A PILOT OBSERVATIONAL SURVEY OF CVAD EXPERIENCES BY AUSTRALASIAN HPN PATIENTS

Abstract:

INTRODUCTION:
PNDU, the support group for Australian and New Zealand members receiving Home Parenteral Nutrition (HPN) for intestinal failure, appreciates some studies indicate that implanted ports have lower infectious complications than other central venous access devices (CVAD) but the small number of published studies specific to HPN indicate the opposite.

OBJECTIVES:
To survey PNDU members on practical and historical experiences of catheter-related infections (CRI) with CVAD.

METHODS:
An on-line questionnaire was circulated to 42 members. Results were analysed by an independent carer.

RESULTS:
There was a 74% response (19 adults, 12 carers of children) . All Australian states were represented, with 41.9% in NSW and 3.2% in New Zealand. Time on HPN ranged from <12mo (16.1%) to 20+yrs (6.5%). Hickman/Broviac that had been in place for 12mo-3yrs (42%) were most used (67.7%) and with single lumen (81%). Some had implanted ports (29.0%) or Arterio-Venous Fistulas (AVF)(3.2%). All Hickman/Broviac and 66.7% implanted ports were accessed nightly with Hickman/Broviac dressing changes weekly (81.0%) by themselves (28.6%) or by carers. Heparinised saline (45.2%) or TauroLock™ (35.5%) were the principal locking solutions. CRI were common (67.7%), notably in children (83.3%), with single lumen CVAD (71.4%) and uncapped CVAD (75%). There were no CRI in CVAD using TauroLock™.

CONCLUSIONS:
This pilot survey describes Australasian HPN practices and although not sufficiently robust to make conclusive statements regarding the type of CVAD, or catheter care procedures and CRI, it is a starting point for further investigation into the contributing factors to CRI in HPN. [247 words]