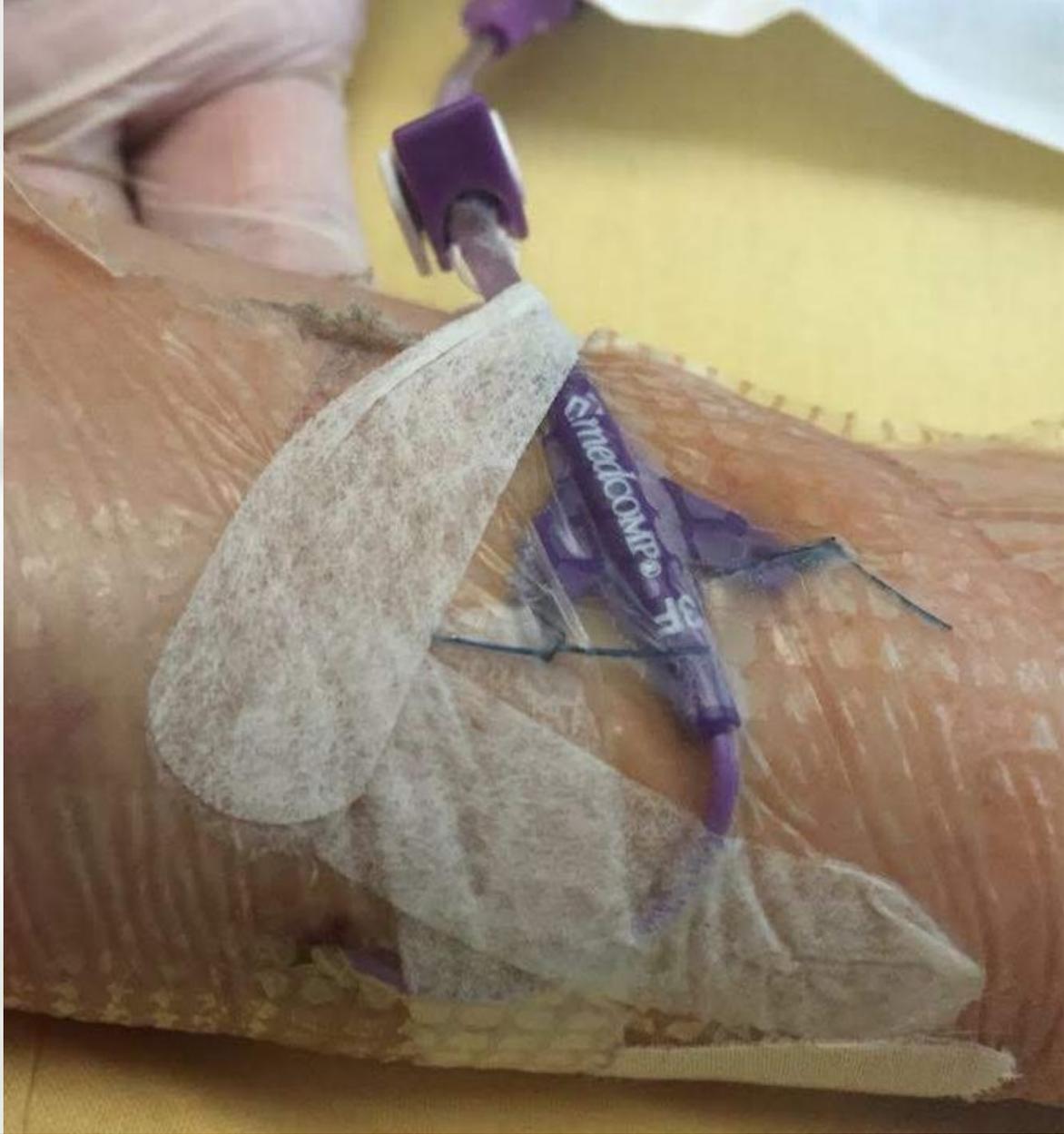


*La stabilizzazione “sutureless”
Sistemi adesivi e ad ancoraggio sottocutaneo*



Guidelines for the prevention of intravascular catheter-related infections

Naomi P. O'Grady,^a Mary Alexander,^b Lillian A. Burns,^c E. Patchen Dellinger,^d Jeffrey Garland,^e Stephen O. Heard,^f Pamela A. Lipsett,^g Henry Masur,^a Leonard A. Mermel,^h Michele L. Pearson,ⁱ Issam I. Raad,^j Adrienne G. Randolph,^k Mark E. Rupp,^l Sanjay Saint,^m and the Healthcare Infection Control Practices Advisory Committee (HICPAC) (Appendix 1)
Bethesda, Maryland; Norwood, Worcester, Boston, Massachusetts; Staten Island, New York, Seattle, Washington; Milwaukee, Wisconsin; Baltimore, Maryland; Rhode Island; Atlanta, Georgia; Houston, Texas, Omaha, Nebraska; and Ann Arbor, Michigan

This is a U.S. Government work. There are no restrictions to its use. (Am J Infect Control 2011;39:S1-34.)

