

USE OF CENTRAL VASCULAR ACCESS FOR ANALYSES IN AN ONCO-HEMATOLOGICAL CLINICAL ANALYSIS UNIT: ANNUAL PREVALENCE STUDY

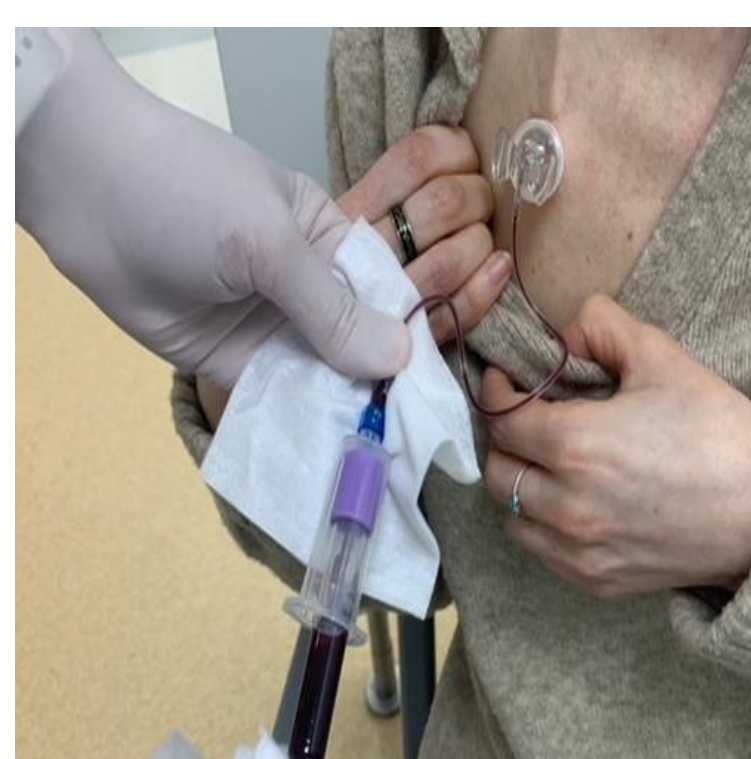
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INTRODUCTION

Oncohematological patients undergoing treatment require frequent outpatient analytical monitoring in the Extraction Unit. In order to minimize the risks and inconveniences associated with peripheral extraction, the Catalan Institute of Oncology (ICO) conducts analyses using a Central Venous Access Device (CVAD): subcutaneous reservoirs such as Port-a-cath (PAC), Peripheral Inserted Central Catheters (PICC), or non-tunneled Central Insertion Central Catheters (CICC) in the subclavian/jugular area.

OBJECTIVES

To compare the number of controls over a year extracted through a CVAD in oncohematological patients compared to analyses extracted peripherally.

