

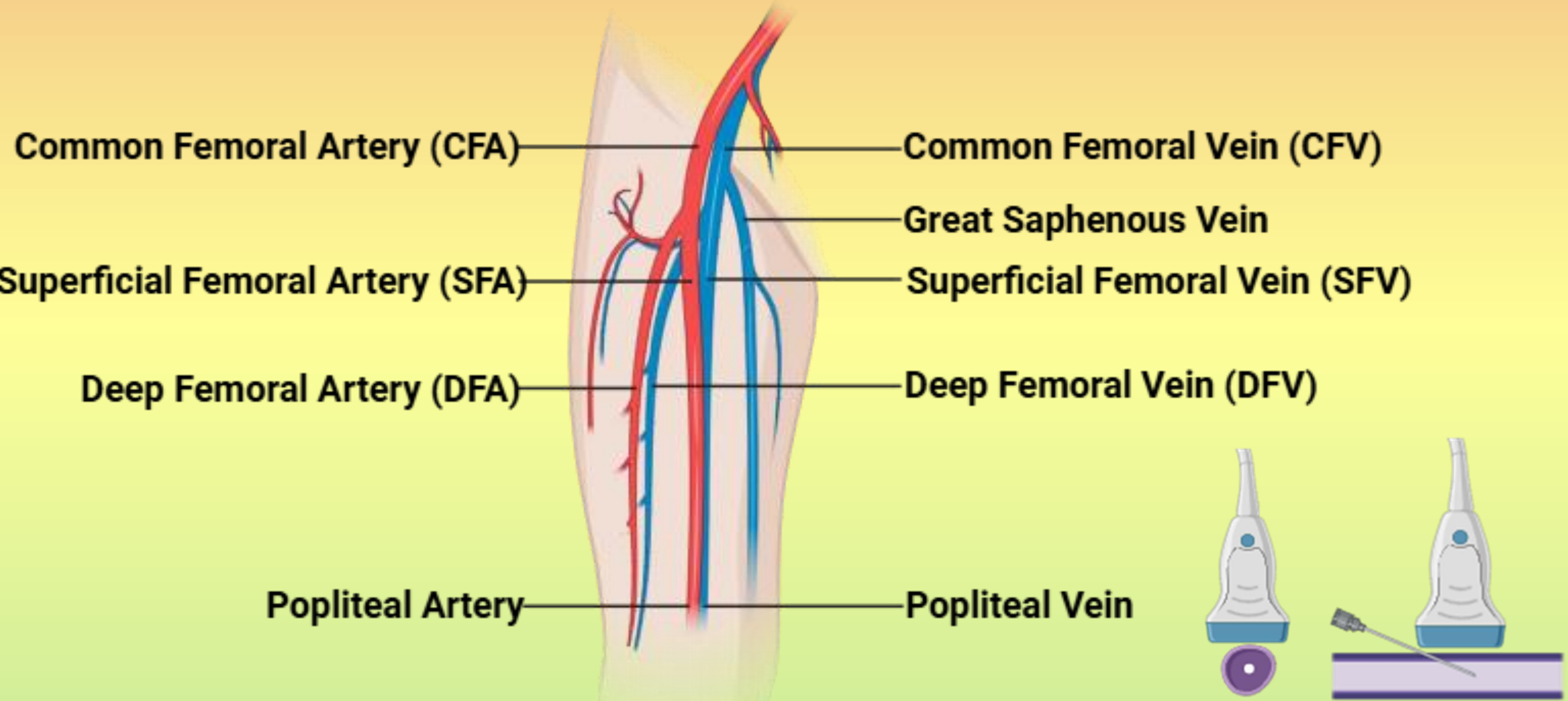
# Implementation of Superficial Femoral Midline Catheters: A Vascular Access Team–Driven Experience from a Polish Academic Hospital

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## INTRODUCTION



### Difficult Intravenous Access (DIVA)

Risk of difficult intravenous access:

0–1 (low): proceed with standard intravenous access procedure;

