



Introduction: The treatment of a complex medical conditions often relies on durable venous access. There is a specific group of patients who require preserved venous pathways of the upper body (e.g. single ventricle palliation patients), or who's upper body venous system can't be used (e.g. SVC syndrome in oncological patients). Standard central venous catheters in femoral position are suboptimal solution because of the highest rate of infectious and thrombotic complications. The technique of inserting femoral PICC, choosing smaller diameter of catheter compared to standard central venous catheter, and tunnelling it away from a groin area was developed with intention to preserve/avoid upper body venous system, decrease the rate of CLABSI as well as catheter related thrombotic complications. The fact that the technique can be used in the PICU at the bedside displays cost and human resources saving potential. Additionally, removal of the femoral tunnelled picc does not require general anaesthesia, the catheter can be just pulled out in a ward or community.

Methods: Medical records review. We describe 2 year experience with tunnelled picc placed in PICU.

Tunnelled femoral PICC as a medium/long term iv access in infants and children

Julia Vujcikova (University Hospitals of Leicester),
Dusan Raffaj (Nottingham University Hospital)



Results: 15 tunnelled picc were inserted in 15 children in PICU setting. 99% patients were neonates or young infants. Average patient weight was: 6.6kg [2 - 30kg]. All insertions were successful with no significant complications recorded. The most frequent indication for insertion was need for PN or long term inotropic support. There was no early device removal due to suspected infection. Catheter related thrombosis requiring treatment was detected in 1 patient. Inadvertent dislodgment occurred in 1 patient. 14 catheters lasted for the total intended duration of use [398 catheter days [2 - 86 days]].

Conclusion: Using a tunnelled femoral PICC device appears to be safe technique with acceptable insertion complications profile. Late complications rate is yet to be determined.