

LES ACCÈS VASCULAIRES EN CANCÉROLOGIE

Oréliance, Saran

Docteur Christophe BERTON

Docteur David MÉTOIS

Louis-Marie MASSON

Jean-Christophe Degeiter

23 janvier 2014





PICC

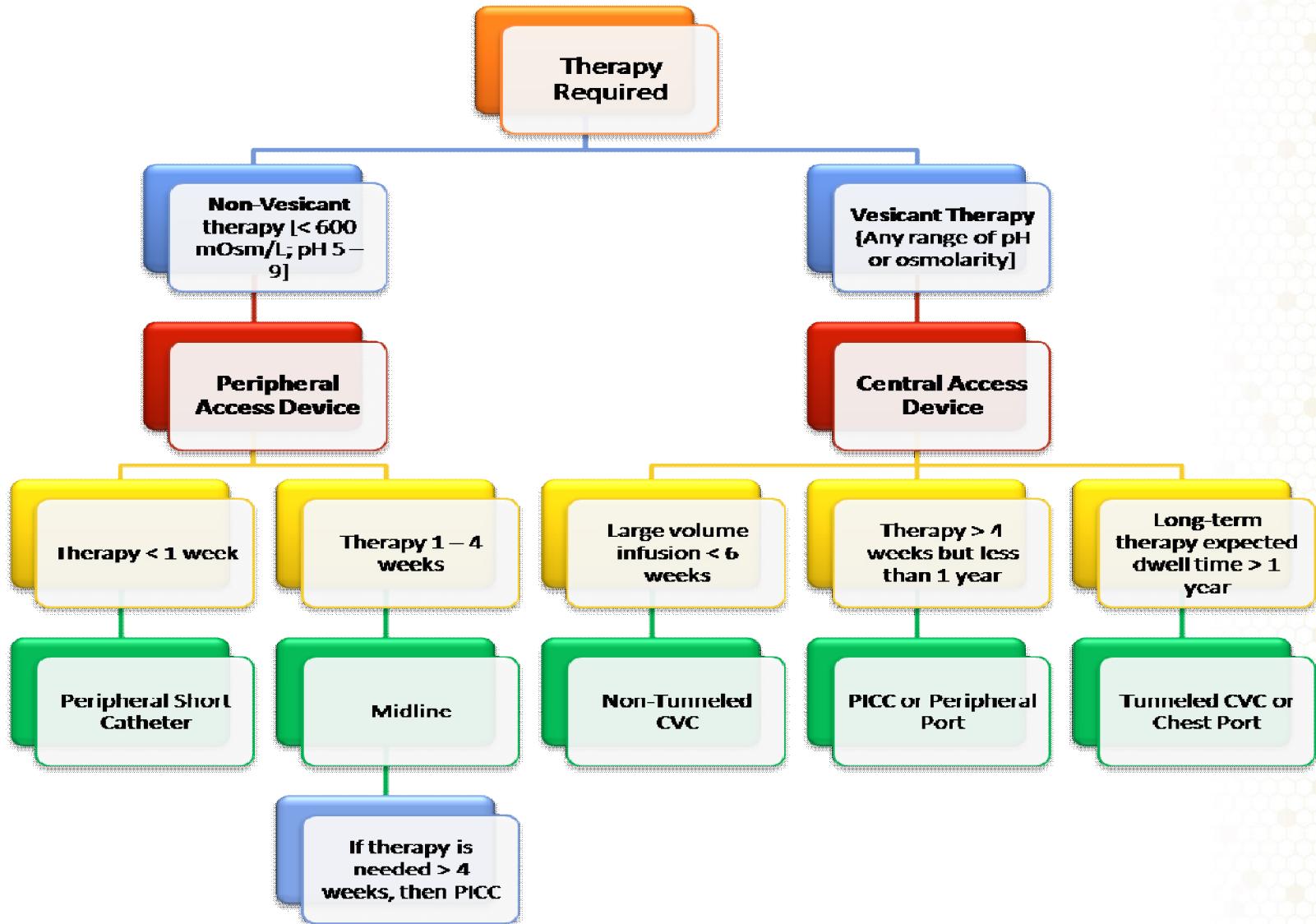
Peripherally Inserted Central Catheter





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INDICATIONS CCI et PICC

- Chimiothérapie :
 - ▶ Antimitotiques (Onco-Hématologie)
 - ▶ Antibiotiques (mucoviscidose, infections chroniques, ...)
- Transfusion, prélèvement sanguin, greffe de moelle, saignée...
- HTAPp, (Hémophilie CCI), Sclérose en plaques...
- Nutrition Parentérale
- Traitements anti-rétroviraux (VIH)
- Traitement de la douleur
- (*Examens Radiologiques*) sous réserve de débit compatible...

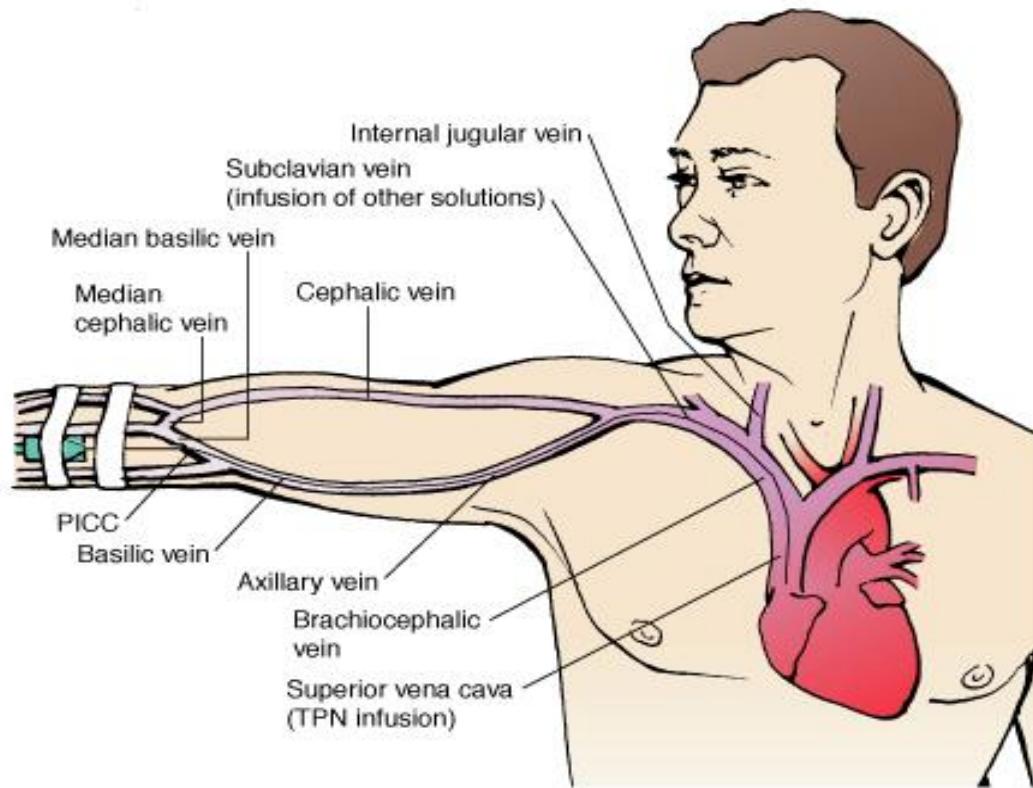
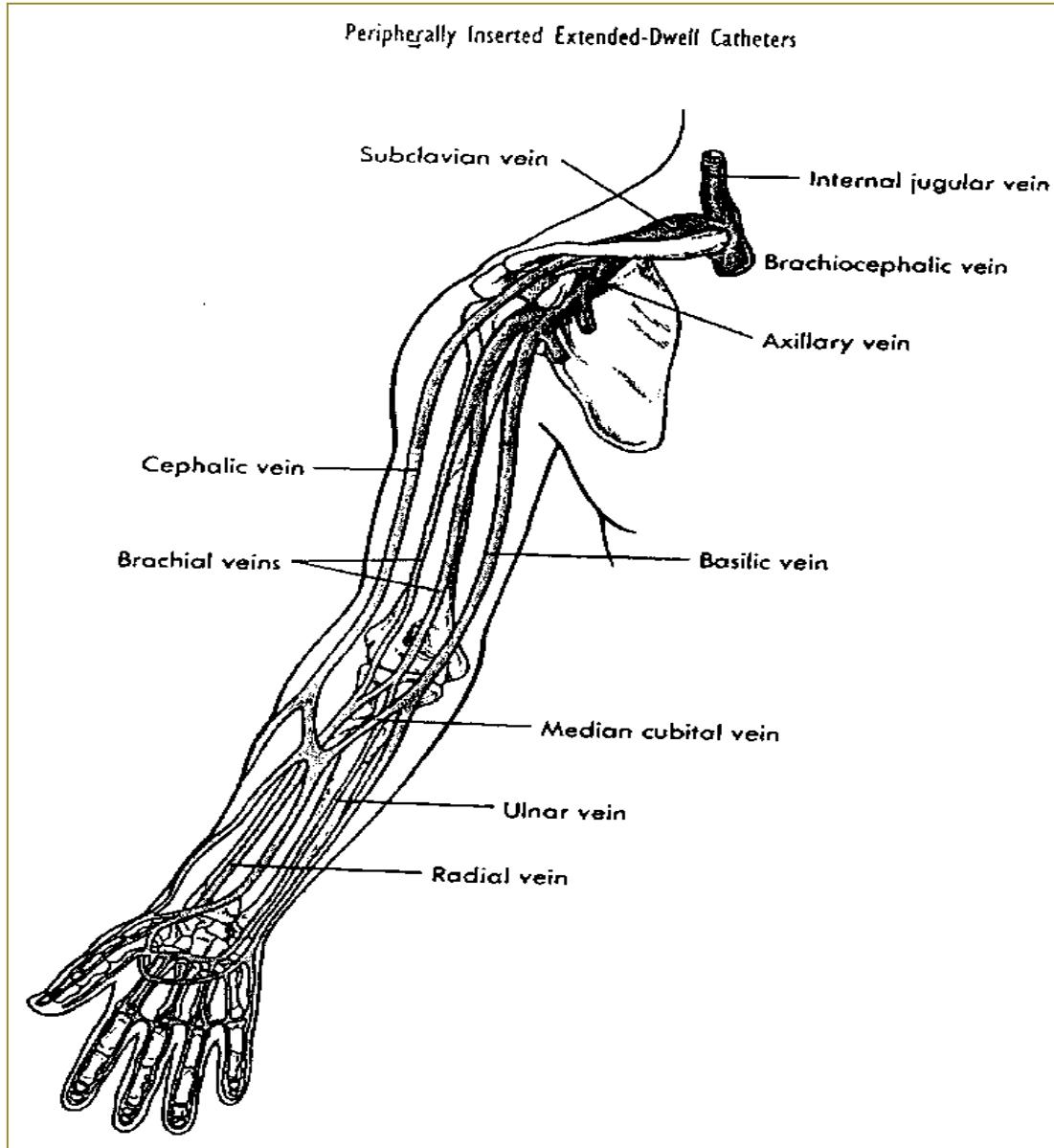