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Catheter securement devices

Use a sutureless securement device to reduce the risk of infection for intravascular catheters.¹⁰⁵

Category II

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Category II

preventing CRBSIs. Pathogenesis of CRBSI occurs via migration of skin flora through the percutaneous entry site. Sutureless securement devices avoid disruption around the catheter entry site and may decrease the degree of bacterial colonization.¹⁰⁵ Using a sutureless securement device also mitigates the risk of sharps injury to the healthcare provider from inadvertent needlestick injury.

ASSIST INFERM RIC 2014; 33: 82-89

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Il protocollo 'ISP' (Inserzione Sicura dei PICC): un "bundle" di otto raccomandazioni per minimizzare le complicanze legate all'impianto dei cateteri centrali ad inserimento periferico (PICC)

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8. FISSARE IL PICC ALLA CUTE MEDIANTE UN SUTURELESS DEVICE

Al termine della procedura è bene fissare il PICC alla cute del paziente non con un punto di sutura, bensì mediante un apposito *sutureless device*, come raccomandato dalle linee guida dei CDC di Atlanta⁶ (Figura 7). L'utilizzo di tali dispositivi è potenzialmen-

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Figura 7. Suturelessdevice tipo Statlock; Utilizzo della colla di cianoacrilato a livello del punto di emergenza del catetere; Medicazione trasparente



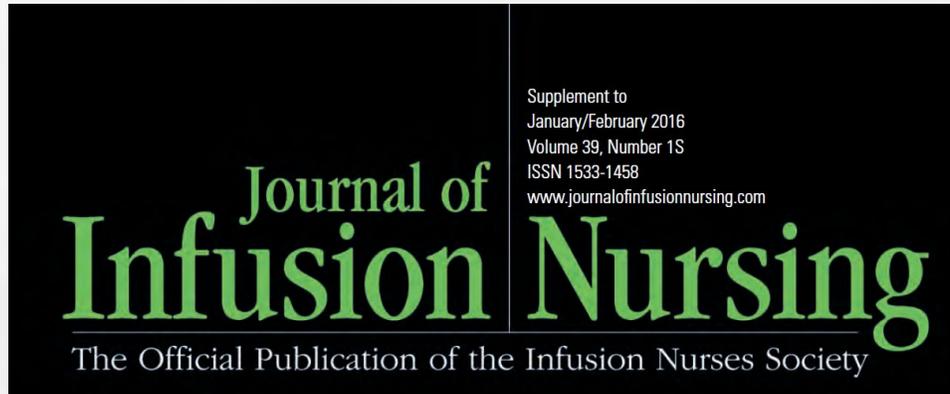
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A. Consider use of an engineered stabilization device (ESD) to stabilize and secure VADs as inadequate stabilization and securement can cause unintentional dislodgment and complications requiring premature VAD removal. ESDs promote consistent practice



A. Consider use of an engineered stabilization device (ESD) to stabilize and secure VADs as inadequate stabilization and securement can lead to catheter dislodgment and compromise VAD removal. ESI

Avoid use of tape or sutures, as they are not effective alternatives to an ESD. Rolls of nonsterile tape can become contaminated with pathogenic bacteria, although its contribution to VAD infection has not been quantified. Sutures are associated with needle-

The SIP protocol update: Eight strategies, incorporating Rapid Peripheral Vein Assessment (RaPeVA), to minimize complications associated with peripherally inserted central catheter insertion

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dlestick injury. Current preferred options for securement are (a) adhesive-based securement devices, (b) transparent dressings with an integrated securement device, and (c) subcutaneous tissue anchorage. Subcutaneously anchored securement is safer and more effective than skin-adhesive devices, and has been associated with lesser risk of infection, as it allows more complete skin antisepsis around the exit site during care and maintenance.^{37–40} In patient popu-

The SIC protocol: A seven-step strategy to minimize complications potentially related to the insertion of centrally inserted central catheters

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stick puncture for the operator. Current alternative options for securement are skin-adhesive sutureless devices, transparent dressing with integrated securement, and subcutaneous anchorage. In any patients at high risk for catheter dislodgment (non-collaborative patients, skin abnormalities, relevant perspiration, others) it is preferable to use a subcutaneously anchored sutureless device.^{29,30} Subcutaneously

