CORRESPONDENCE

Shoab and Aly on Campbell et al.

Our comments concern two points raised in the study by Campbell and colleagues.1 Firstly, patient input is important in the positioning of vascular access. In our experience, the upper chest is the site preferred by most patients in contrast to the findings of Campbell et al. Secondly, it is suggested that many surgeons do not offer patients choice regarding the site of implantation. The placement of vascular access is often selected to ensure that a long length of catheter is tunnelled and that the exit site is at an anterior position. There is evidence to suggest that a few centimetres of tunnelling would suffice for the purpose of preventing vessel site access infection.2 As suggested in the article there were problems with the traditional placement sites.

Many patients requiring vascular access are young females. The older style placement of access devices leads to difficulty in the wearing and placement of Bra straps. Hickman’s lines have been placed just under the breast or even in the area between the breasts. Following feedback from patients and specialist nursing staff we changed our practice at the Middlesex hospital, London. We switched to using a shorter tunnelling and exit site as shown in Fig. 1. We have received positive feedback following changing the exit site to the infra-clavicular position. We suggest that shorter tunnelling with infra-clavicular exit is a totally acceptable and in many instances a preferred mode of placement of these lines. Campbell and colleagues rightly suggest that problems are common for patients with central lines in a variety of sites. In our experience, the upper chest sites selected after appropriate discussion with the patients were the most acceptable. The exact exit site should be discussed with every patient beforehand. The specialist nurse looking after the patient could effectively do this.

Fig. 1. Shows a diagrammatic representation of some of the possible exit sites. X marks the two spots found favourable in our survey. Y marks the more traditional spot.

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References


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