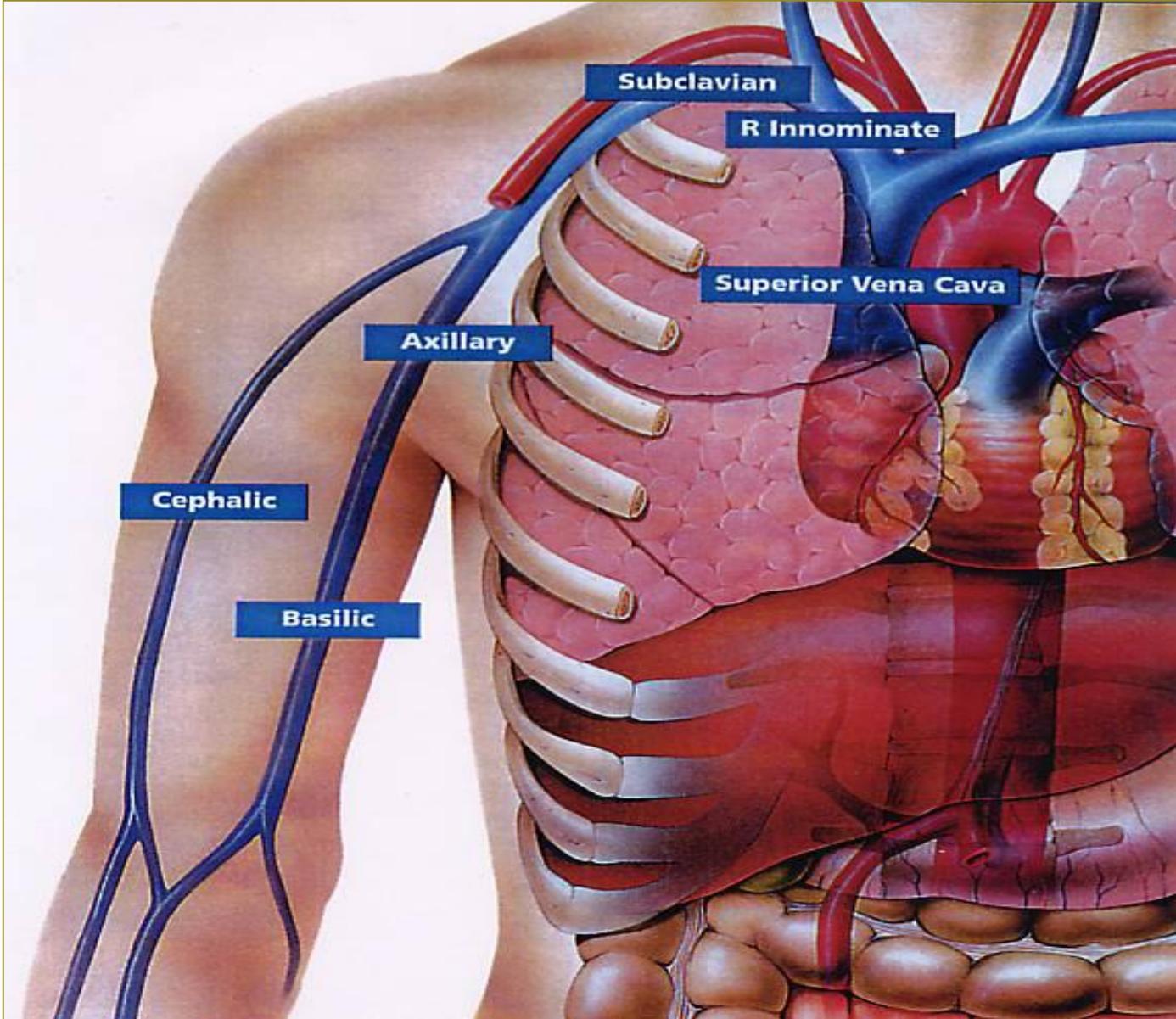
Figure 46-9 Placement of peripherally inserted central catheter (PICC).

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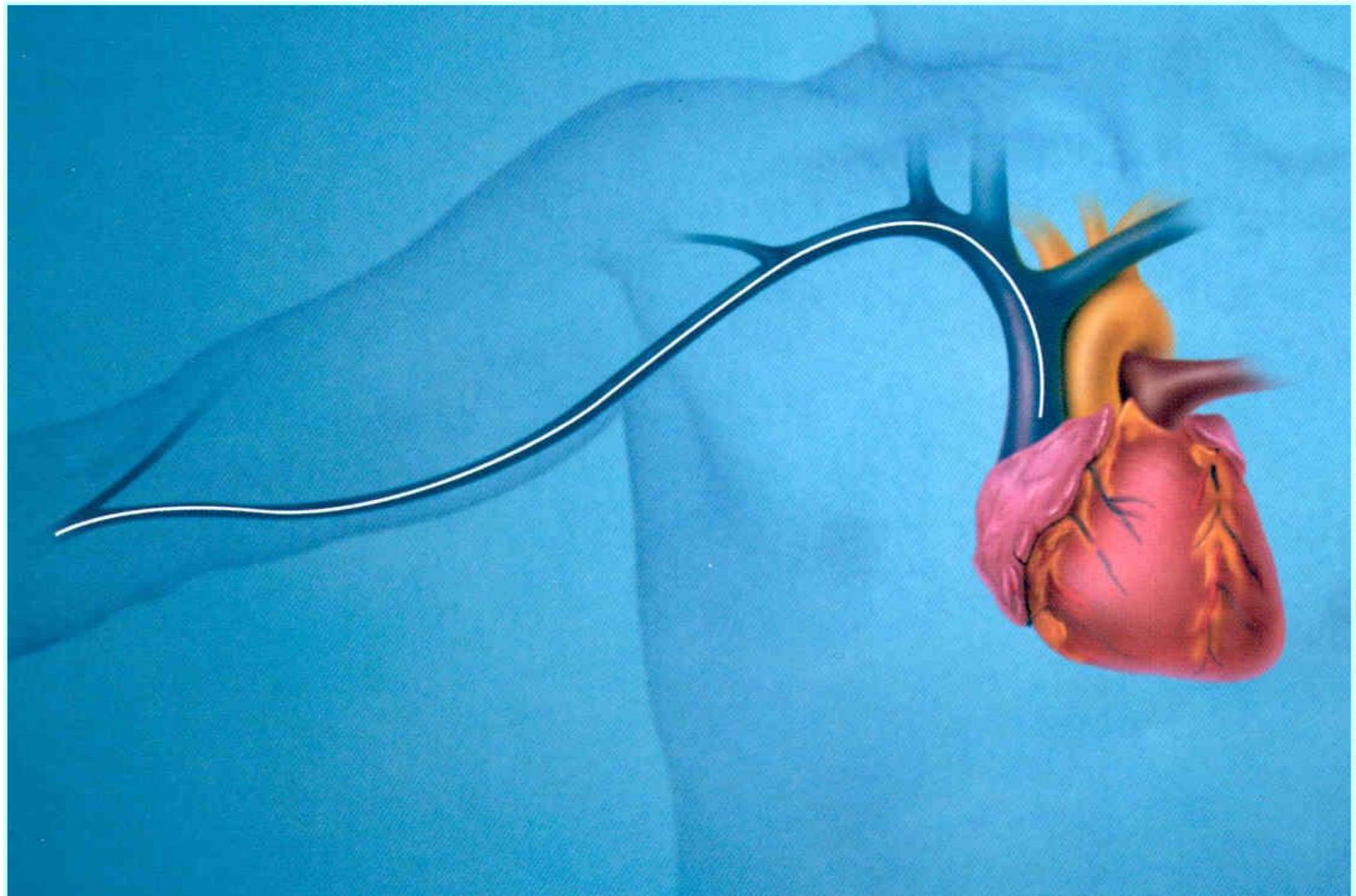




