

UN NUOVO PROGETTO:
UNA CONSENSUS SULLA **TIP LOCATION**
DEGLI ACCESSI VENOSI CENTRALI



PROGETTO DI CONSENSUS GAVECELT-IVAS SULLE **METODOLOGIE PIÙ APPROPRIATE PER LA VERIFICA DELLA POSIZIONE DELLA PUNTA DEGLI ACCESSI VENOSI CENTRALI**

Promotori: Vincenzo Faraone (Presidente IVAS) e Mauro Pittiruti (Presidente GAVeCeLT)

Panel: Fabrizio Albertini, Maria Giuseppina Annetta, Giovanni Barone, Daniele G. Biasucci, Fabrizio Brescia, Maria Calabrese, Antonella Capasso, Giuseppe Capozzoli, Vito D'Andrea, Sonia D'Arrigo, Daniele Elisei, Stefano Elli, Igor Giarretta, Antonio Gidaro, Davide Giustivi, Emanuele Iacobone, Antonio La Greca, Rossella Mastroianni, Fulvio Pinelli, Giancarlo Scoppettuolo, Ferdinando Spagnuolo, Geremia Zito Marinosci



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- 1) In quali casi è indicata la verifica della posizione della punta degli accessi venosi centrali?
- 2) In quali casi è indicato il controllo intraprocedurale e in quali casi il controllo post-procedurale?
- 3) In quali casi è indicato il metodo dell'ECG intracavitario?
- 4) In quali casi è indicata la verifica della posizione della punta mediante fluoroscopia?
- 5) In quali casi è indicata la posizione della punta mediante ecocardiografia transesofagea?
- 6) In quali casi è indicata la posizione della punta mediante ecocardiografia sottocostale/transtoracica?



C'È BISOGNO DI TALE CONSENSUS?



APPENA PUBBLICATO

2024...!



diagnostics



Article

Conventional Radiology Evaluation of Neonatal Intravascular Devices (NIVDs): A Case Series

Anna Russo ¹, Vittorio Patanè ^{1,*} , Lorenzo Faggioni ² , Alessandro Pinto ¹, Luigia Fusco ¹, Fabrizio Urraro ¹ , Emanuele Neri ²  and Alfonso Reginelli ¹

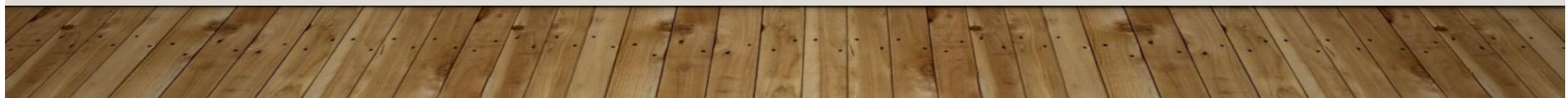
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5. Conclusions

The primary method for evaluating the misplacement of intravascular devices is through X-rays. This method is widely accessible, involves minimal radiation exposure, and can be performed portably. Typically, X-rays are conducted within 24 to 48 h after the device is placed to identify potential complications and misplacements. Due to the large number of intravascular catheters used annually, particularly in pediatric and neonatal settings, and the growing dependence on these devices in new therapies, it is essential to maintain high levels of medical and nursing education regarding the associated risks [40]. Radiologists play a pivotal role in determining the catheter's positioning and identifying related complications, and it is critical to provide unambiguous and accurate reports on the catheter apex location to enable clinicians to choose the best procedural and therapeutic options.



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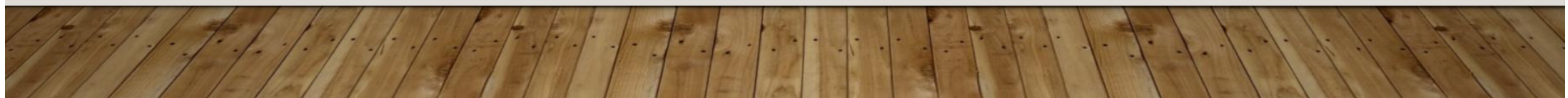


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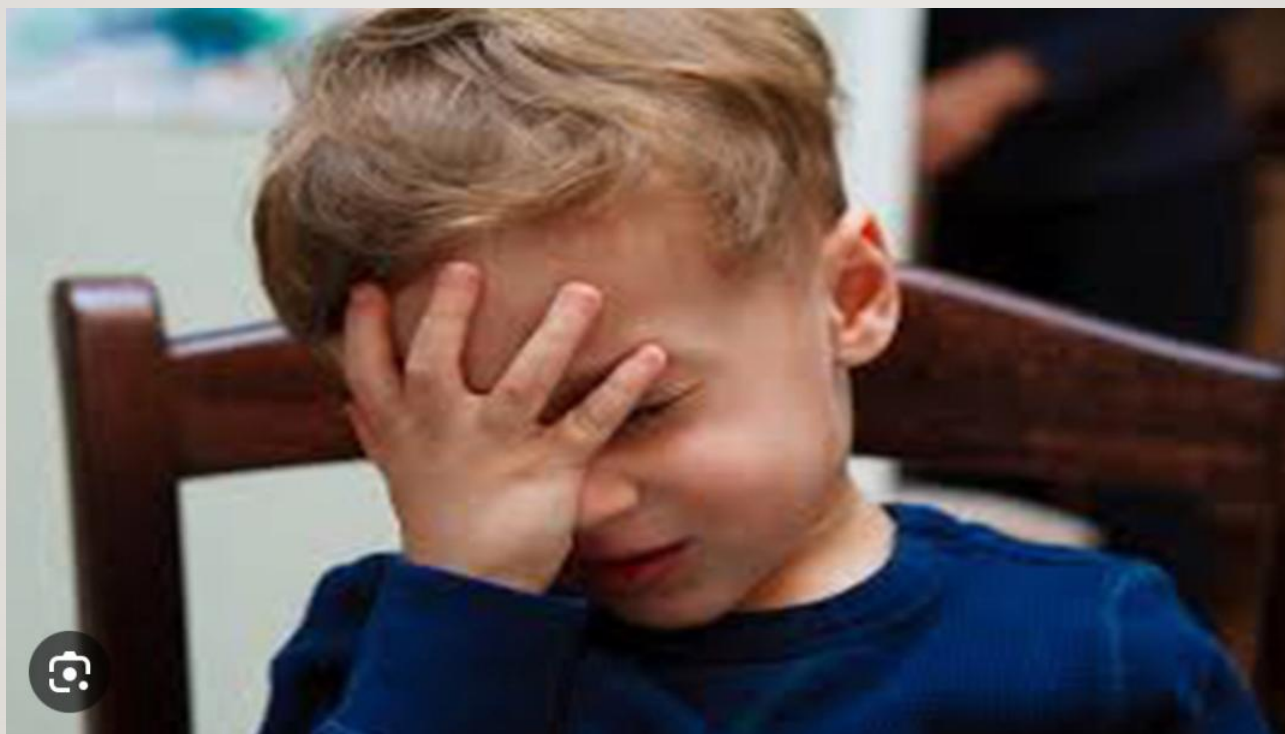
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