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Proper securement of the catheter—stabilization of the catheter using skin-adhesive sutureless devices, transparent dressing with integrated securement, or subcutaneous anchorage

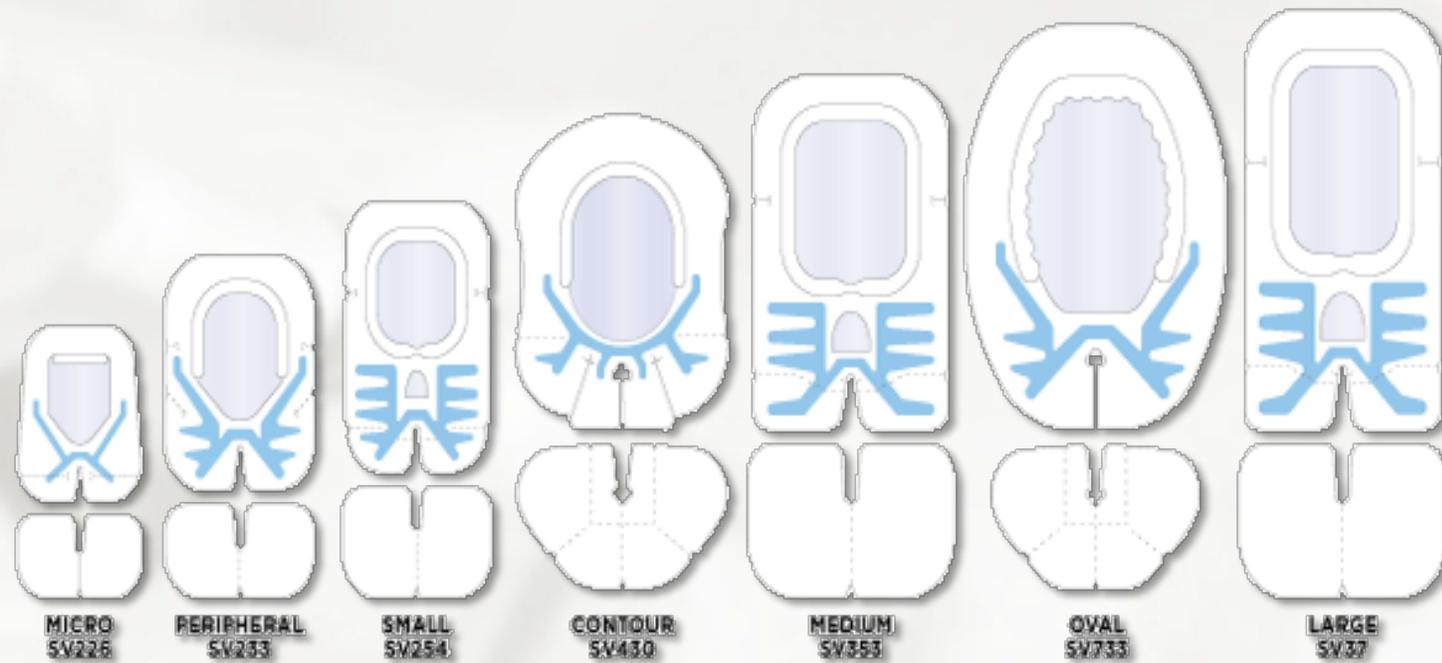


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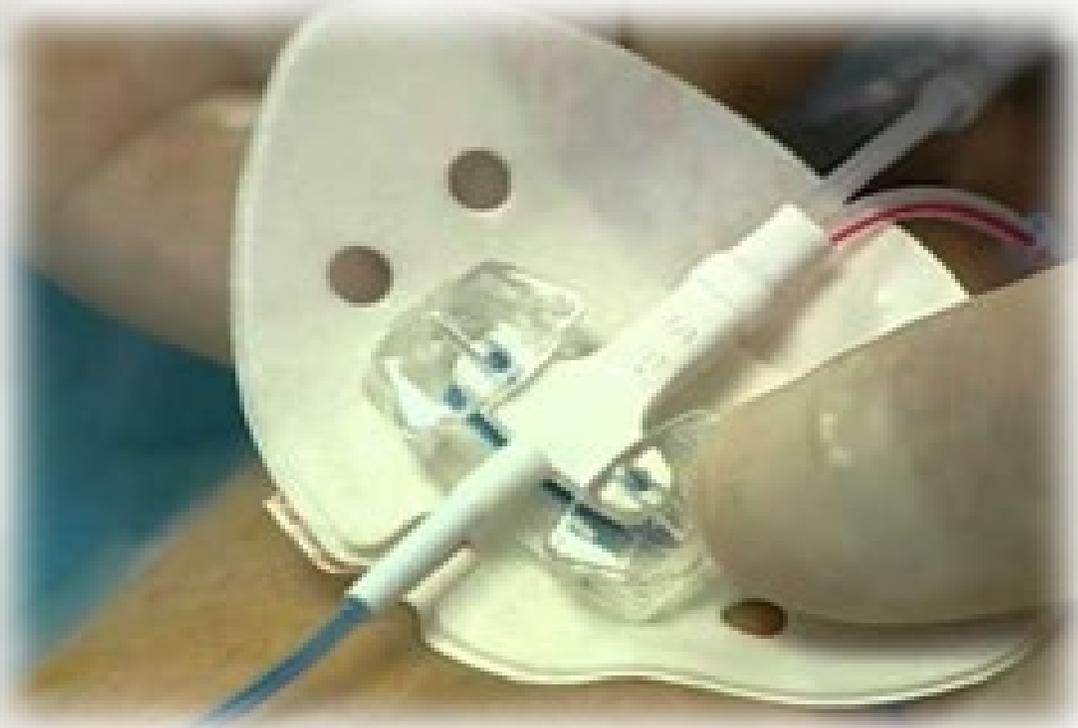
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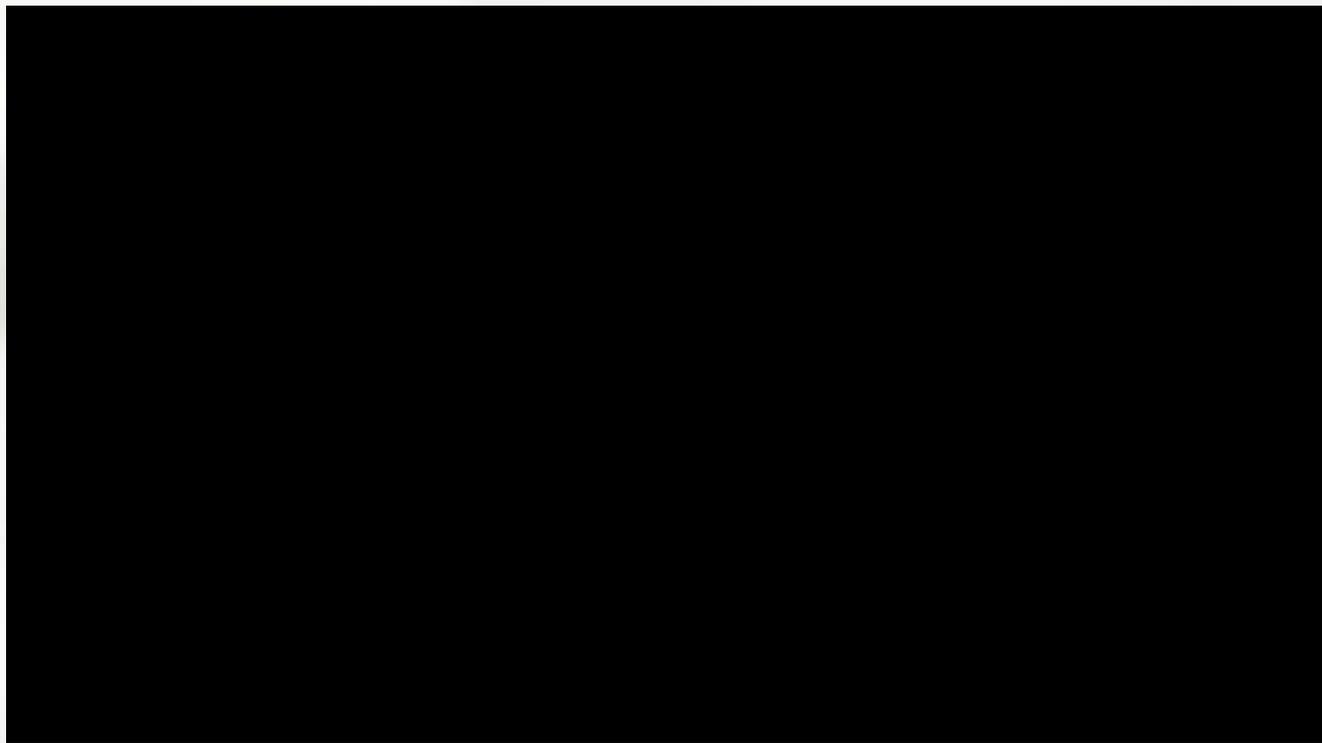