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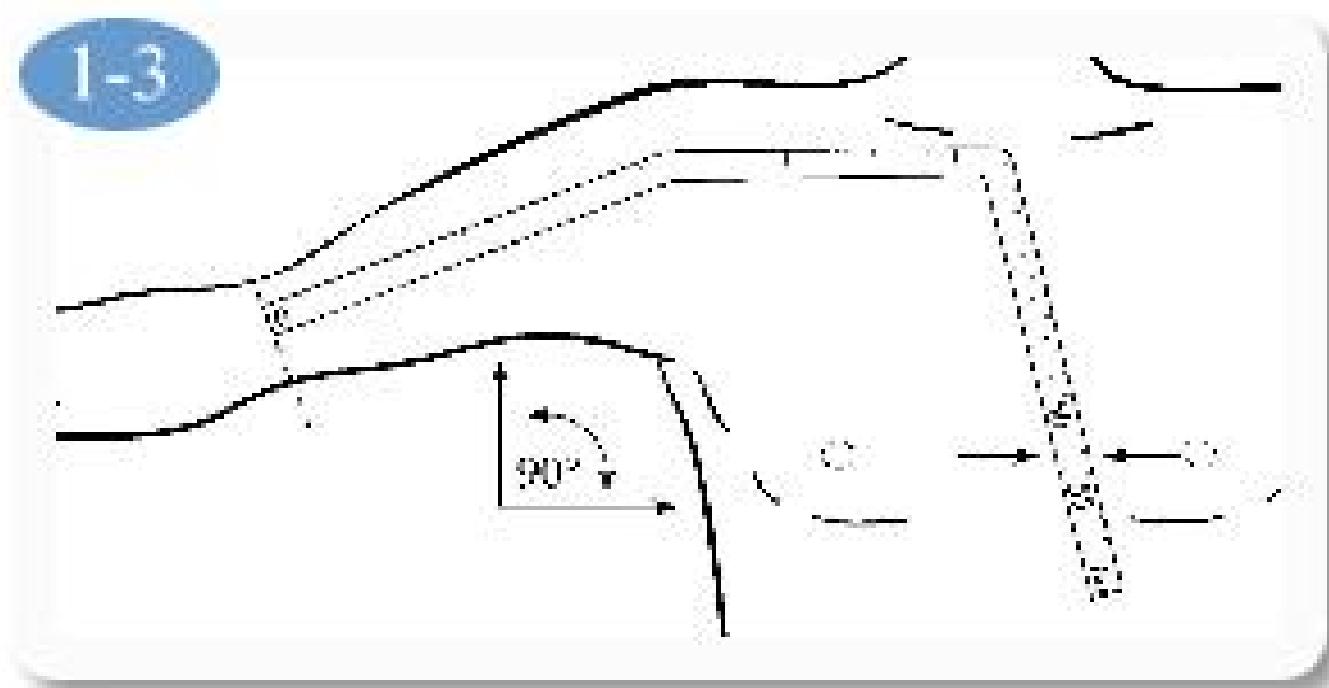
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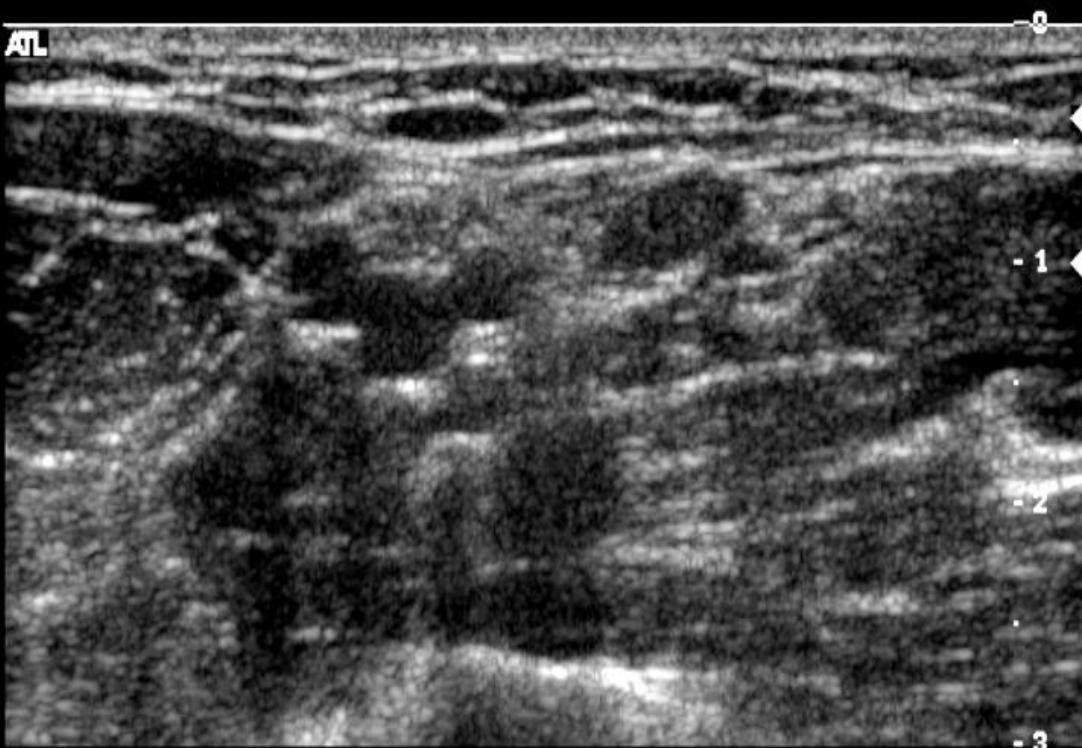
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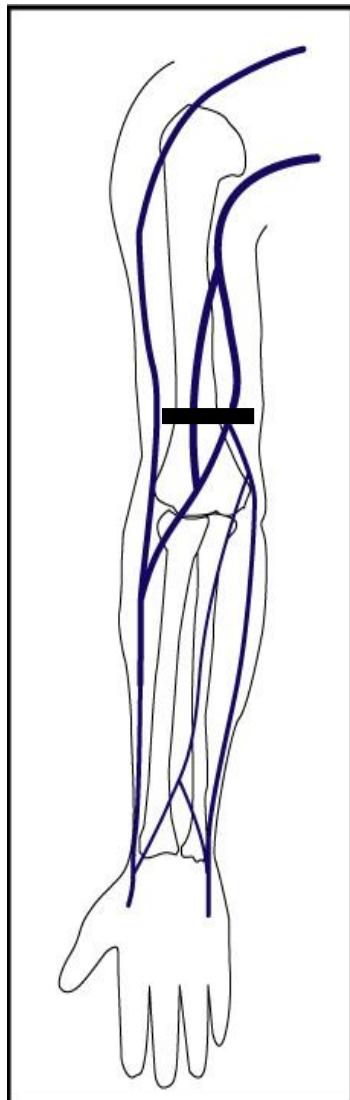



HDI VEIN, ARM 8888887
5000 VANDERBILT UNIV MED CTR L12-5 50 PVasc/Ven 17 Sep 02 TI 0.1 MI 0.7
Fr #116 3.0 cm

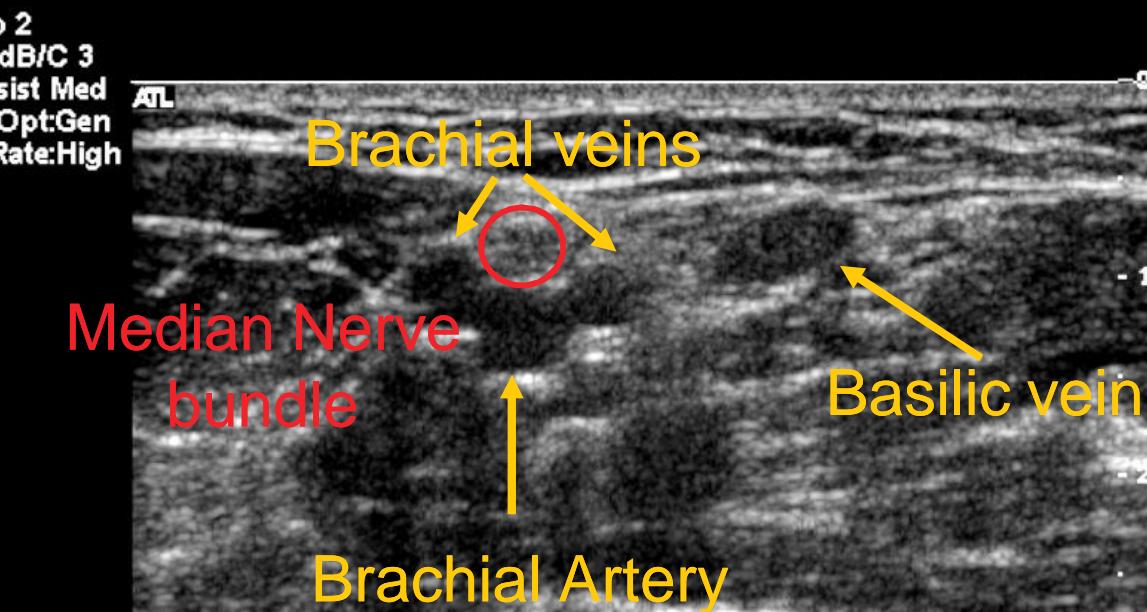
Map 2
170dB/C 3
Persist Med
2D Opt:Gen
Fr Rate:High



