

MORBIDITY OF INSTALLATION OF AN IMPLANTABLE CATHETER PORT: A Porspective MONOCENTRIC STUDY CONDUCTED in LMIC settings

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Background: Port-A-cath (PAC), since its introduction in 1982, has experienced rapid growth. However, its placement and use are not without risk, as evidenced by the associated complication rate, which ranges from 10 to 38% in various series. The aim of our study was to evaluate the complications associated PAC placement, identify risk factors for complications, and gather patient satisfaction

Results: The median age of our population was 56 years, ranging from 17 to 94 years. Breast cancer was the most common cancer in our population (44.6%). All our PAC placement procedures were performed using **the percutaneous method without ultrasound guidance**. The internal jugular vein was used in 98.21% of our procedures, followed by the subclavian vein in 1.78%. In 88% of cases, a single venous puncture was sufficient for catheterization. Over the 16-month follow-up, 17 complications were identified, resulting in an incidence rate of 15%. The majority of complications (59%) occurred intraoperatively. The main risk factor for complication was a number of venous punctures greater than two. Introducing ultrasound guidance during placement reduces the complication rate. Regarding patient satisfaction with their care at ISA, only 8% reported being "unsatisfied". The reasons given for this dissatisfaction were mainly related to organizational factors inherent to ISA.

Conclusion: PAC placement is a safe procedure with a low rate of complications. However, implementing specific measures could reduce its morbidity.

Methods: We conducted an observational, descriptive, and analytical study, involving 112 patients who underwent PAC implantation at the Salah Azaiez Institut (ISA) between February and April 2021. These patients were then followed up at day 1, 3 months, 9 months, and 16 months post-implantation.

