

Placement of Tunneled Cuffed Vascular Catheter through Superior Vena Cava Puncture

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Purpose:

The purpose of this study is to assess the feasibility and safety of placement of tunneled cuffed catheters via direct percutaneous puncture of superior vena cava in patients with occluded right and left innominate veins.

Materials and Methods:

Table I: The Characteristics of Patients						
Number	16					
Age	64.7±13.9					
Male/Female	10/6					
BMI	23.7±3.6					
Blood Pressure						
SBP	158.2±27.3					
DBP	93.0±16.8					
Primary Disease						
Diabetes Mellitus						
Glomerular Disease	10 (62.5%)					
Others	0 (0%)					
Cardiavascular Disease	1					
Dialysis Ages	5±2.8					
Previous Vascular Access						
0	0 (0%)					
1	1 (6.25%)					
>=2	15 (93.75%)					
Abbreviations: BMI, Body Mass Index; SBP, Systolic Blood Pressure; DBP, Diastolic Blood Pressure						

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- Introduction - Methods
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The retrospective review of all patients with right and/or left innominate vein occlusions who underwent tunneled catheter placement with direct SVC puncture between January 2012 and December 2014. Under fluoroscopic guidance with the patients in a supine position, a 5-F catheter was placed at the distal end of the SVC through the femoral vein, iliac vein, or hepatic vein. This catheter was used as a fluoroscopic target for the puncture. Following the guidance of fluoroscopy, the puncture needle and sheath were placed through a transcutaneous route with the insertion site at 0.5-1.0 cm lateral-inferior to the clavicle head of sternocleidomastoid, with the pathway inferior (caudal) to the clavicle, which allowed the access of the guidewire and the placement of a tCVC.

			Dialysis	Previous AVF						
	Gender	Age	(year)	Attempts	RIJV	LIJV	RIV	LIV	RFV	LFV
Case						thromb				
1	Male	73	2	3	occlusion	us	occlusion	stenosis	thrombus	thrombus
Case	_	50	_	•						
2	Female	50	5	2	occlusion		occlusion	occlusion	normal	thrombus
Case 3	Male	51	7	3	occlusion	thromb us	occlusion	serious stenosis	occlusion	normal
Case	Iviale	51	,	J	occlusion	occlusi	occlusion	51010313	occlusion	normai
4	Female	65	4	2	occlusion	on	occlusion	normal	thrombus	normal
Case						thromb				
5	Female	62	10	3	occlusion	us	occlusion	normal	occlusion	thrombus
Case										
6	Male	65	3	1	occlusion		occlusion	normal	thrombus	normal
Case	_	20	_	_		thromb				
7	Male	30	7	4	occlusion	US thromh	occlusion	normal	thrombus	thrombus
Case 8	Male	71	5	5	occlusion	thromb us	occlusion	normal	thrombus	normal
Case	wate	/1	5	J	occiusion	occlusi	occlusion	normai	thrombus	normai
9	Female	64	8	5	occlusion	on	occlusion	normal	occlusion	thrombus
Case						thromb				
10	Male	65	3	4	occlusion	us	occlusion	normal	thrombus	normal
Case					serious					
11	Male	81	5	2	stenosis	normal	occlusion	stenosis	thrombus	thrombus
0						serious		•		
Case	D.C.L	QE	2	2	occlusion	stenosi	occlusion	serious stoposis	thrombus	normal
12 Case	Male	85	2	2	occlusion	s thromb	occlusion	stenosis serious	thrombus	normal
13	Male	75	1	2	tortuous		occlusion	stenosis	occlusion	thrombus
Case	Walc		_			thromb				
14	Male	50	5	3	occlusion	us	occlusion	occlusion	occlusion	thrombus
Case						occlusi		serious		
15	Female	71	10	2	occlusion	on	occlusion	stenosis	thrombus	normal
Case					_	thromb	_		_	
16	Female	77	3	2	occlusion	us	occlusion	tortuous	occlusion	thrombus

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Results:

The procedure succeeded in all of the 16 patients. During the follow-up (mean: 12) months, range: 3-36 months), access failure due to thrombosis was observed in one patients. The remaining continued to function well until the end of the follow-up period or until the death of the patients (n=3). No pneumothorax occurred. The most common complication was mediastinal hematoma after puncture failure in 5 patients. The diameter of the maximum hematoma was 2.2cm cm and all resolved spontaneously.

Conclusions:

	Access of		Artery	mediastinal	maximum	
	Angiography	Puncture Times*	Injury	hematorma	diameter	pneumothorax
case1	RFV	2	None	None		None
case2	RFV	2	None	1	1.4cm	None
		2 operations				
case3	LFV	(3,1 respectively)	None	1	2.2cm	None
case4	LFV	2	None	None		None
case5	LFV	2	None	None		None
		2 operations				
case6	LFV	(3,2 respectively)	None	1	1.9cm	None
case7	RFV	2	None	None		None
		2 operations				
case8	LFV	(3,1 respectively)	None	None		None
case9	LFV	2	None	None		None
case10	LFV	1	None	None		None
case11	LFV	2	None	None		None
		2 operations				
case12	LFV	(3,1 respectively)	None	1	1.3cm	None
		3 operations				
case13	LFV	(2,3,1 respectively)	None	1	1.3cm	None
case14	Hepatic vein	3	None	None		None
case15	LFV	2	None	None		None
case16	LFV	2	None	None		None

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In patients with central vein occlusion and exhaustion of the conventional insertion sites, the tCVCs can be safely placed through superior vena cava puncture using transcutaneous route.

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