D



HDI 5000 VEIN, ARM 88888887
VANDERBILT UNIV MED CTR L12-5 50 PVasc/Ven 17 Sep 02 TIs 0.1 MI 0.7
Map 2 170dB/C 3 Persist Med 2D Opt:Gen Fr Rate:High ATL 3:36:12 pm Fr #116 3.0 cm



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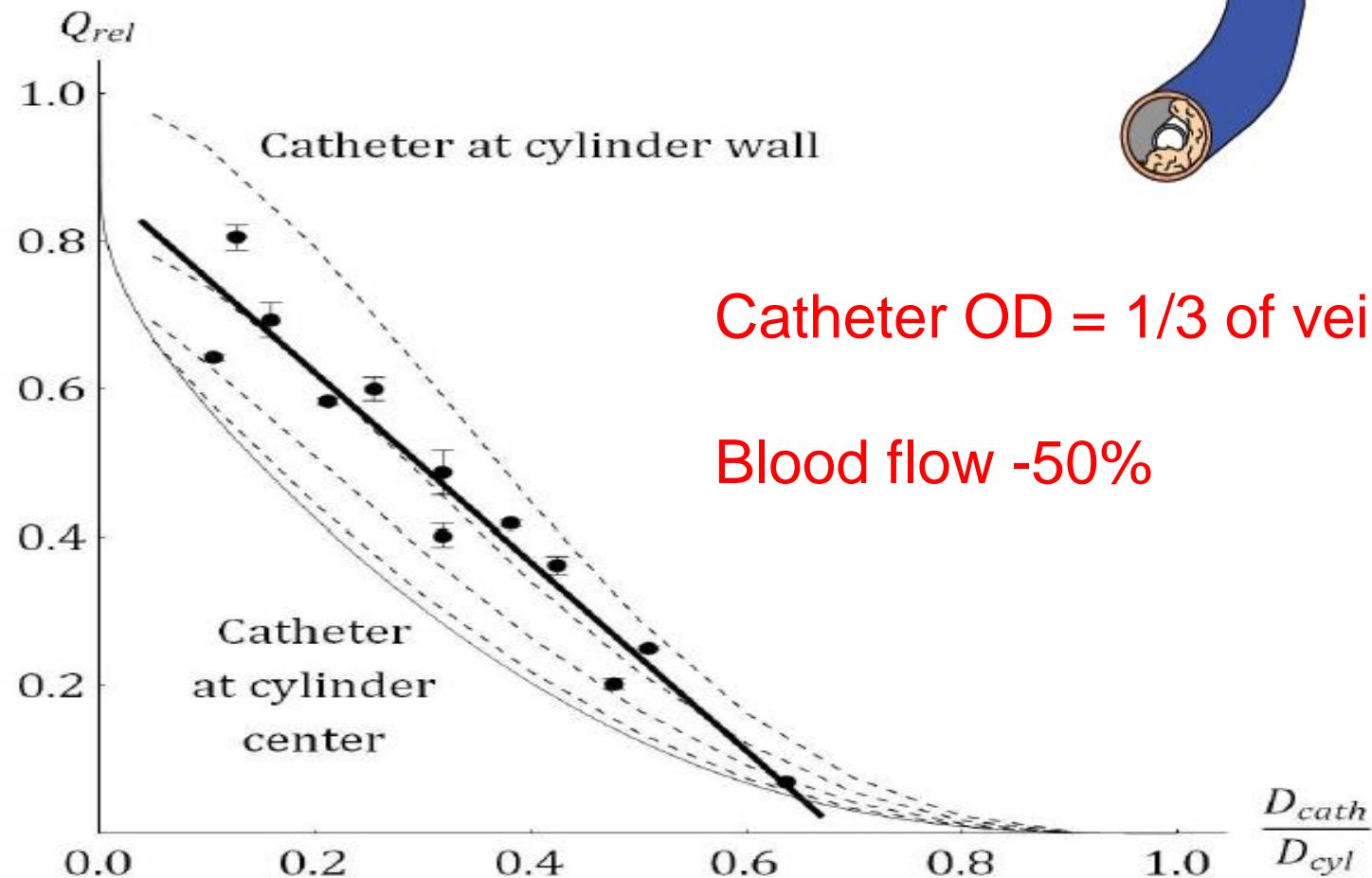

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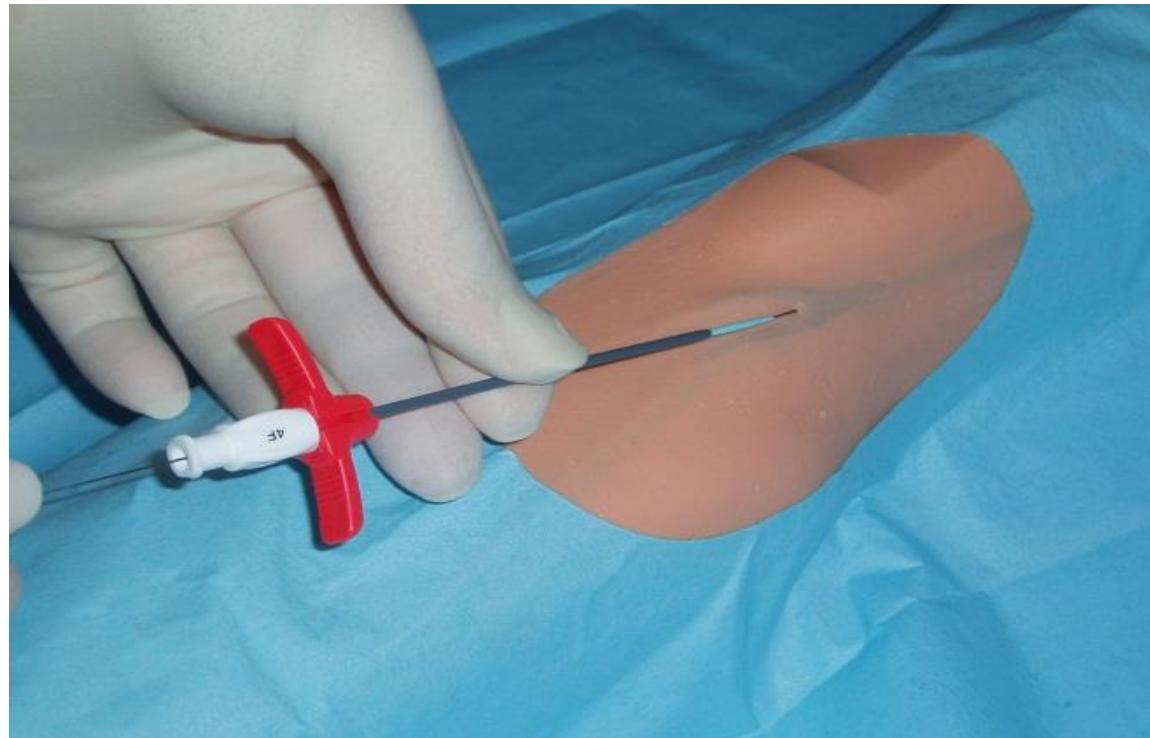


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D Hemostasis Blood flow rates vs. catheter sizes

