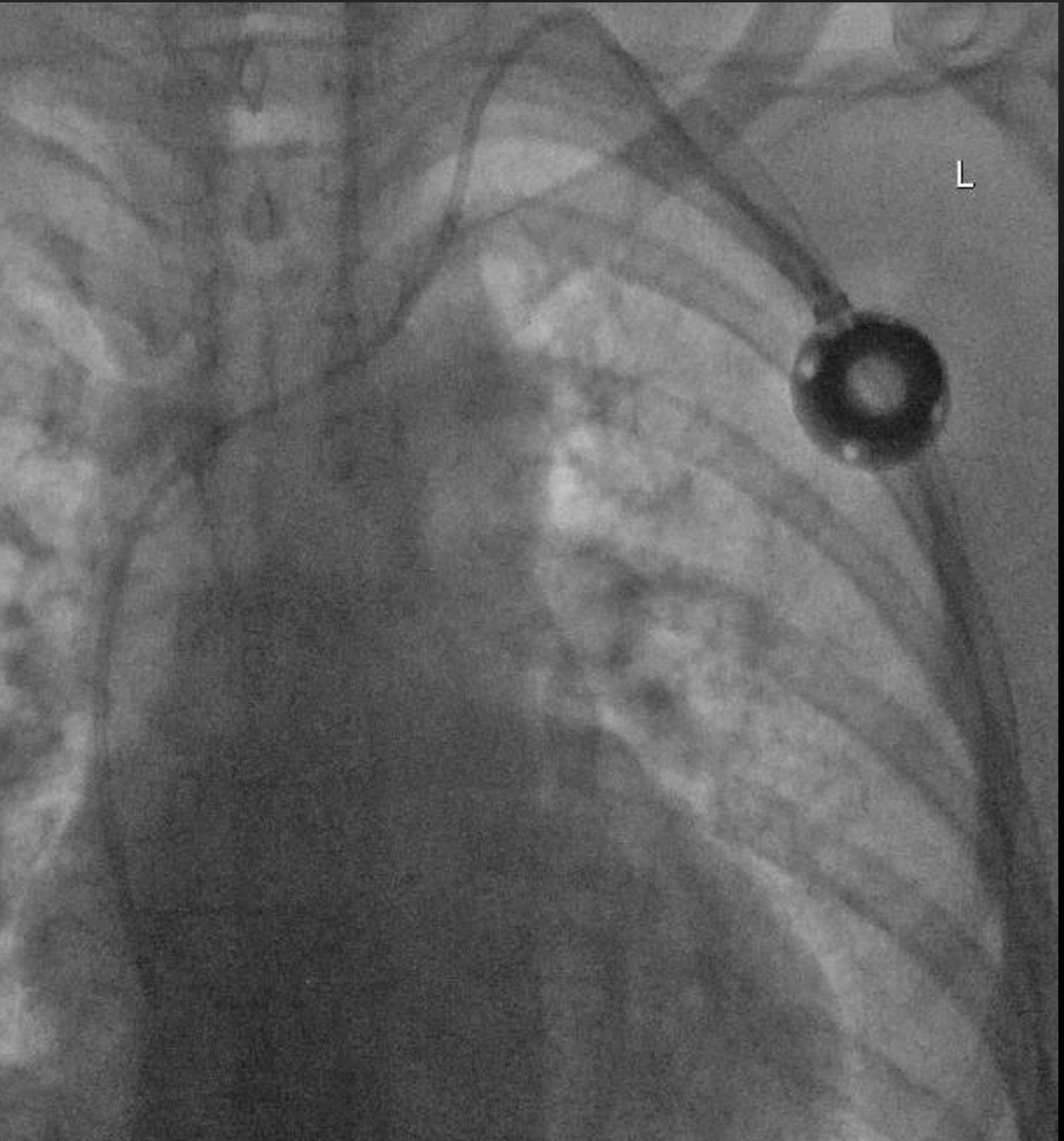
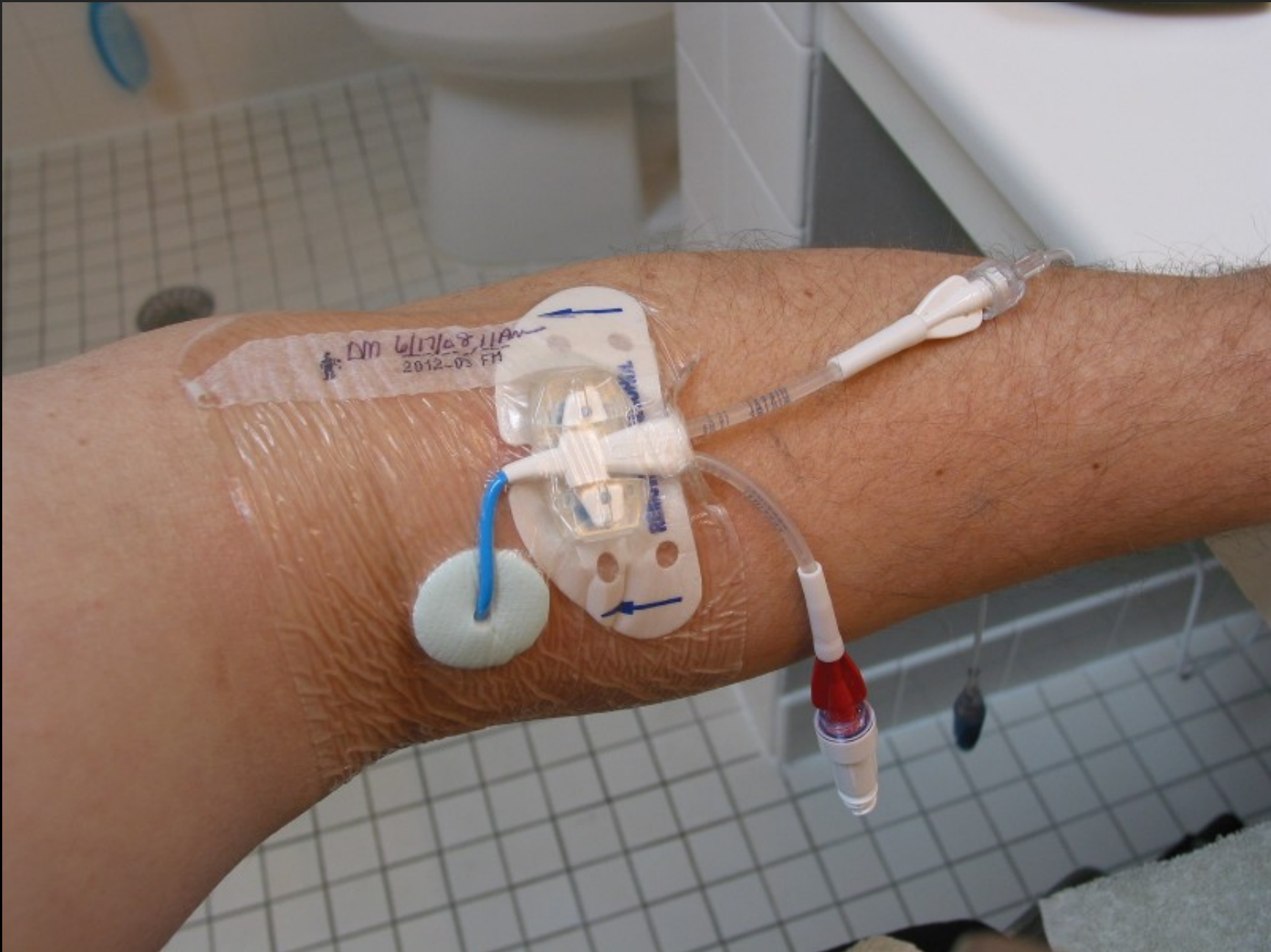
PICC line data was retrospectively gathered in our tertiary centre for a duration of 12 months between January 2022 and december 2022. The indications, duration of functionality, complications and the reason/ timing of removal were collected.

Results:

In the study period, a total of 771 PICCs were sited in oncology patients. There were 383 males (49.6%), with an age range of 14-85 (mean 50). The data was incomplete in 293 patients, allowing us to interpret the full data set in 478 patients. The PICC was removed from end of need ie treatment completed or stopped in 321/478 (67.1%) and from a line dysfunction in 157/478 (32.9%). The timing of removal was within 30 days in 123/478 (25.7%), within 60 days in 252 (52.7%) and within 90 days in 348/478 (72.8%). Nearly all the PICCs were removed at 12 months.

Conclusion:

From our data, half the PICCs were removed at 2 months and nearly two thirds at 3 months. Based on duration of need, it would be reasonable to consider PICCs to patients that require access for upto 2 months and tunnelled central catheters(ports mainly) if the need is beyond 3 months. Duration of need is a key factor in the decision making process.



References:

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