



NUOVE METODOLOGIE NELL'IMPIANTO DEI PICC

I Vantaggi della Colla Istocrilica nell'Impianto dei PICC e dei Midline

IX PICC Day
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MARCO ARIOTTI
Cure Domiciliari - Torino



Milano
1 - 3 dicembre 2015
Centro Congressi Atahotel Executive

COLLA ISTOACRILICA

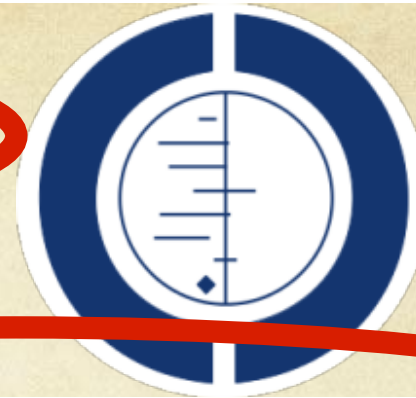
Formulazione chimica
sterile a base di
cianoacrilato
comunemente usata
al posto dei punti di
sutura



- Chirurgia plastica
- Rapida sutura piccole ferite chirurgiche
- Rapida sutura ferite traumatiche: da taglio, recenti, pulite, lineari....

Tissue adhesives for traumatic lacerations in children and adults (Review)

Farion KJ, Russell KF, Osmond MH, Hartling L, Klassen TP, Durec T, Vandermeer B



Tissue adhesives for closure of surgical incisions (Review)

Coulthard P, Esposito M, Worthington HV, van der Elst M, van Waas OJF, Darcey J

PubMed.gov

US National Library of Medicine
National Institutes of Health

PubMed

Advanced

Abstract

Accid Emerg Med. 1995;10(1):1-10.

Wound glue: a comparative study of tissue adhesives.

Winters A¹.

ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Feb. 1995, p. 559-560
0066-4804/95/\$04.00+0
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Vol. 39, No. 2

Comparison of Effects of Suture and Cyanoacrylate Tissue Adhesive on Bacterial Counts in Contaminated Lacerations

Winters A¹, Breen J², Kevin A. Bresnahan¹, Thomas O. Stapp¹, H. J. ...
ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Feb. 1995, p. 559-560

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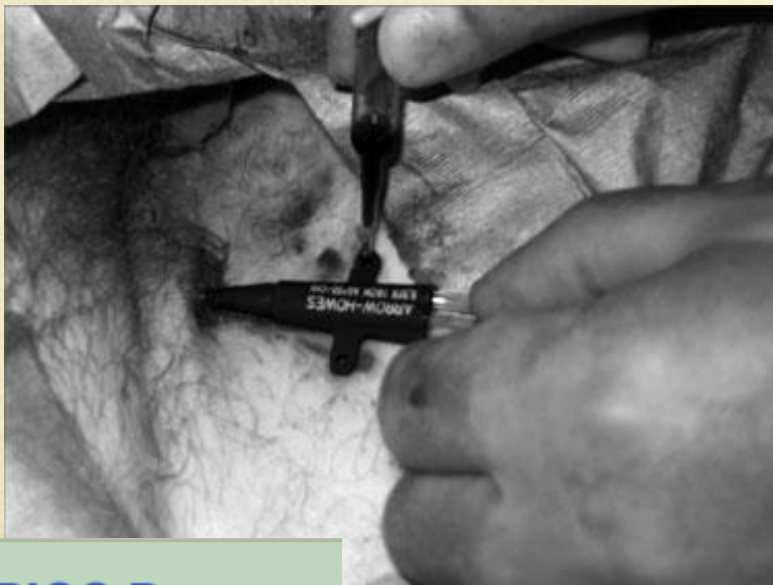
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Colla & Accessi Venosi

- Tissue adhesive as an alternative to **sutures** for securing central venous catheters

