

#06 Peripherally Inserted Central Catheter placement technique

Transcript:

00:00:00 **Servane Pelle-Lombardy**

Hello, and welcome to the BD IV News podcast and more specifically to our special series, Vascular Access Insights.

That's where we keep it real about clinical practice, no fluff, just the good stuff.

Whether you're a nurse, a vascular access specialist, or a clinician looking to sharpen your skill, you're in the right place.

We're here to support and empower your practice one episode at a time.

In today's episode, we turn our attention to peripherally inserted central catheters, commonly known as PICC lines, and we will take a deep dive into practical, evidence-based techniques that really support successful placement and optimal patient outcomes.

I'm your host, Servane Pelle-Lombardy, Associate Director of Medical Affairs for BD's Medication Delivery Solution in the EMEA.

And it's now my very great pleasure to introduce two distinguished experts whose extensive clinical experience will greatly enrich our discussion on this topic.

Welcome, dear Professor Mussa.

How are you doing?

00:01:09 **Prof. Baudolino Mussa**

Fine, thanks, Servane.

00:01:11 **Servane Pelle-Lombardy**

Welcome.

Professor Baudolino Mussa, you are the general and oncology surgeon in the Surgical Sciences University Hospital Department in Turin, Italy, where you are also currently responsible for the vascular access team.

And it's my great pleasure also to welcome you, Maciej.

Welcome.

Hi.

00:01:33 **Maciej Latos**

Hello.

Thank you for having me.

00:01:36 **Servane Pelle-Lombardy**

Thank you very much for joining.

Maciej Latos, Anesthesia and Intensive Care Nursing Specialist.

You are also the head of the Vascular Access and Infusion Team at the University Clinical Center of the Medical University of Warsaw in Poland and the President of the Board of Directors in the Polish Society of Infusion Nursing.

So as a matter of fact, many European countries like the UK, Italy, Spain and others have adopted nurse-led PICC insertion services. And those have shown to reduce complications and improve really the patient satisfaction.

There is also a growing trend of PICC line use in outpatient and home care settings, especially for those receiving chemo and TPN therapy or parenteral nutrition.

So Maciej and Baudolino, both of you, could you please describe your clinical experience with the evolving techniques and technologies in PICC placement and share with us all how these have especially impacted your practice?

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00:02:43 **Maciej Latos**

Okay, thank you for this question.

In general, we have really fresh experience on PICC insertion, and in the beginning, we did everything to do this in a really appropriate way.

So for example, I strongly recommend to use the ready protocols, for example, for PICC insertion and PICC use.

For example, safe insertion of PICCs described in paper by Brescia is really good eight strategies to minimize the complication during the insertion.

And of course, for every clinician who has any experience in other devices, it is really good point to reflect on PICC line, for example.

So of course, we know how to use the ultrasound, for example, but in PICC, we should use additional devices, for example, for example, some tip tracking devices.

So in my opinion, the protocols is a good start to use the PICC in the appropriate way.

00:03:57 **Prof. Baudolino Mussa**

Yes, Maciej, but also the right choice of the right device for our patients because sometimes PICC line is placed in patients that need long-term therapy and sometimes these patients has complication due to the long-term and the necessity to change medication every week that impact very strongly on their quality of life.

So in my opinion is important that the protocol also interests not only the placement technique but also the right choice of the device for the right patients.

00:04:31 **Maciej Latos**

Yeah, it's completely true, and I think the good strategy of vascular access is the most important, of course.

But for example, if we choose the PICC line for this patient, because it's the best option for that, we should think about the explanation of the process of insertion and infusion care after to the patients.

Because for example, from my experience, the insert the needle to the vein guide wire and so on and so on, it's quite easy.

But the most time consuming for me, for example, is a good tip location.

So of course we have the really great tracking system, but we should explain to the patients that, okay, you are safe, but sometimes you should be patient during the procedure.

So good explanation for patient is really important as well.

00:05:32 **Prof. Baudolino Mussa**

Yeah, I think that the empowering the patients for the choice of the device, but also to explain that in the right procedure activity is very important because reduce the anxiety for the patients.

It is very important to use the right technique for reduced pain during placement because in many situations people is receive a placement of PICC line or midline without local anesthesia.

It I think is not possible now in this situation because it's increased the ICT and reduce the quality of life of the patients and increase the risk of complication because the patients can move during the puncture or have other problems.

And it's true, it's important to use a tracking system, not only ECG system, because sometimes, especially for PICC lines, the possibility that the device take a wrong way is not so infrequently is important to know where the tip of the catheter is every, in every moment of the placement procedure.

00:06:39 **Maciej Latos**

And on the top of that, the securement devices is really important to having the comfort of the patient.

So sutureless systems and good protecting the exit site point affects to reducing the complication in the next days or weeks.

So I think everything has so many elements which should be considered together.

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00:07:07 **Prof. Baudolino Mussa**

So it's very important that there is a vascular system that take care of the patients from they decide what type of device to the placement and also to maintain and treat the complication of the device also, because otherwise the patients are receiving not a good treatment and the problem could be became very, very big for the patients and for support health care system.

00:07:30 **Servane Pelle-Lombardy**

Thank you both.

Thank you so much for sharing your expertise in such a clear and very practical manner.

I'm very confident that our listeners of the day are leaving with very valuable insights and actionable takeaways they can apply in their clinical practice.

What I've noted as most important would include the following key takeaways.

Always match the vascular access device to the patient's therapy needs, obviously, and the PICC needs to be obviously then in that context the best option for the patient for the therapy needs.

Always clearly explain the risks, like potentially thrombosis or infection, and also the great benefits, and also share the alternatives to the patient before placement.

So that's really a kind of shared decision-making process.

Use the evidence-based bundles, I've noted, that remain key, and the protocols designed to ensure safe and effective PICC placement, like, for example, you cited the GAVeCeLT protocol and always involve your vascular access team.

That's also very important.

And last but not least, using real-time tip navigation and ECG confirmation is a game-changer to ensure the accurate catheter placement, reduce the delays, and I've noted the decrease in the x-ray exposure, which is now a low in Italy, and anyway, best practice everywhere else.

So thanks for listening.

More clinical pearls coming your way next time, no doubt.

Next up on the pod, we'll talk central vascular access device, care and dressing best practices because great access deserves a great maintenance.

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