

PICC-port and ISPP protocol: first experience in Spain

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Disclosures:

- Izasa Medical
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As far as we know...

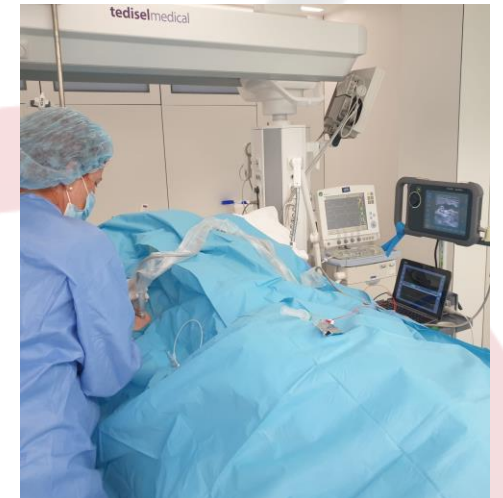
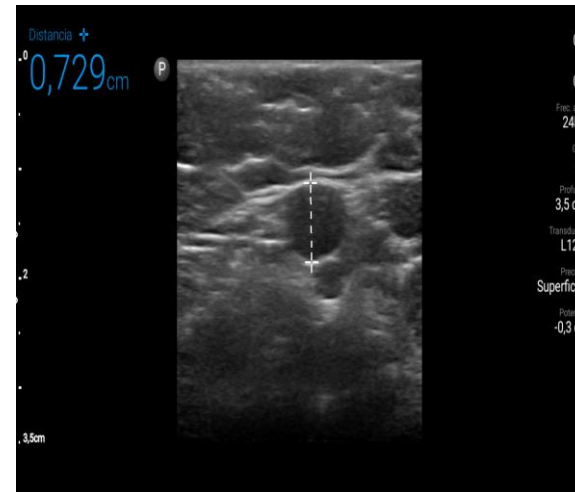
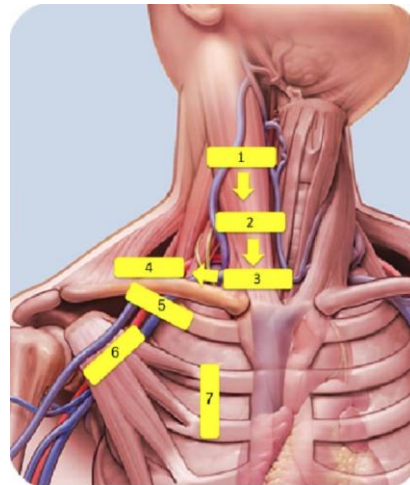
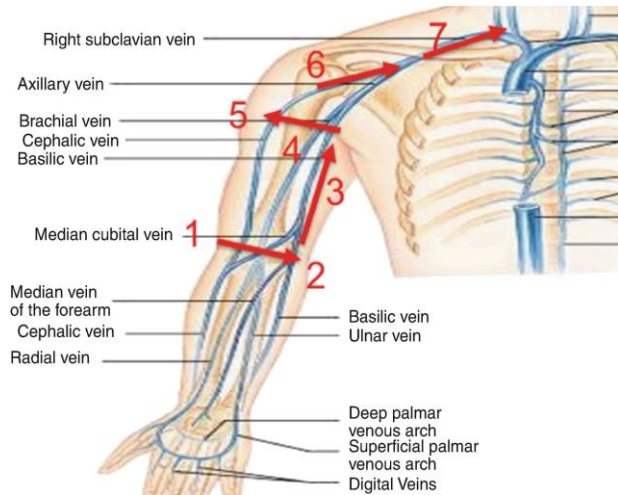
- 2020: ISPP protocol by certified HCP (nurses)
 - Oncology patients
 - Hematologic patients



SIPP PROTOCOL



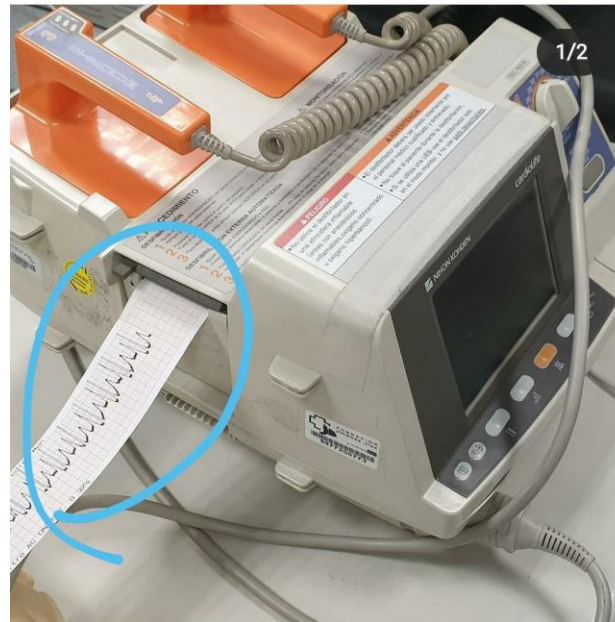
1. RaPeVA + RaCeVA
2. Vein selection
3. Maximal sterile barriers
4. US puncture + MST



ISPP PROTOCOL



5. Tunneling + Biceps pocket creation
6. IC-EKG
7. Internal sutures + cyanoacrylate



RESULTS

- **Tumor:**
 - Breast (90), colon (26)
- Lung, larynx, ovary, páncreas, sarcoma, myelodysplastic sd
- **Vein:**
 - Axilar brachial vein: 101; Brachial vein: 2; Basilic: 2
- **Catheter removal :**
 - End of treatment: 7; Decease: 3; Microextravasation: 1
- **Total catheters:**
 - 126 catheters (in 125 patients); 3 rejected: no vein caliper, no catheter progression, vena Cana Sd
- **Maximum dwell time:**
 - 713 days

RESULTS

- **Complications:**

- Obstruction
- Thrombosis: 5
- Reservoir rotation: 2
- Decubitus + chamber exposition: 1
- Suture dehiscence: 1
- MARSI: 1
- Microextravasation: 1



Ecchymosis



CONCLUSIONS

- **Knowledge and training** is mandatory
- Complications can be managed **by nurses**
- **Axillary vein** in the arm (yellow zone)
- **Tunnel to green zone**
- Possibility of **elastomeric pumps**
- No heparin (education on **saline flush**)
- Warn patients about **ecchymosis**



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