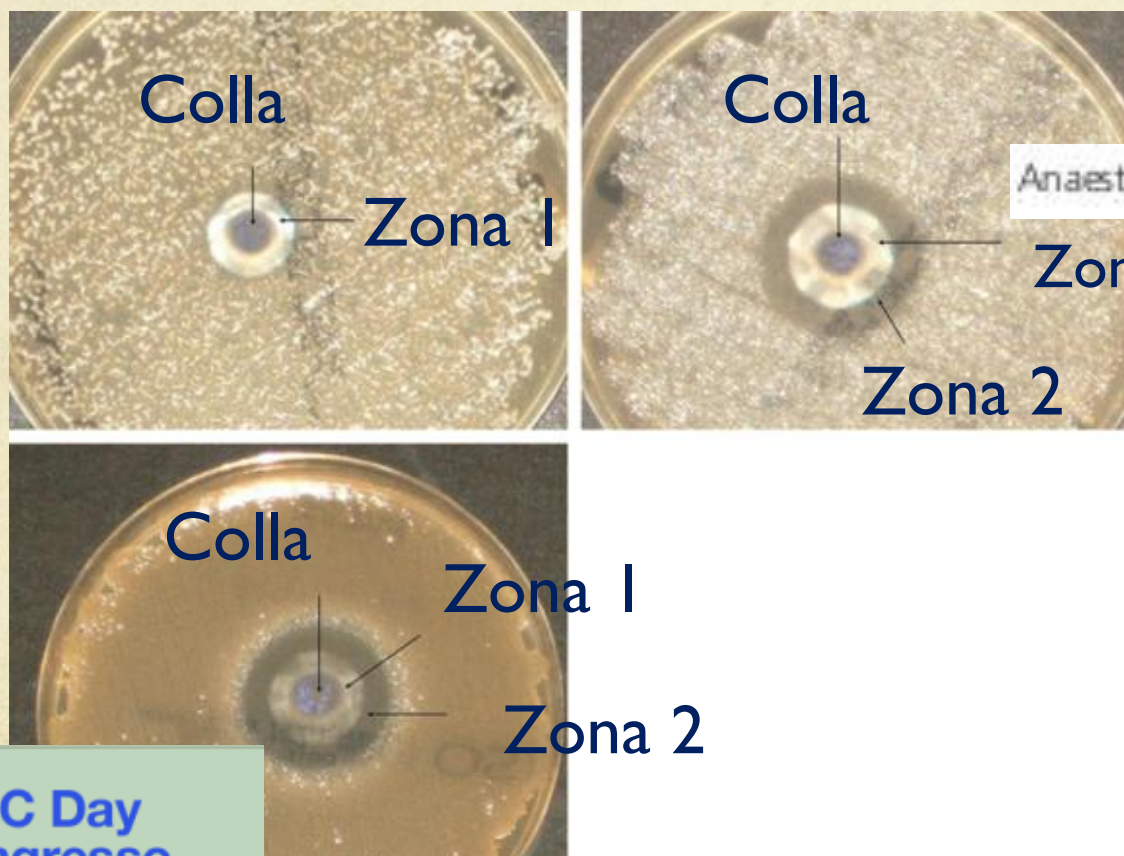


Wilkinson et al,

Anaesthesia, 2007, 62, pages 966–974



The antimicrobial effect of Histoacryl® skin adhesive



Wilkinson et al,

Anaesthesia, 2008, **63**, pages 1372–1386

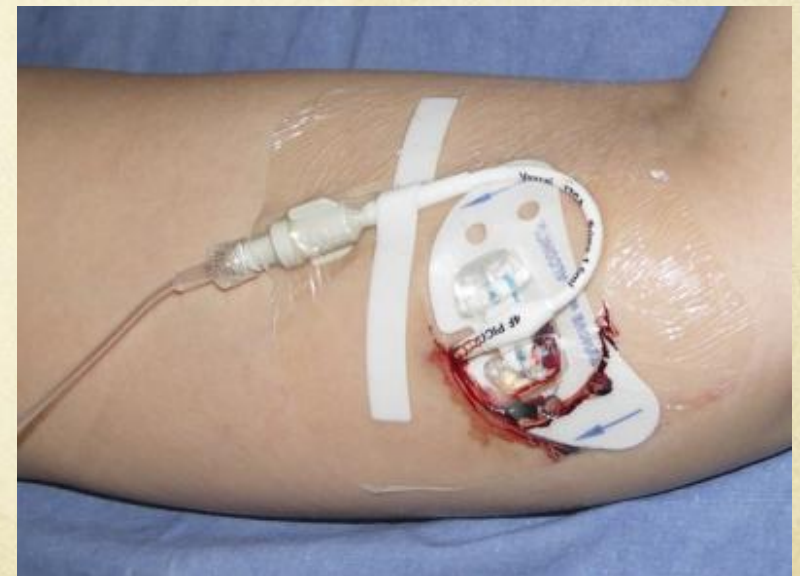


Further benefits of cyanoacrylate glue for central venous catheterisation

Scoppettuolo et al,

Anaesthesia 2015, 70, 750-763

catheters securely [1, 2]. We have used glue for this purpose at our hospital for many years now, not just for securing devices, but more for reducing peri-catheter bleeding at the exit site, specifically for peripherally inserted central catheters (PICCs) [3]. Bleeding occurs after 40% of PICC placements without reverse tapering at 1 h, and 15% at 25 h, and



MEETING ABSTRACTS

33rd International Symposium on Intensive Care and Emergency Medicine



Cyanoacrylate glue prevents early bleeding of the exit site after CVC or PICC placement

G Scoppettuolo, MG Annetta, C Marano, E Tanzarella, M Pittiruti

Catholic University, Rome, Italy

Critical Care 2013, 17(Suppl 2):P174 (doi: 10.1186/cc12112)

Conclusion Glue is an inexpensive and highly effective tool for avoiding the risk of early bleeding of the exit site after catheter placement. We also suggest that in the next future the glue might prove to have beneficial collateral effects on the risk of extraluminal contamination (by reducing the entrance of bacteria in the space between the catheter and the skin), as well as on the risk of dislocation (by increasing the stability of the catheter inside the skin breach).

Cosa dicono le LG a proposito della prima medicazione post-posizionamento?....