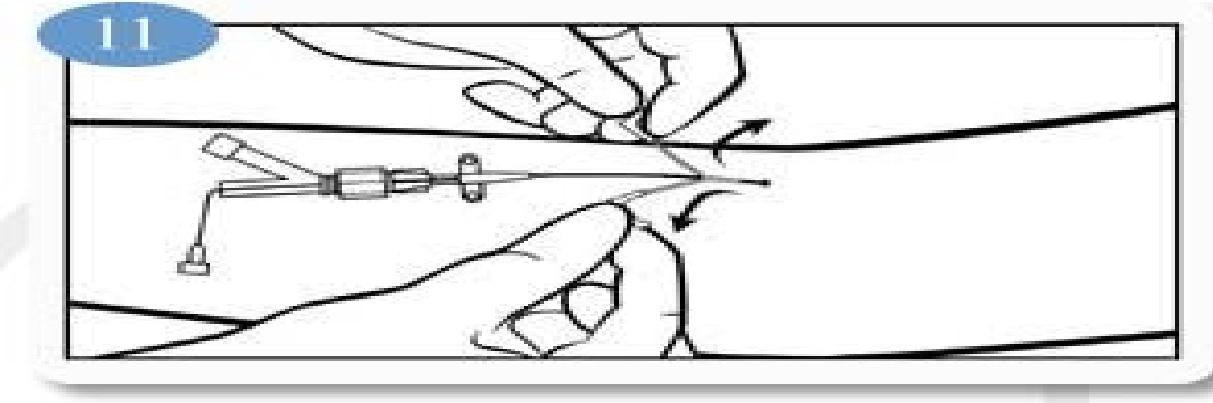
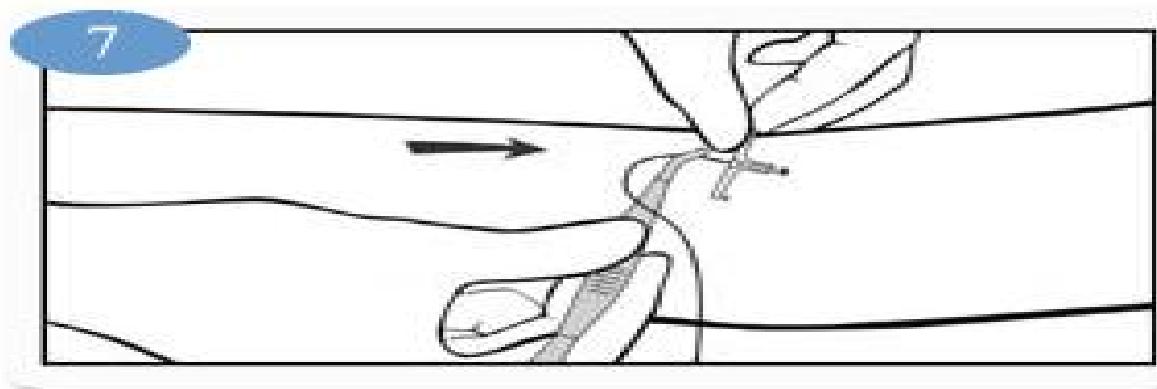




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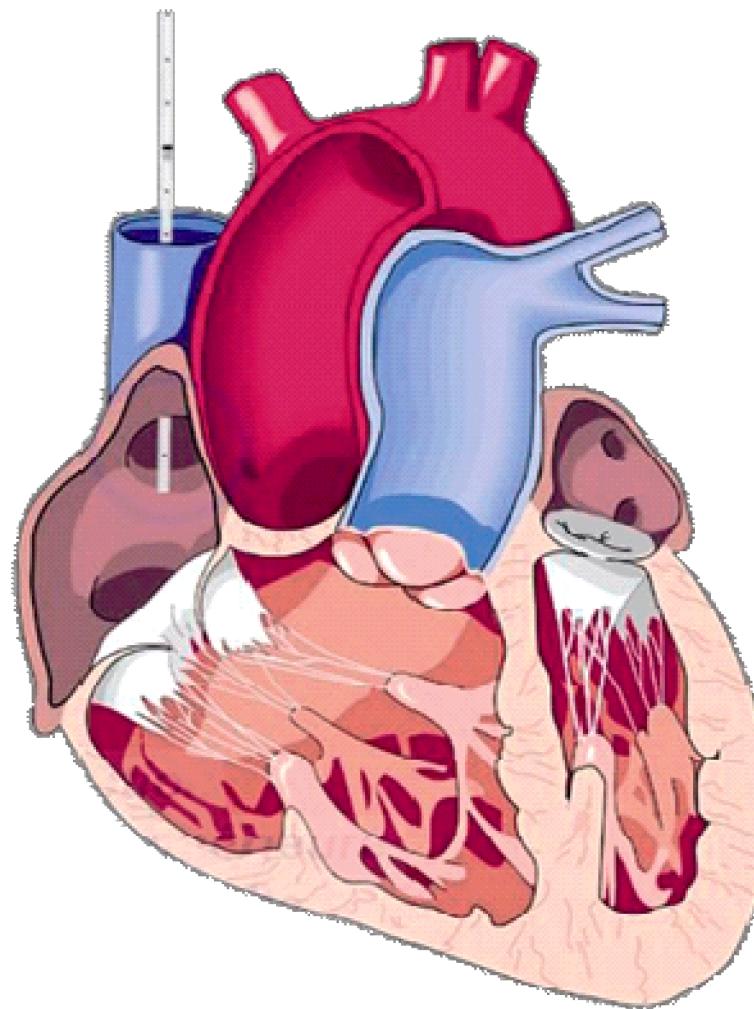
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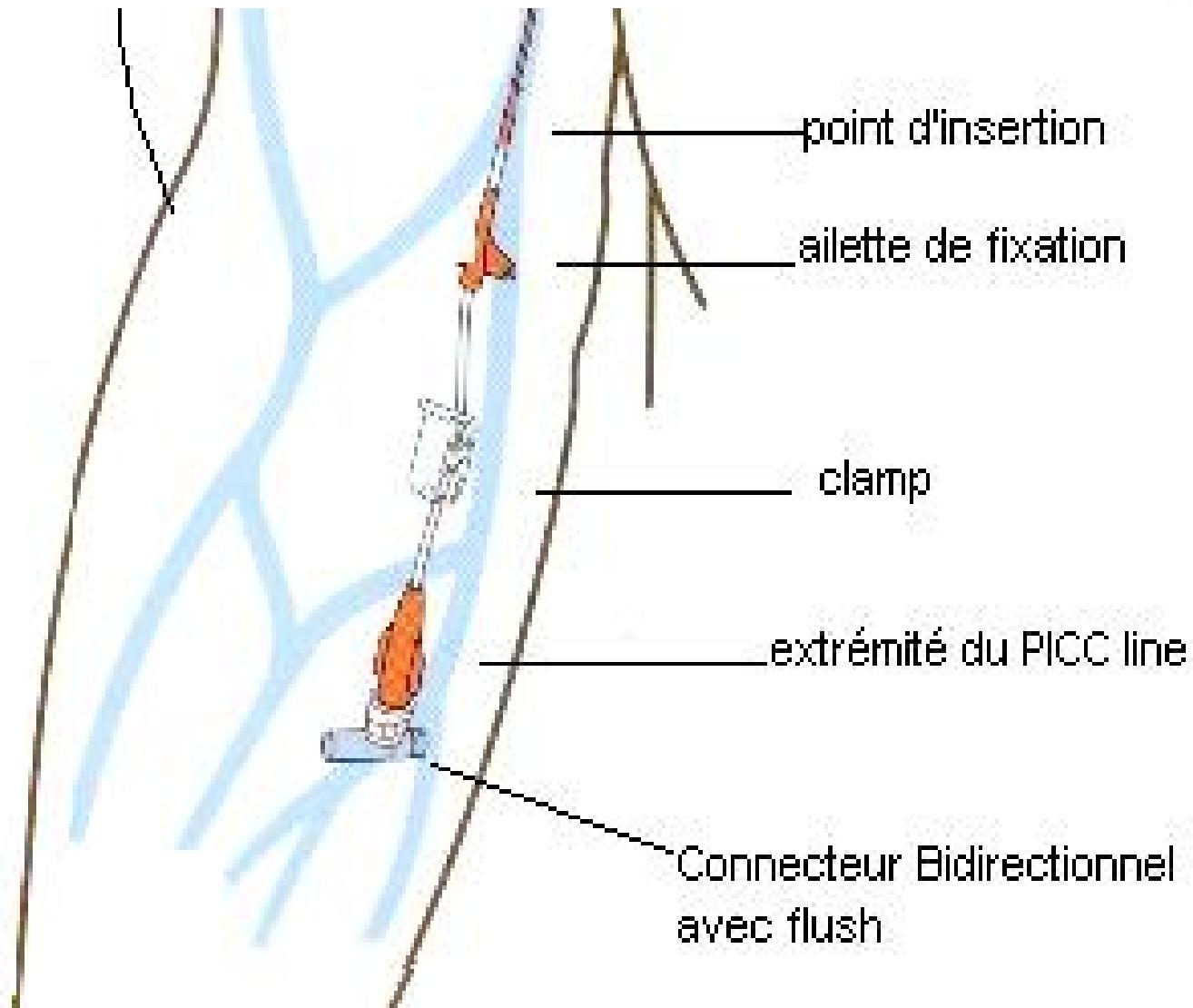


