Discrepancies between patient-reported discomfort and clinical documentation in postoperative care of Central Venous Catheters (CVC)

MARIA LITHNER, DEPARTMENT OF HEALTH SCIENCES, LUND UNIVERSITY **ADINA NOGHI,** DEPARTMENT OF SURGERY, SKANE UNIVERSITY HOSPITAL **THOMAS KANDER,** DEPARTMENT OF INTENSIVE AND PERIOPERATIVE CARE, LUND, SWEDEN

Conclusion

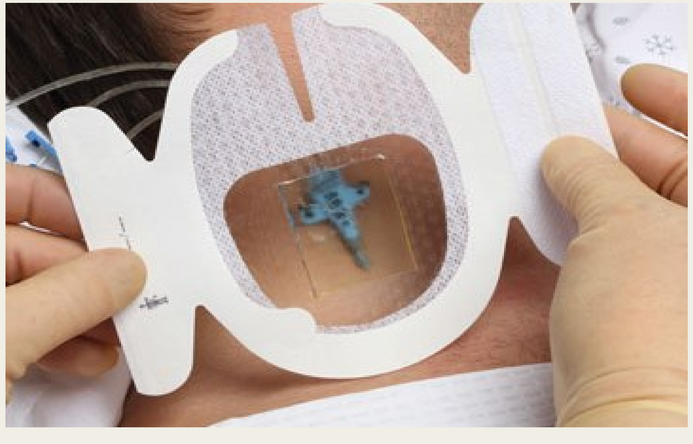
The findings highlight the **need for systematic assessment of patients' symptoms** and individual needs in postoperative CVC care. Incorporating these assessments into the standardized electronic health record template will support more patient-centred practice.

Additionally, clear **guidelines for CVC removal** are required to reduce unnecessary catheter-days in surgical wards.

Why this study?

CVCs are vital in the peri- and postoperative period but are associated with risks. Early signs of infection like tenderness and induration at the insertion site are important to recognize, as they may precede catheter-related infections.

The aim was to compare surgical patients' experience of central venous catheter with the nursing documentation



Data

A total of 106 patients with CVC were interviewed after abdominal surgery, and their electronic health records were reviewed.
Of these, 103 had a CVC in the internal jugular vein.
The median number of catheter days was 10 (interquartile range, 8–16).
No catheter-related infections were observed, although potential risks were identified.

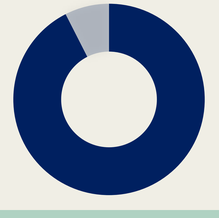
Findings

57 patients appreciated the CVC and understood its benefits, while accepting certain inconveniences.

But 37 of the patients expressed physical and emotional complaints:

- *Do not like it, hurts a lot. The infusion line pulls a lot*
- *Tightens across the neck and a bit difficult to breathe. Cannot sleep on that side as the infusion lines get in the way, it is truly distressing*
- *Tightens a bit, I feel ugly, unpleasant to look at*

Only three of the 37 patients had their symptoms documented



In 56% of the patients, the CVC were removed within the last 2 days before discharge. The most common reason for keeping the catheter was blood sampling.

Maria Lithner, RN, Specialist in surgical care, PhD, Department of Health Sciences, Lund University, Box 117, 221 00 Lund, Sweden
Maria.lithner@med.lu.se