Guidelines on the insertion and management of central venous access devices in adults

L. BISHOP*, L. DOUGHERTY[†], A. BODENHAM[‡], J. MANSI*, P. CROWE[§], C. KIBBLER[¶], M. SHANNON^{**}, J. TRELEAVEN[†]

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- Dressings should be changed 24 h after catheter insertion and weekly thereafter.

Basic Infection Control And Prevention Plan for Outpatient Oncology Settings

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National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



B. Peripherally Inserted Central Catheters (PICCs)

Refer to steps 1-5 in Section VI.A. above for PICC access and common maintenance procedures. Additional recommendations for routine maintenance are:

- Frequency of dressing change:
 - Change 24 hours after insertion
 - Transparent dressing: change every 5-7 days unless soiled or loose

- Gauze dressing: change every 2 days or as needed if wet, soiled, or nonocclusive
- Flushing: use of heparin flushes and the recommended concentration and frequency of flushing are determined in accordance with manufacturer's instructions and per the treating clinician's orders (in general, for valve catheters or closed tip catheters, flush with normal saline unless otherwise specified)

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Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011

Replace catheter site dressing if the dressing becomes damp, loosened, or visibly soiled

1.851 Category IB

epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England

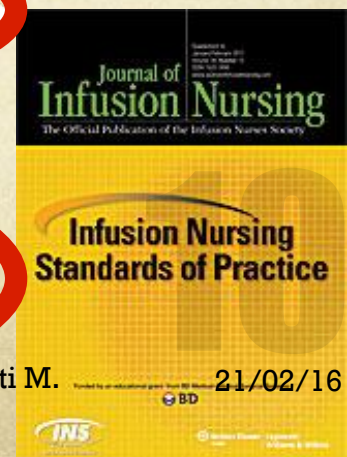
H.P. Levy^a, P. Bratt^a, M. Golsorkhi^a, A. Tingle^a, A. Bak^a,
J. Browne^a, J. Prieto^b, M. Wilcox^c