2–3 (moderate): consider supportive tools (e.g., experienced clinicians);

**4–5 (high): consider ultrasound-guided insertion or consult a Vascular Access Team**



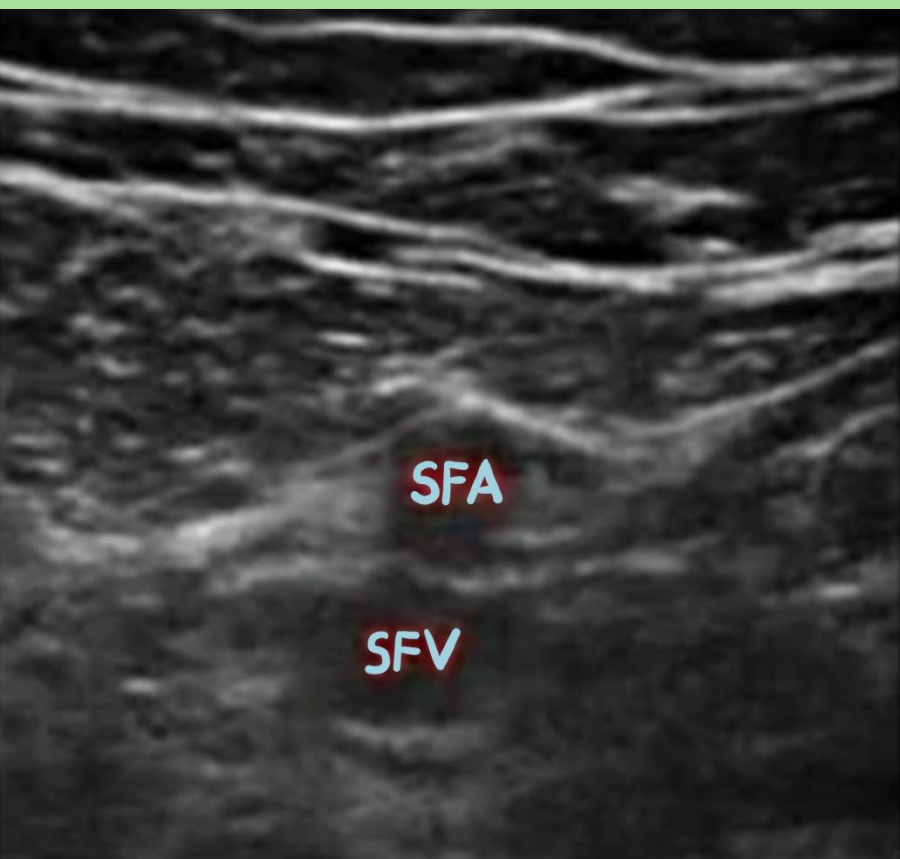
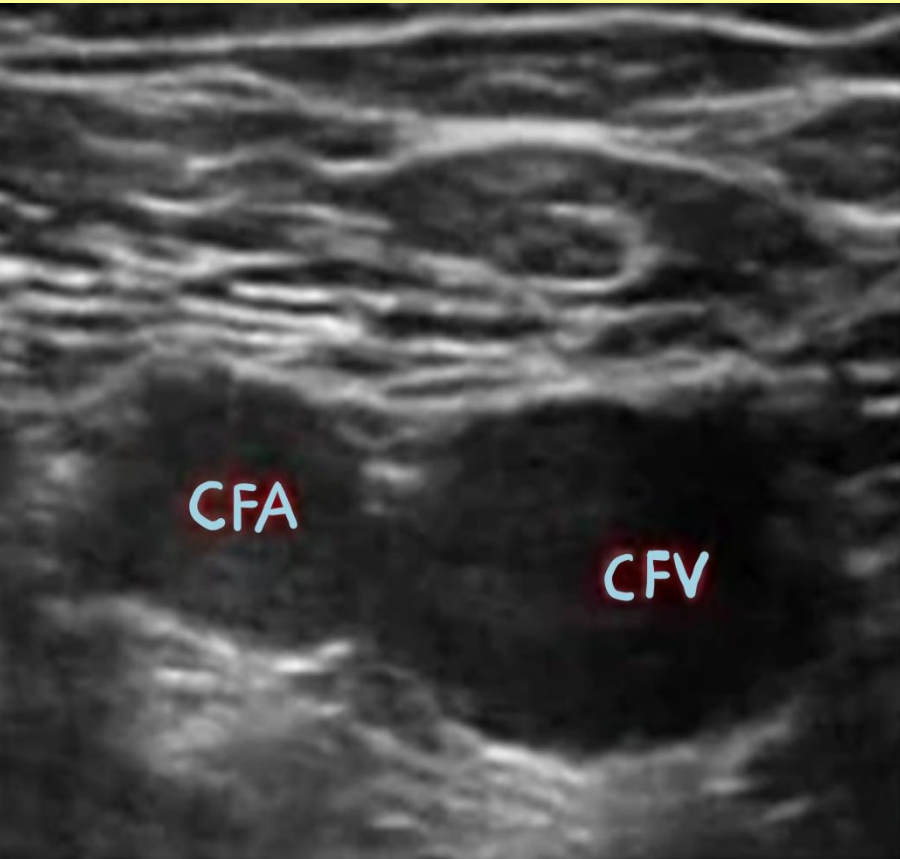
## METHODS

