EXPERIENCE IN CENTRAL VENOUS CATHETERS PORT-A-CATH FOR CHILDREN'S TREATMENT WITH HEMOPHILIA AND VON WILLEBRAND IN THE CLINIC OF CONGENITAL COAGULOPATHIES IN PANAMA

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INTRODUCTION

To realize a successful intravenous therapy, in patients with difficult venous access, we use the central venous catheters with subcutaneous reservoir known as PORT-A-CATH.

The intravenous therapy plays a fundamental paper in the success of treatment of patients with Severe Hemophilia. They need to receive a preventive treatment: Prophylaxis. Application of the deficient coagulation factor in regular intervals, two or three times per week diminishes the risk of hemorrhages, harm to the articulations, controls the severity of the hemorrhage and other typical complications of the disease.

The intravenous therapy must begin before the patient is two years of age or when the first event of hemorrhage occurs. This will benefit the patient who will require very little intravenous therapy.

OBJETIVE

Present the experience in permanent venous central catheter, PORT-A-CATH in 12 patients with hemophilia and von Willebrand disease of the Congenital Coagulopathies Clinic of Panama, 1994 to 2011.

CONCEPTS

•A PORT-A-CATH is a central venous catheter, of silicone, that is placed below the cellular subcutaneous tissue.

•It is clear device that permits repeated permanent access to the vascular system, through the use of special needles called gripper.

•The placement of a device of permanent venous access is recommended to every patient that needs a repeated vascular access and that has difficult venous access; such as patients with serious hemophilia A or B, that need periodic intravenous application of the deficient factor to prevent hemorrhage.

•The system is suitable for its utilization from the first moment after the implant.

•The care, utilization and maintenance must be realized by nurses trained in the technology of managing the permanent catheter.

METHOD

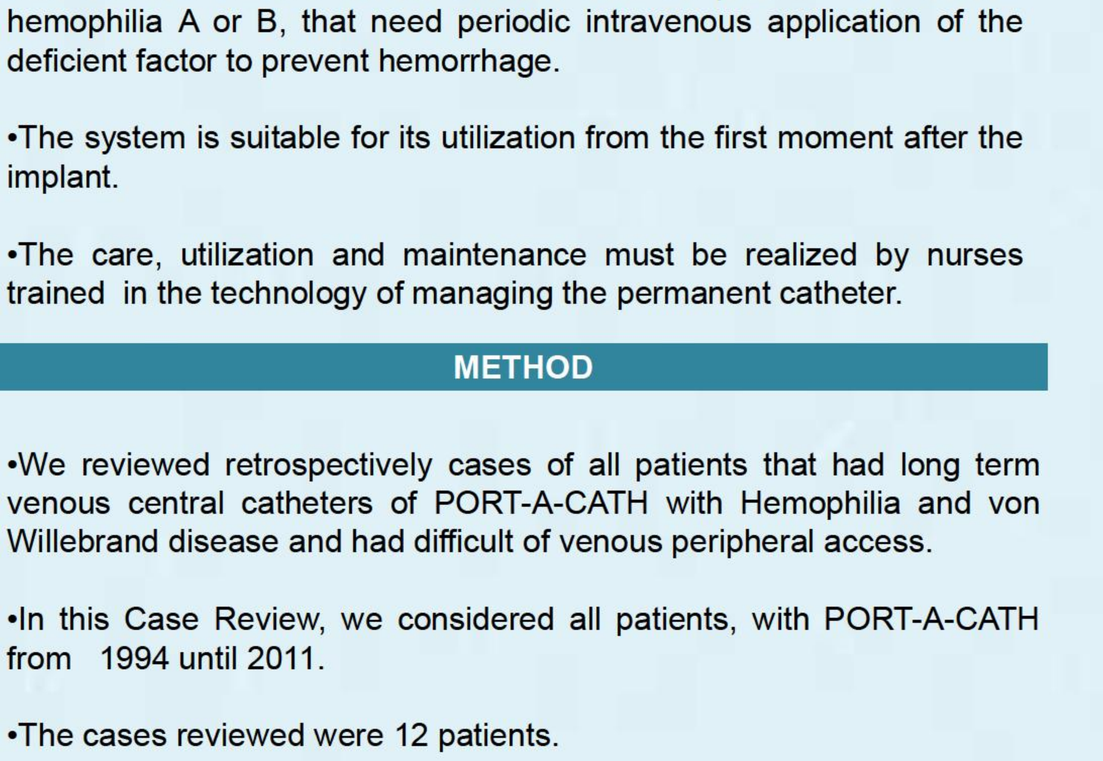
•We reviewed retrospectively cases of all patients that had long term venous central catheters of PORT-A-CATH with Hemophilia and von Willebrand disease and had difficult of venous peripheral access.

•In this Case Review, we considered all patients, with PORT-A-CATH from 1994 until 2011.

•The cases reviewed were 12 patients.

•The information was obtained from the medical records of the Congenital Coagulopaties clinic, of those patients who had a PORT-A-CATH placed from 1994 until 2011.

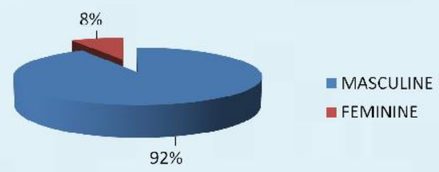
•All the PORT-A-CATH implants were placed by a pediatrician surgeon trained for the procedure in the operating room under strict aseptic techniques.