IVAD1 Use a sterile, transparent, semi-permeable polyurethane dressing to cover the intravascular insertion site.
Class D/GPP

IVAD18 Transparent, semi-permeable polyurethane dressings should be changed every 7 days, or sooner, if they are no longer intact or if moisture collects under the dressing.
Class D/GPP

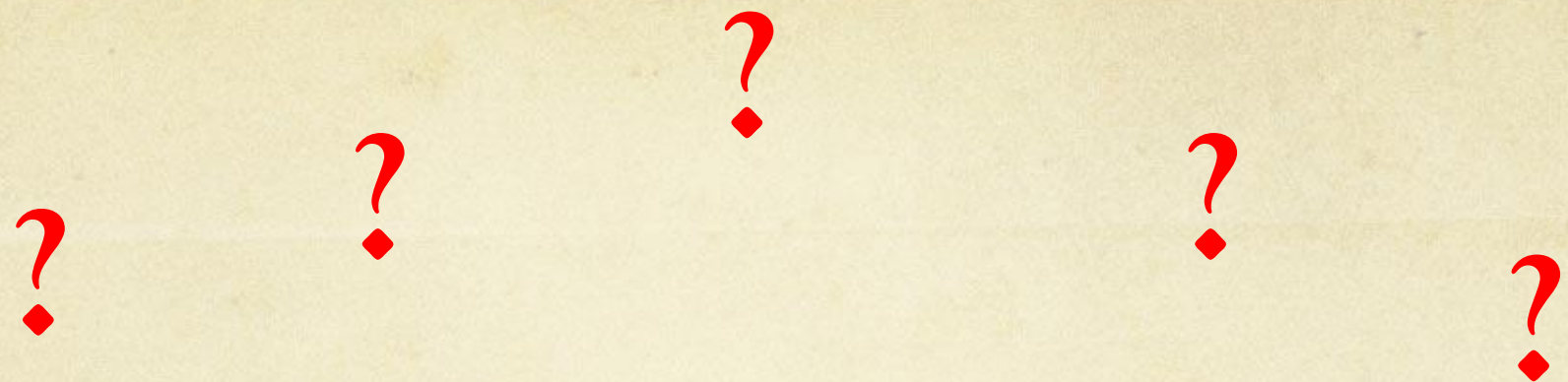
1. The catheter-skin junction site should be visually inspected or palpated daily for tenderness through

bleeding. In the event of drainage, site tenderness, other signs of infection, or loss of dressing integrity, the dressing should be changed sooner, allowing the opportunity to closely assess, cleanse, and disinfect the site.^{2,3,8,10} (II)



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È sempre necessaria la prima
medicazione a 24h
dall'impianto?





Colla: quando e come



Impianto tradizionale PICC/Midline



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Nostra esperienza (Torino – Savona)

- 227 cateteri (PICC / Midline – Sil / PUR)
- 68 medicati con COLLA + GARZA + TSM
- 159 medicati con COLLA + TSM