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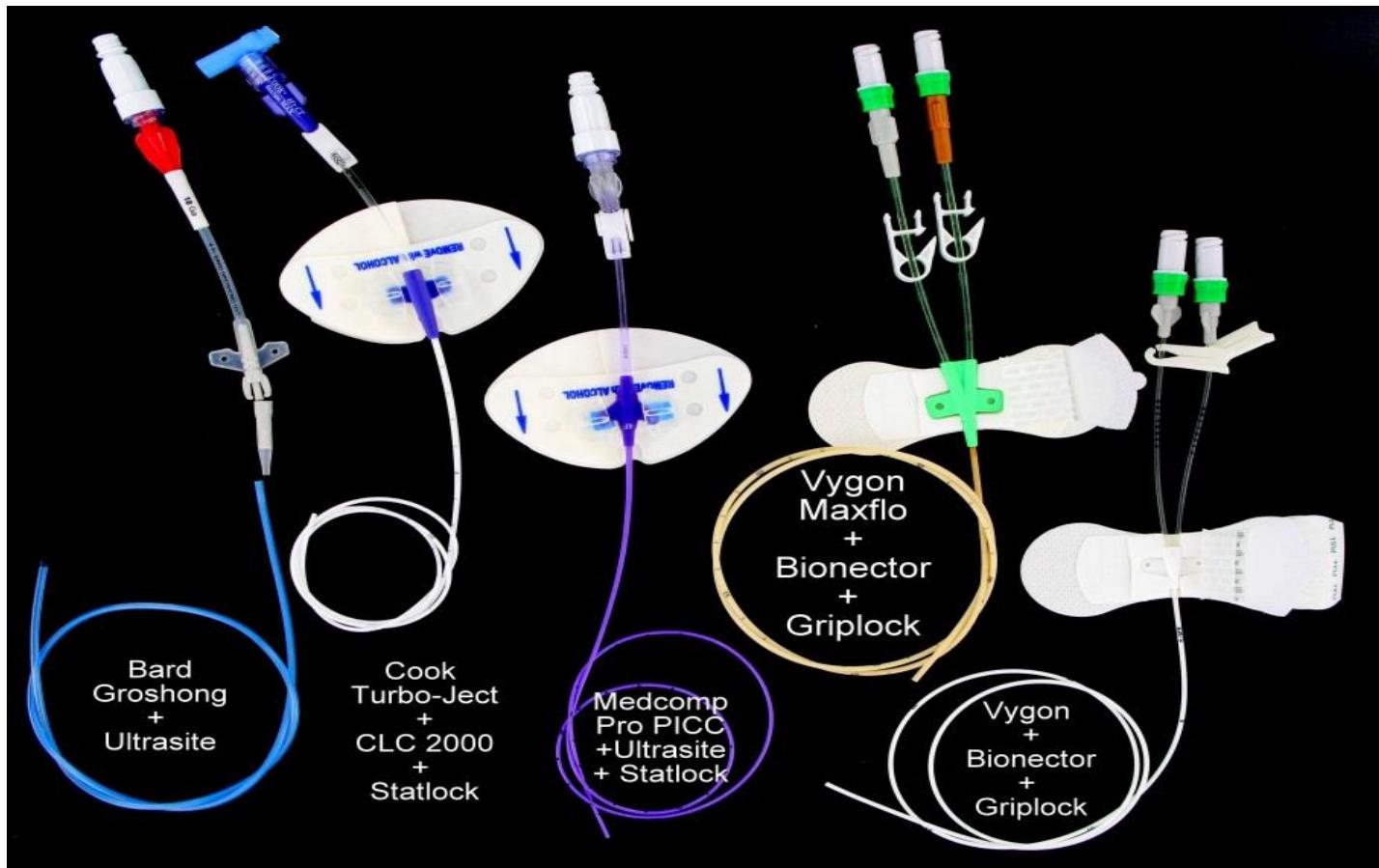
Système de Fixation Grip-Lock[®]



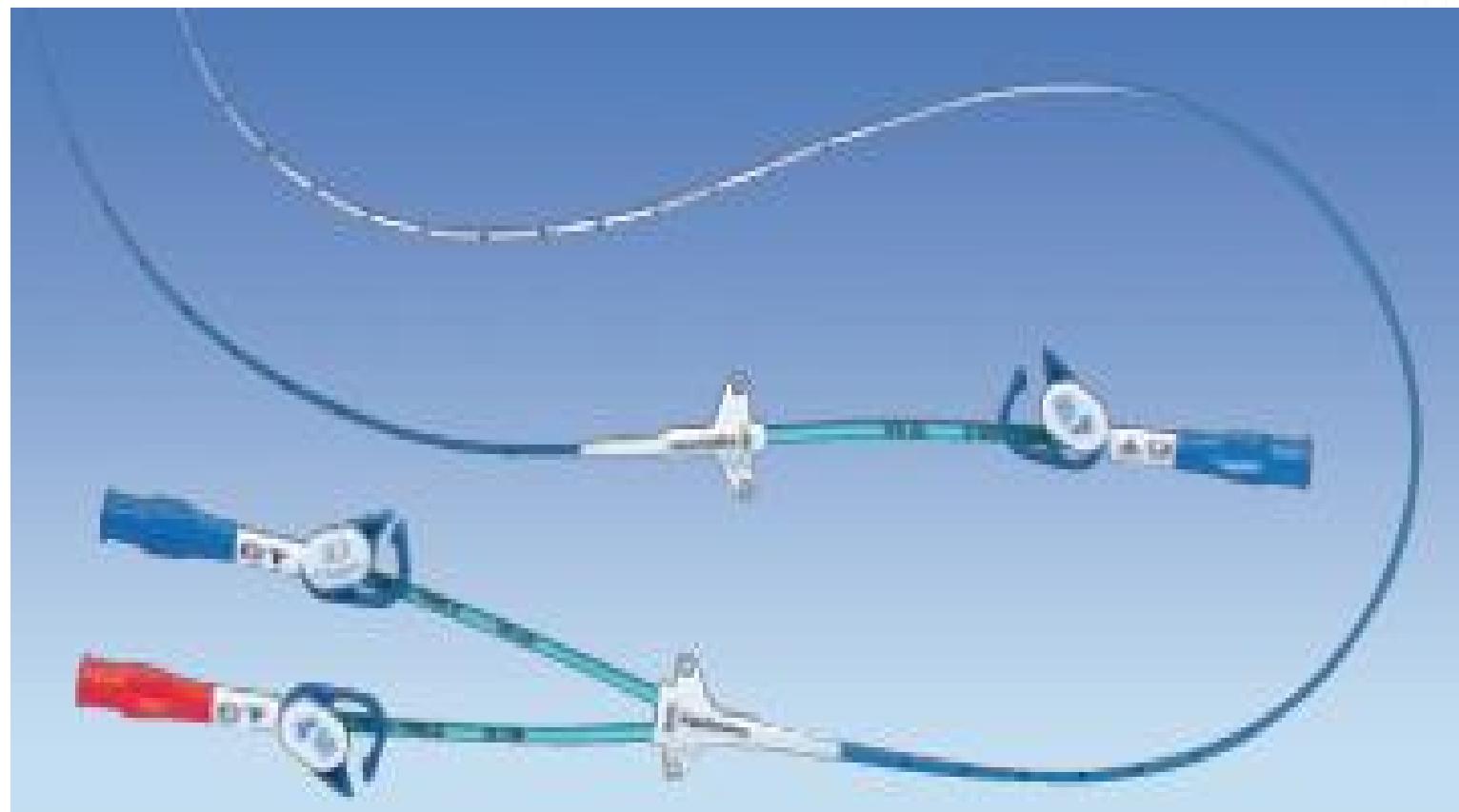


Système de Fixation StatLock®





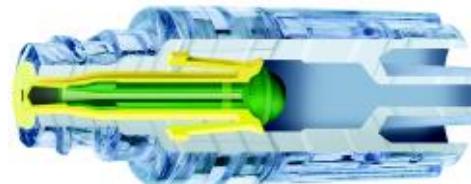
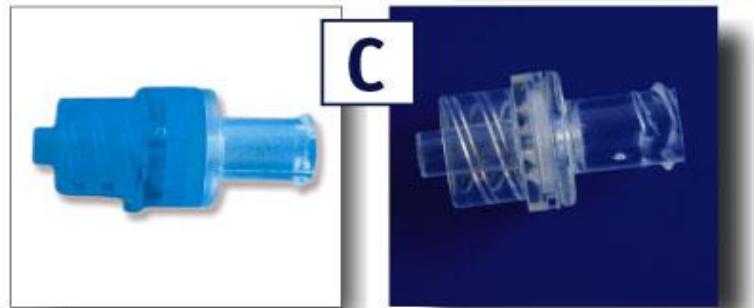
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VALVES

An Evolutionary History

NEEDLE ACCESS INJECTION PORT



Port injection ports may be subject to the animal migration problem if they are left connected with a needle.

BLUNT CANNULA PORT



The two cannula tips are often disconnected during use.

SUPER ACTIVATED PORT NEGATIVE DISPLACEMENT



This design makes it difficult to clean off the outside surface of previous devices making it very difficult to adequately clean the catheter. It is nearly impossible to clean when it becomes directly connected to the line to bloodstream infections. In addition, needles are required with these devices.

SUPER ACTIVATED PORT POSITIVE DISPLACEMENT



This design makes positive displacement technology less effective due to the nature of displacement.

TRUE SWABABLE POSITIVE DISPLACEMENT PORT



Today, MaxPlus brings you the perfect valve. MaxPlus with Tru-Swab Technology is easy to sterilize and reduces occlusions.

Enhance Patient Care with MaxPlus®

FEWER BSIs

Improve patient outcomes with MaxPlus, the needleless access valve with Tru-Swab Technology. Tru-Swab Technology assures the top of the MaxPlus valve is flat, smooth and free of nooks and crannies which can harbor bacteria. The dual seal bounce back design assures the valve will always return to its original position. MaxPlus valve contains only one internal piece, allowing for clear flushing. The MaxPlus permits standardization of valves to both central and peripheral lines, reducing confusion and error associated with two different devices and two different clamping procedures.