### Safe Insertion of Femorally Inserted Central Catheters (SIF)

#### RaFeVA protocol

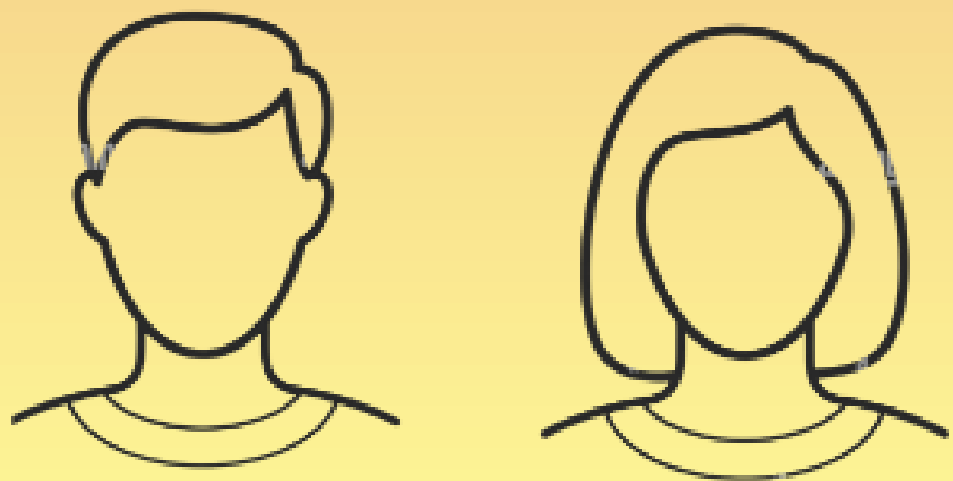


### Femoral Zone Insertion Method



## RESULTS

42 PATIENTS



18 MALE

24 FEMALE

DIVA: 4 OR 5

No patients (0%) required escalation to a standard Central Venous Catheter (CVC)

The first-attempt implantation success rate was **88,1 %**.

The median catheter dwell time was **5,5 days (range: 1–46 days)**.

- accidental self-removal (**12,2%**),
- occlusion (**4,9 %**),
- suspected infection (**2,4%**),
- thrombosis (**2,4%**),
- persistent withdrawal occlusion (**2,4%**).

SFMC facilitated therapy in the **75,6%** of cases.

## CONCLUSIONS

- SFMCs act as a safe, effective alternative, especially in palliative and agitated populations, significantly improving patient safety and resource optimization.
- The success of this method relies fundamentally on the expertise of a specialized Vascular Access Team and adherence to strict protocols including ultrasound guidance.
- Further multi-center research is necessary to establish uniform guidelines for SFMC indications and maintenance.

## REFERENCES

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