Necessità di prima medicazione a
24 h: 1 paziente

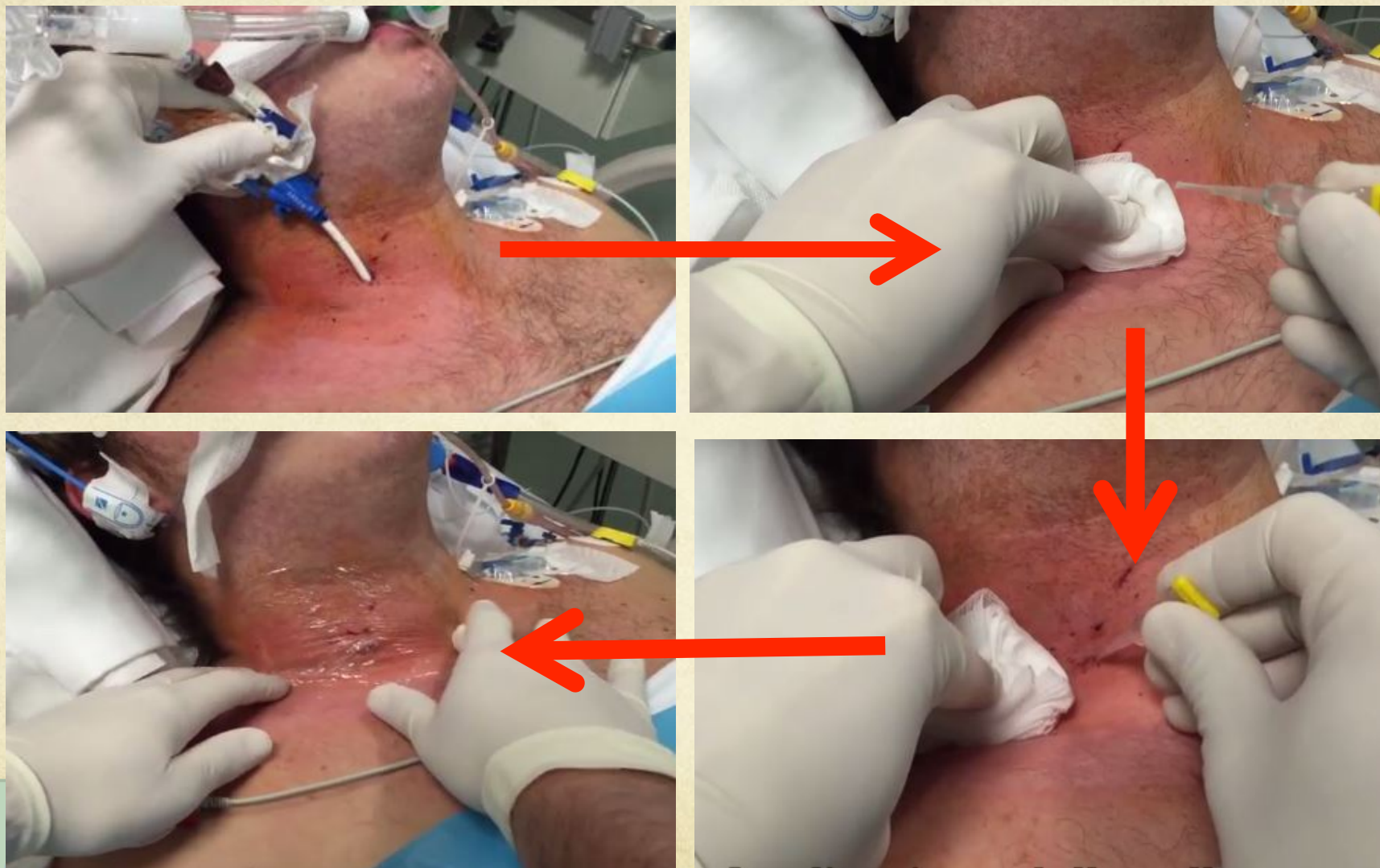


Non sempre è necessaria la
prima medicazione a 24h
dall'impianto!

Tunnellizzazione / Picc-Port



Rimozione Accesso Venoso



Quale colla?



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Rimozione colla

- La colla forma una crosticina che verrà rimossa durante le medicazioni: in parte rimanendo adesa alla TSM, in parte durante le manovre di detersione / antisepsi cutanea
- Non è necessario usare medicazioni a lento rilascio di clorexidina finché la colla è in situ (generalmente 7-14 gg)

Conclusioni

- Diminuzione rischio di contaminazione extraluminale
- Non necessità prima medicazione a 24h dall'impianto



....Cosa mi chiedono gli infermieri
al rientro dagli impianti?....

~~È andato tutto bene?....~~

○ Hai messo la colla?....



Grazie per l'attenzione!

Infermiere “Master I°liv. Nursing Accessi Venosi”



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FACOLTA' DI MEDICINA E CHIRURGIA “ AGOSTINO GEMELLI ”
POLICLINICO UNIVERSITARIO “ A. GEMELLI ”

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