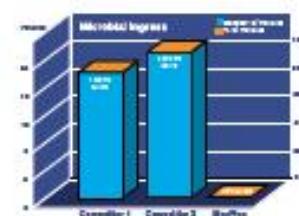
SAY NO TO THE GLOW



When tested to the five new recommendations listed in the 2005 FDA guidelines for microbial ingress, MaxPlus experienced no failures. In fact, our testing exceeded the recommendations by providing a more rigorous "real-world" challenge.

MaxPlus tested clean in a
"real-world" challenge.

Tru-Swabs:
0/20 failures, 0%
Competition:
17/20 failures, 85%
20/20 failures, 100%



FEWER OCCLUSIONS

MaxPlus was designed to reduce the occurrence of occlusions due to reflux. Valves with negative/neutral displacement create an empty space in the catheter that can fill with retrograde blood. The positive displacement pulse of MaxPlus clears the catheter and locks it against retrograde blood. The result: fewer catheter occlusions, less need for heparin and improved patient outcomes.

NEGATIVE/NEUTRAL DISPLACEMENT



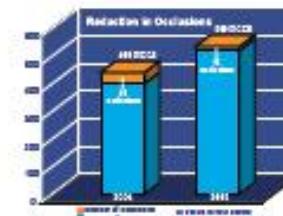
Negative displacement creates an empty space in the catheter that can fill with retrograde blood.

POSITIVE DISPLACEMENT



Positive displacement pulses the catheter with saline, clearing the catheter.

When an occlusion occurs, nursing typically must administer flushing and anti-thrombotic agents to dedot the line. This increase in manipulation of the line costs the hospital time and money. It also increases the patient's risk of infection due to contamination. The Infusion Nurses Society (INS 2006) recommends, "Positive fluid displacement within the lumen of the catheter should always be maintained."



Deliver your flush
syringe and disconnect.
MaxPlus will do the rest.

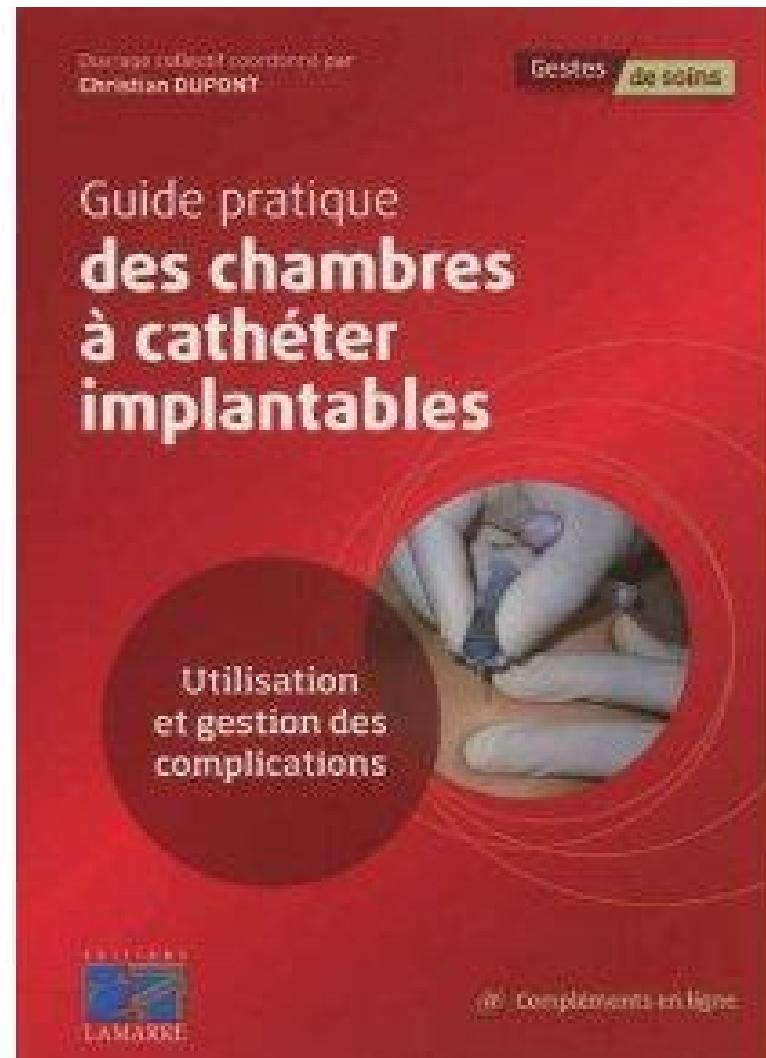
One hospital reduced the incidence
of occlusion from 10K to 3K by
switching to MaxPlus.



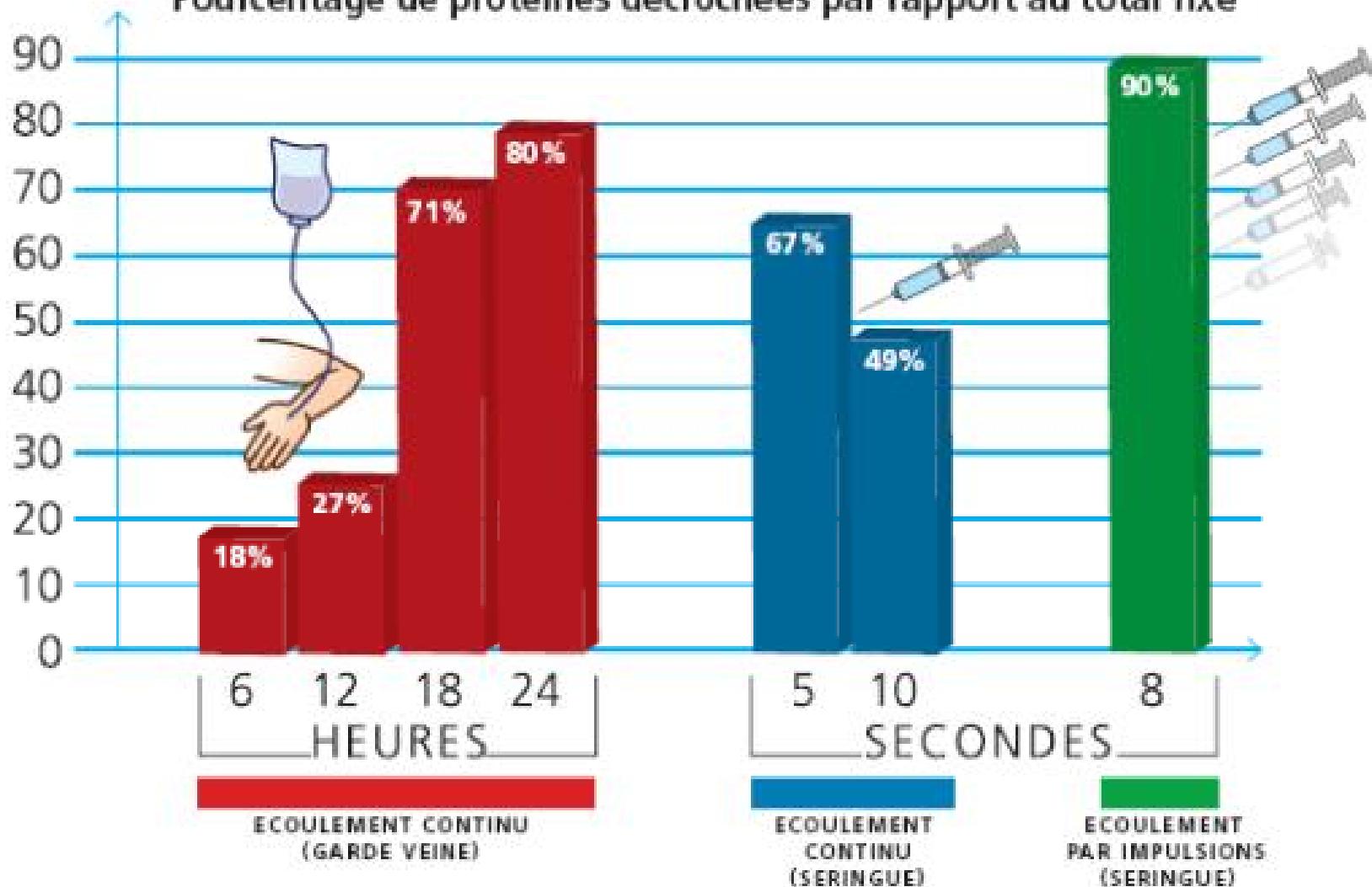
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Pourcentage de protéines décrochées par rapport au total fixé



LES INDICATEURS



- Retour veineux franc
- Absence de douleur spontanée ou à l'injection
- Injection à la seringue aisée
- Bon débit de perfusion et

