The peripheral portacath provides safe and convenient venous access in paediatric and adolescent patients

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Introduction

- Adolescent patients with chronic conditions rely on permanent venous access for safe treatment and supportive care.
- Traditionally venous access is provided by a Hickmann or Portacath (PaC) inserted in a central vein under general anaesthetic.
- Lymphomas represent the most frequent malignancy in adolescents often presenting with mediastinal masses, which complicates general anaesthetic (GA).
- We explored the safety and feasibility of insertion of peripheral PaC which could be performed under local anaesthetic.
- We present our case series of 18 patients.

Materials and Methods

- Eighteen patients underwent insertion of peripheral PaC (2012-2015)
- The antecubital fossa of the non-dominant arm
- Under ultrasound guidance into Basilic vein using Seldinger technique
- The medical records were reviewed to ascertain diagnosis, age at insertion, mode of anaesthetic, time to removal and complications.
- Patients and nursing staff were given a questionnaire to assess their experience and satisfaction with peripheral PaC.

Results

- N=18 patients
- 11 female and 7 male patients
- Age range = 13.6 - 18.4 years
- 4 PaC were inserted under LA in patients who were not fit for GA due to mediastinal mass or lung disease.
- 7 ports remain in situ
- Mean duration of 7.4 months (range 3 - 14.5 months) in 11 removed
- 11 PaC were removed, 8 under LA and 3 GA
- Complications: early removal or replacement in 2 cases (blockage and disconnection)
- Thrombosis was not observed.

Nursing Recommendation

82%
- Recommend
18%
- Not recommend

Conclusions

This study shows that the use of peripheral PaC is safe with non significant complications. The feedback from patients and nursing staff supports the use of the peripheral PaC. We are exploring additional patient groups that might benefit from this device.