

Extended Dressing Intervals for PICC Management in Oncohematologic Patients

Safety and Patient Satisfaction

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Background

- International guidelines recommend **weekly PICC dressing changes**.
- Outpatient oncology schedules (14–28 days) **do not align** with weekly dressing changes.
- This mismatch leads to **additional visits**, burdening patients.
- Frequent dressing removal may cause **MARSI**; some studies support **5–15 day** intervals.

Objectives

Primary: Assess whether extending dressing/flush intervals to **10 or 14 days** improves patient satisfaction.

Secondary: Evaluate whether the extension increases complications (skin integrity, dislodgement, patency)

Materials & Methods

- Prospective pilot study**, COES – Molinette Hospital, Turin.
- 26 patients**, 16 completed the full 1-month observation.
- Monitoring every **10 or 14 days**, using a 6-item assessment sheet.
- Indicators: **VESS, dressing adherence, catheter length, patency**.

Results

Patient & Device Profile

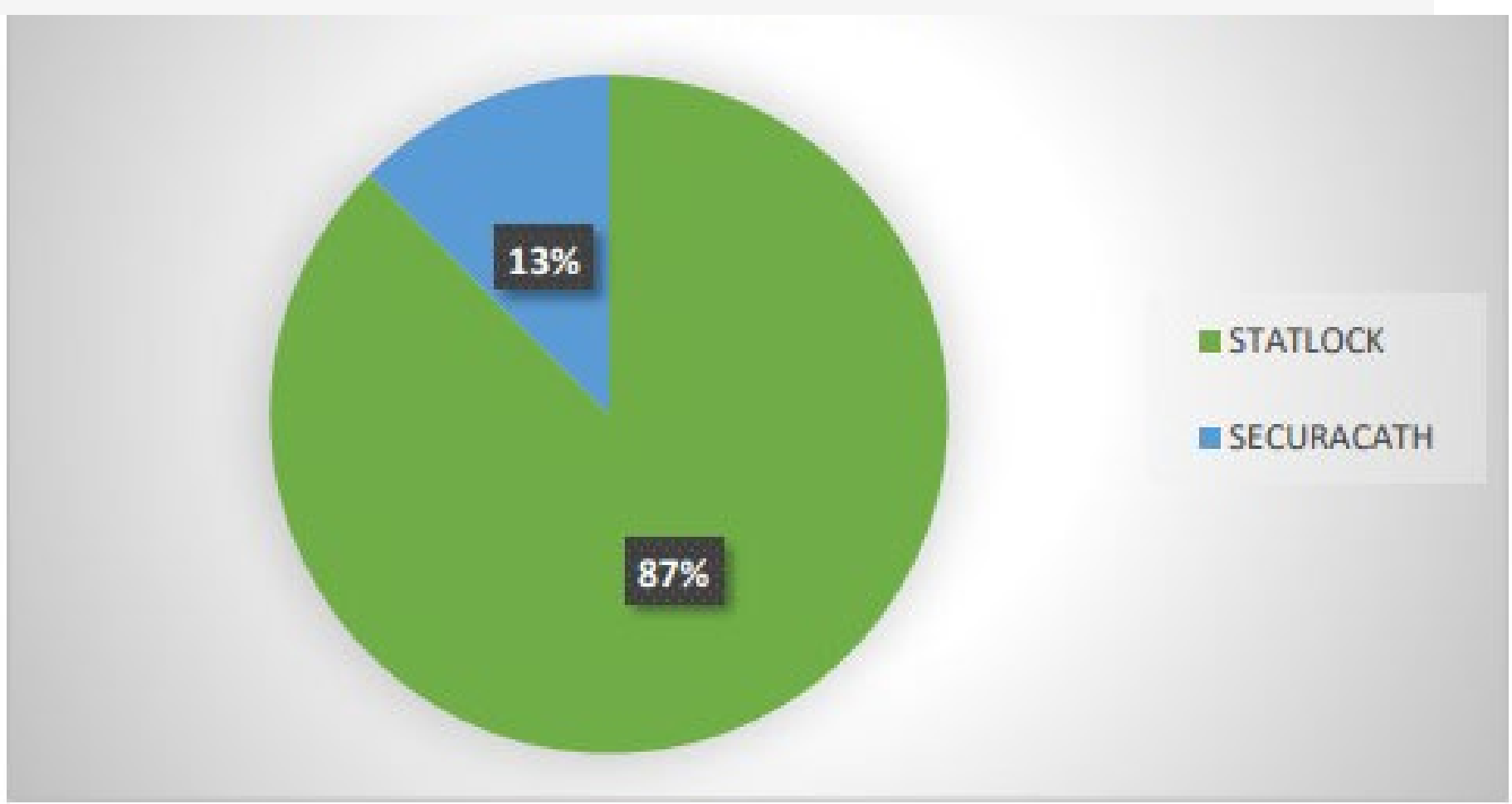
- 81% male, 19% female; 88% >50 years.
- 50% followed at 10 days, 50% at 14 days.
- Devices: PICC Solo Power Injectable 50%, Groshong 31.25%, Power Injectable 18.75%.

Safety Outcomes

- 50%** of patients had *no complications*.
- Minor skin issues in 50%; **62.5% resolved** by changing dressing type.
- No VESS > 1; dressing adhesion excellent (minor detachment 18.75% at one timepoint).
- No occlusions**; 93% maintained optimal patency.

Patient Satisfaction

- 100%** reported high satisfaction with reduced hospital visits.



Conclusions

- Extending dressing intervals to **10–14 days is feasible and safe** for stable outpatients.
- Patency is more influenced by **flushing technique** than frequency.
- Longer intervals may reduce MARSI and improve quality of life.
- Larger trials are required to confirm long-term safety.