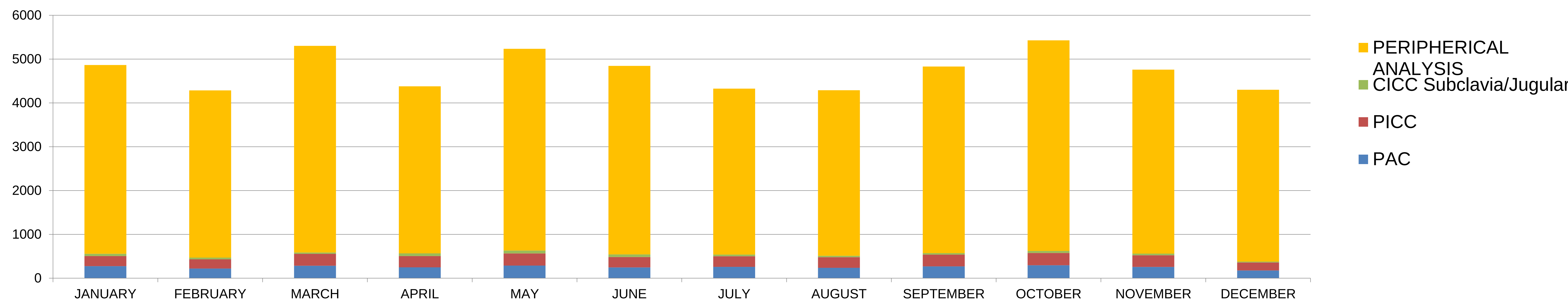
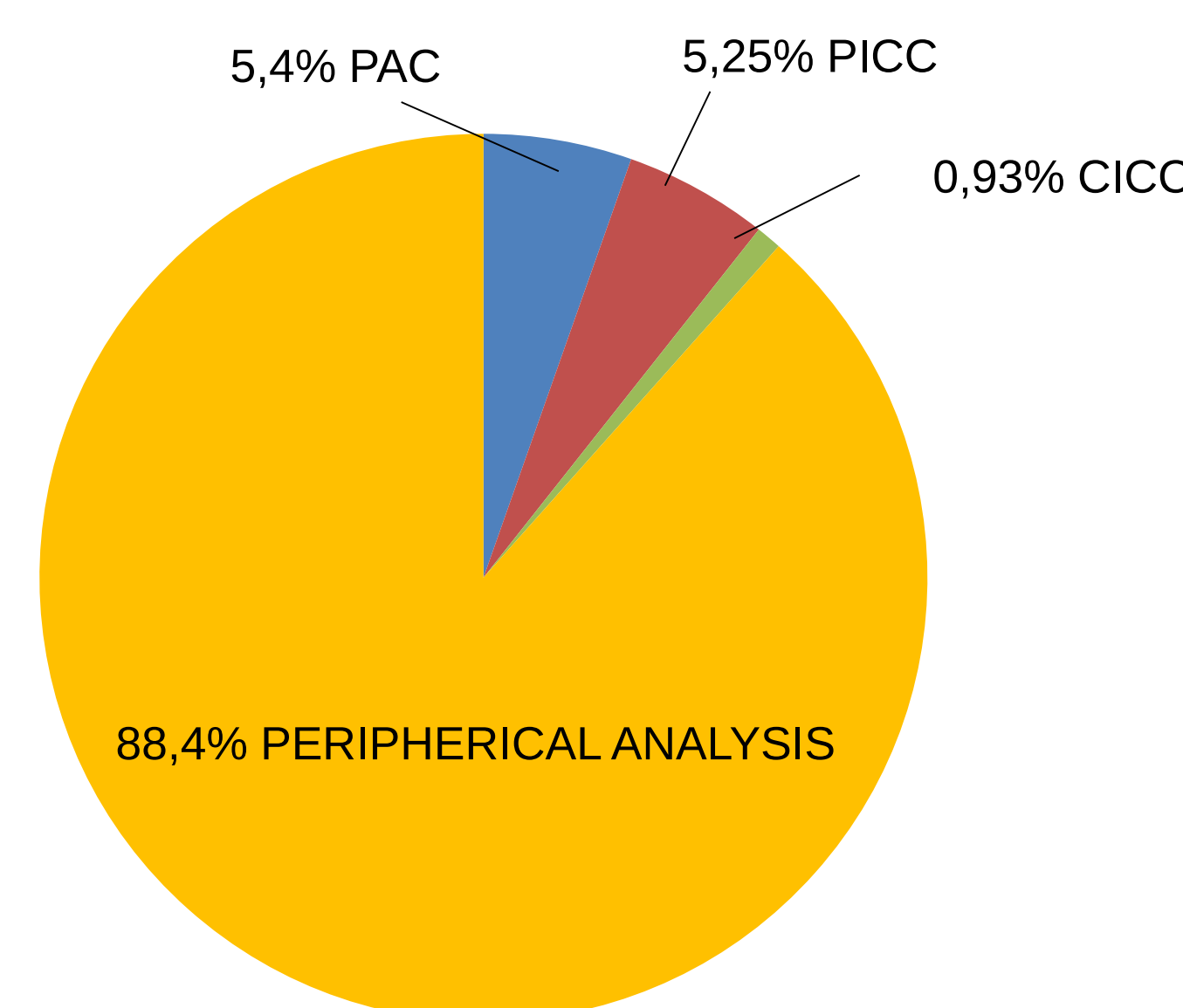


METHODOLOGY

A comparative descriptive study of the annual activity of analyses performed in the ICO extraction service is conducted, categorizing them based on the type of catheter. All analyses conducted between January and December 2023 will be analyzed.

RESULTS

Data collection involved analyses extracted peripherally and those extracted through a CVAD. A total of 56,380 analyses were conducted: 49843 (88.4%) were extracted peripherally, and 6537 (11.6%) extracted through a CVAD. Based on the catheter type, 3050 (5.4%) PAC analyses, 2962 (5.25%) PICC analyses, and 525 (0.93%) CICC subclavian or jugular analyses.



CONCLUSIONS

The volume of analyses extracted peripherally is considerably higher than those conducted through a CVAD. However, there has been a progressive effort by the extraction team nurses to increase the use of CVADs to avoid peripheral multipuncture, preserve venous capital, and maximize the advantages of these catheters.

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