Respect des délais d'administration des traitements

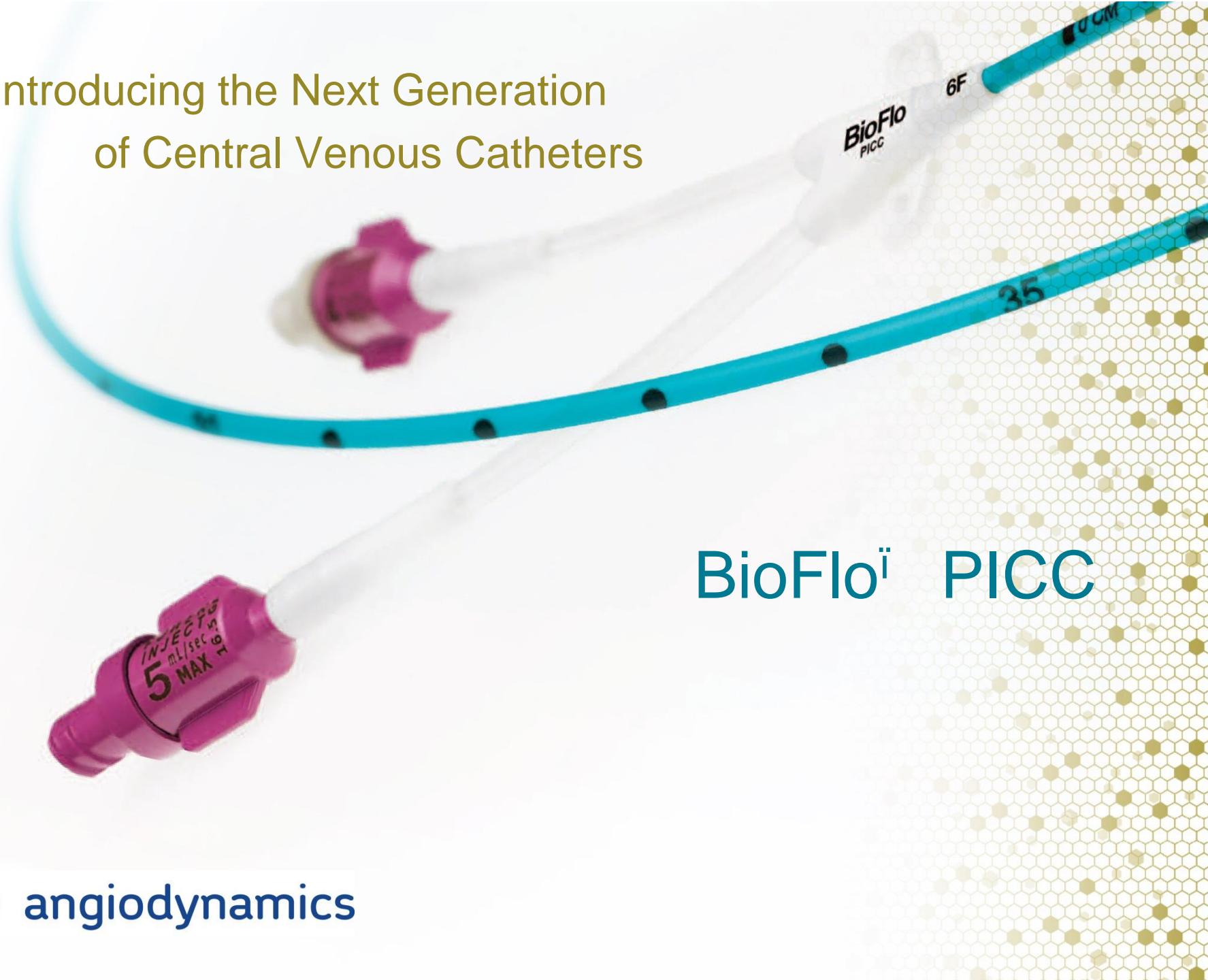


Ablation



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Introducing the Next Generation of Central Venous Catheters

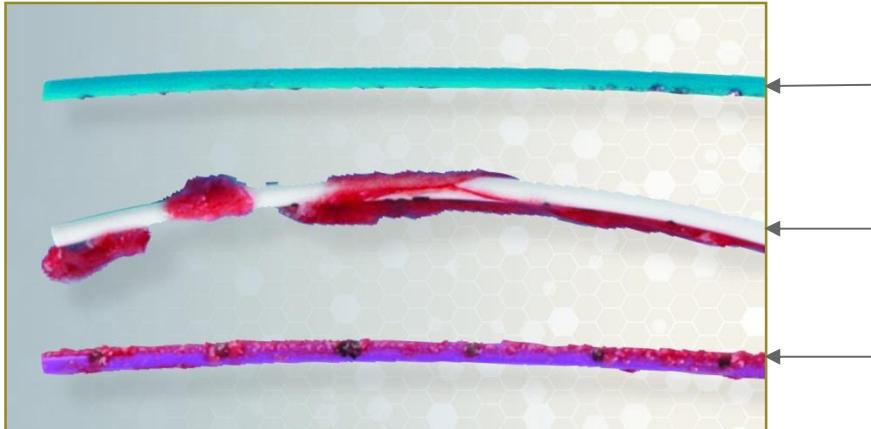
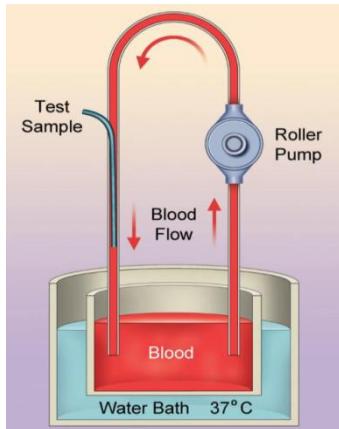


BioFlo[®] PICC

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D BioFlo[®] PICC In-Vitro Thromboresistance Evaluation

The BioFlo PICC demonstrated on average **87% less thrombus accumulation** on its surface compared to commonly used PICCs (based on platelet count).*



5 F DL
AngioDynamics
BioFlo PICC

5 F DL
Competitive PICC

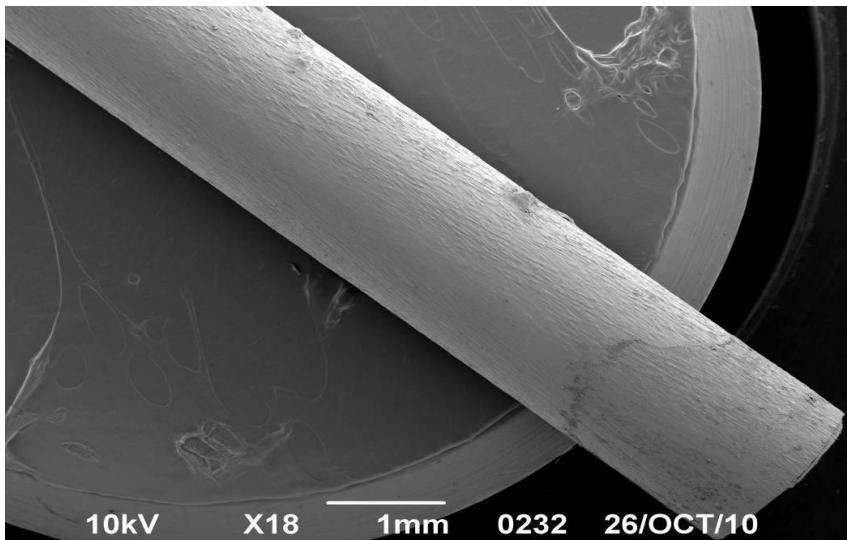
5 F DL
Competitive PICC

* Based on platelet count from in-vitro blood loop model test which may not be indicative of in-vivo clinical results.

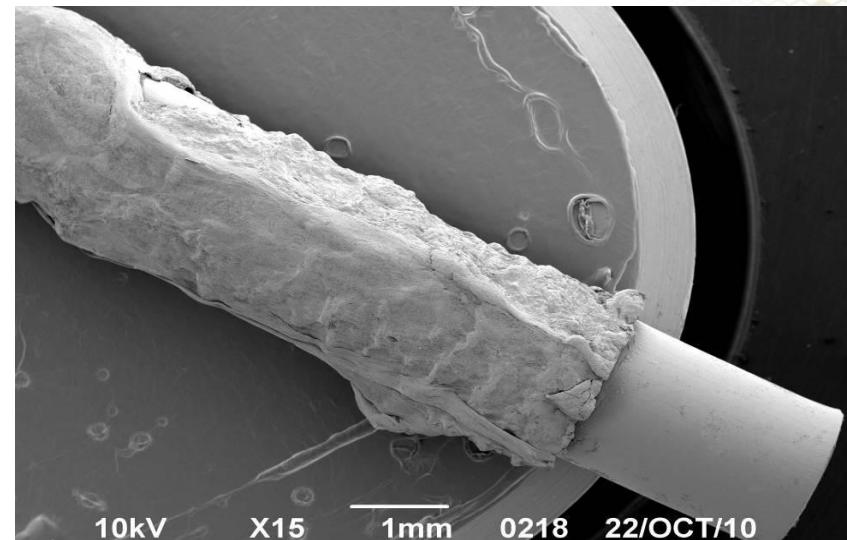
Catheters, at nominal and 1-year aged conditions, exposed for up to two hours in fresh bovine blood circuit.

BioFlo[®] PICC In-Vitro Thromboresistance Evaluation

High Magnification Images of Blood Loop Samples



BioFlo PICC 5 F DL at 18X
Catheter has no visible thrombus, fibrin sheath, or clot.



5 F DL Competitive PICC at 15X
Right half of catheter sample with significant thrombus accumulation.