OBTAINED INFORMATION

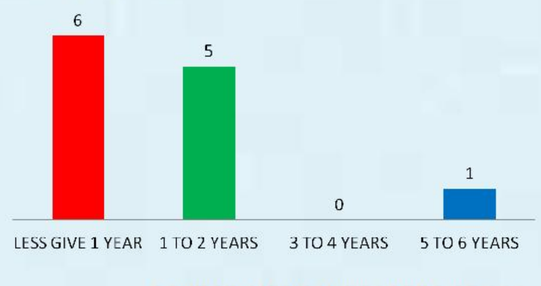
The graphics below show the information gathered from the experience of 12 patients between the years of 1994-2011.

PATIENTS WITH PORT-A-CATH ACCORDING TO SEX CLINIC OF CONGENITAL COAGULOPATHIES HAT. PANAMA 1994-2011.



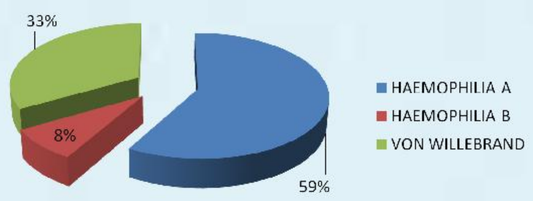
SOURCE: MEDICAL RECORDS OF CLINIC OF CONGENITAL COAGULOPATIES (CCC).

NUMBER OF PATIENTS BY AGE OF PLACEMENT OF THE PORT-A-CATH. CLINIC OF CONGENITAL COAGULOPATHIES. PANAMA 1994-2011.



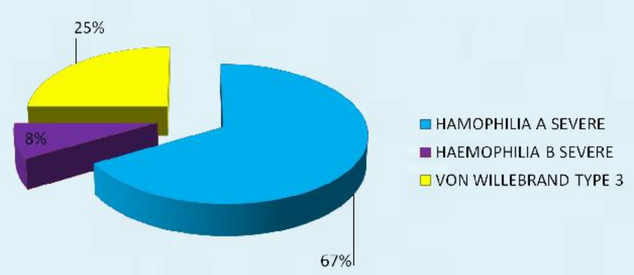
SOURCE: MEDICAL RECORDS OF CCC

DIAGNOSIS OF THE PATIENTS WITH PORT-A-CATH IN THE CLINIC OF CONGENITAL COAGULOPATHIES PANAMA 1994-2011.



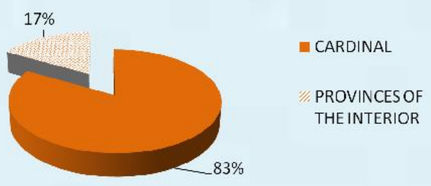
SOURCE: MEDICAL RECORDS OF CONGENITAL CLINIC OF COAGULOPATIES.

DEGREE OF SEVERITY OF THE DISEASE IN PATIENTS WITH PORT-A-CATH IN THE CLINIC OF CONGENITAL O COAGULOPATHIES PANAMA 1994-2011.



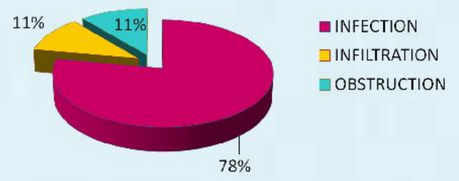
SOURCE: MEDICAL RECORDS CONGENITAL CLINIC OF COAGULOPATIES

ORIGIN OF THE PATIENTS WITH PORT-A-CATH IN THE CLINIC OF CONGENITAL COAGULOPATHIES PANAMA 1994-2011.



SOURCE: MEDICAL RECORDS CONGENITAL CLINIC OF COAGULOPATIES.

COMPLICATIONS OF THE PATIENTS WITH PORT-A-CATH IN HEMOPHILIA AND VWD IN THE CLINIC OF CONGENITAL COAGULOPATHIES PANAMA 1994-2011.



SOURCE: MEDICAL RECORDS CONGENITAL CLINIC OF COAGULOPATIES.

OUTCOMES

•92 % (11) of the patients were masculine and 8 % (1) feminine.

•50 % (6) of the patients, had the PORT-A-CAT placed before the first year of life, followed by 42 % (5) patients between 1 to 2 years.

•54 % (7) of the patients had Hemophilia, and 33 % (4) of the patients Von Willebrand's disease.

•100 % of the patients had severe congenital coagulopathies.

• 83 % (10) of the patients were of the capital city and 17 % (2) were from the provinces
•The most frequent complications were infections 78 %, 33 % obstructions and infiltrations.

CONCLUSIONS

Exists clear advantages in the use of PORT-A-CATH's in patients with Haemophilia and Von Willebrand Disease, that need from repeated infusions to weekly prophylaxis treatment to prevent hemorrhage because they have difficult venous peripheral access.

The PORT-A-CATH allows the patient the availability of a permanent venous route, allows him more freedom in his movements and diminishes the suffering of multiple punctures when they have difficult peripheral access.

The complications can diminish if it is manipulated by trained personnel who is habitually the responsible of handling the catheter.

A protocol is important to unify criteria between all the professionals who intervene in the handling and take care of the PORT-A-CATH.

Nowadays the patient with difficult venous access has the possibility of using a PORT-A-CATH that assures him a treatment adapted with the minimum of punctures managing to improve his quality of life.

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