Thanks to Mauro Pittiruti

SAS: subcutaneously anchored securement

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Fulvio Pinelli¹, **Mauro Pittiruti²**, **Ton Van Boxtel³**, **Giovanni Barone⁴**, **Roberto Biffi⁵**, **Giuseppe Capozzoli⁶**, **Alessandro Crocoli⁷**, **Stefano Elli⁸**, **Daniele Elisei⁹**, **Adam Fabiani¹⁰**, **Cristina Garrino¹¹**, **Ugo Graziano¹²**, **Luca Montagnani¹³**, **Alessio Pini Prato¹⁴**, **Giancarlo Scoppettuolo¹⁵**, **Nicola Zadra¹⁶**, **Clelia Zanaboni¹⁷**, **Pietro Zerla¹⁸**, **Evangelos Konstantinou¹⁹**, **Matt Jones²⁰**, **Hervé Rosay²¹**, **Liz Simcock²²**, **Marguerite Stas²³** and **Gilda Pepe¹⁵**

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SAS is effective in reducing the risk of dislodgment when used for securing PICCs and other types of central VADs in adult patients as well as in children and neonates.

Cost-effectiveness of SAS is demonstrated for central VADs staying in place for more than few weeks, and it is highly likely for all patients at high risk of dislodgment (children, neonates, non-compliant older patients, patients with skin abnormalities that makes them unsuitable for adhesive securement), independently from the expected duration of the VAD.



Figure 2. PICC secured with SAS + wing secured by skin adhesive securement (StatLock™).

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SAS:
Non richiede sostituzione

Skin-adhesive:
Sostituzione settimanale

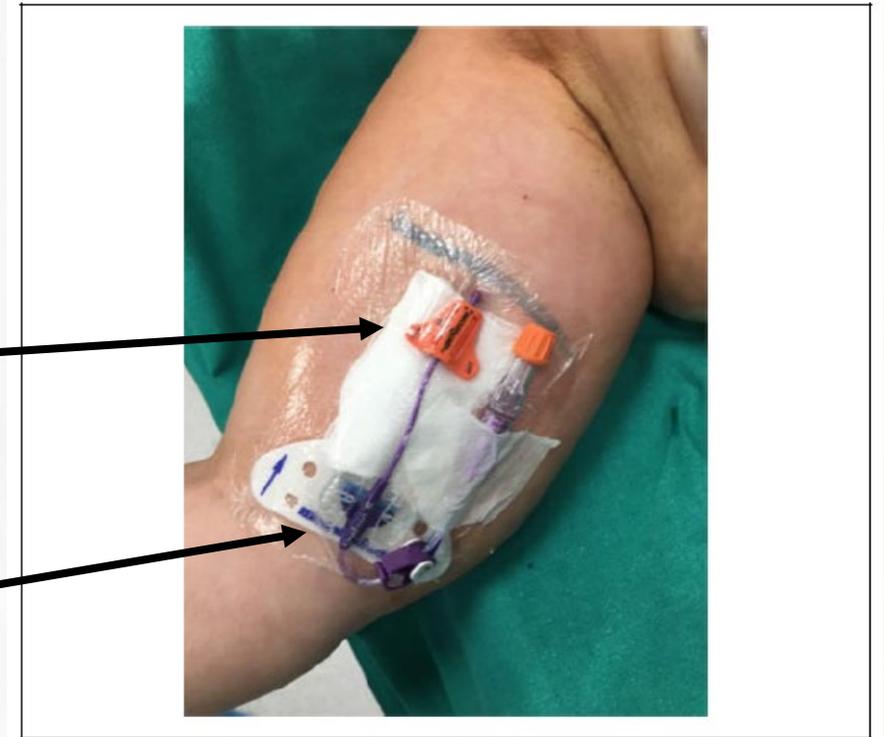


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Skin-adhesive

CVAD a breve termine

Non invasivo

Buona resistenza alla trazione

Ben tollerato

Skin-adhesive

Cambio settimanale

Indispensabili guanti sterili

Momento critico per dislocazione CVAD

SAS

Pz. poco complianti

Pz. pediatrico/neonatale

Trattamento MARSI

CVAD a medio/lungo termine

Nessuna microretrazione durante il cambio medicazione

SAS

Costo/efficace dopo qualche settimana

Skill nel posizionamento (sottocutaneo, non intradermico)

Skill nella rimozione

Rimozione SAS



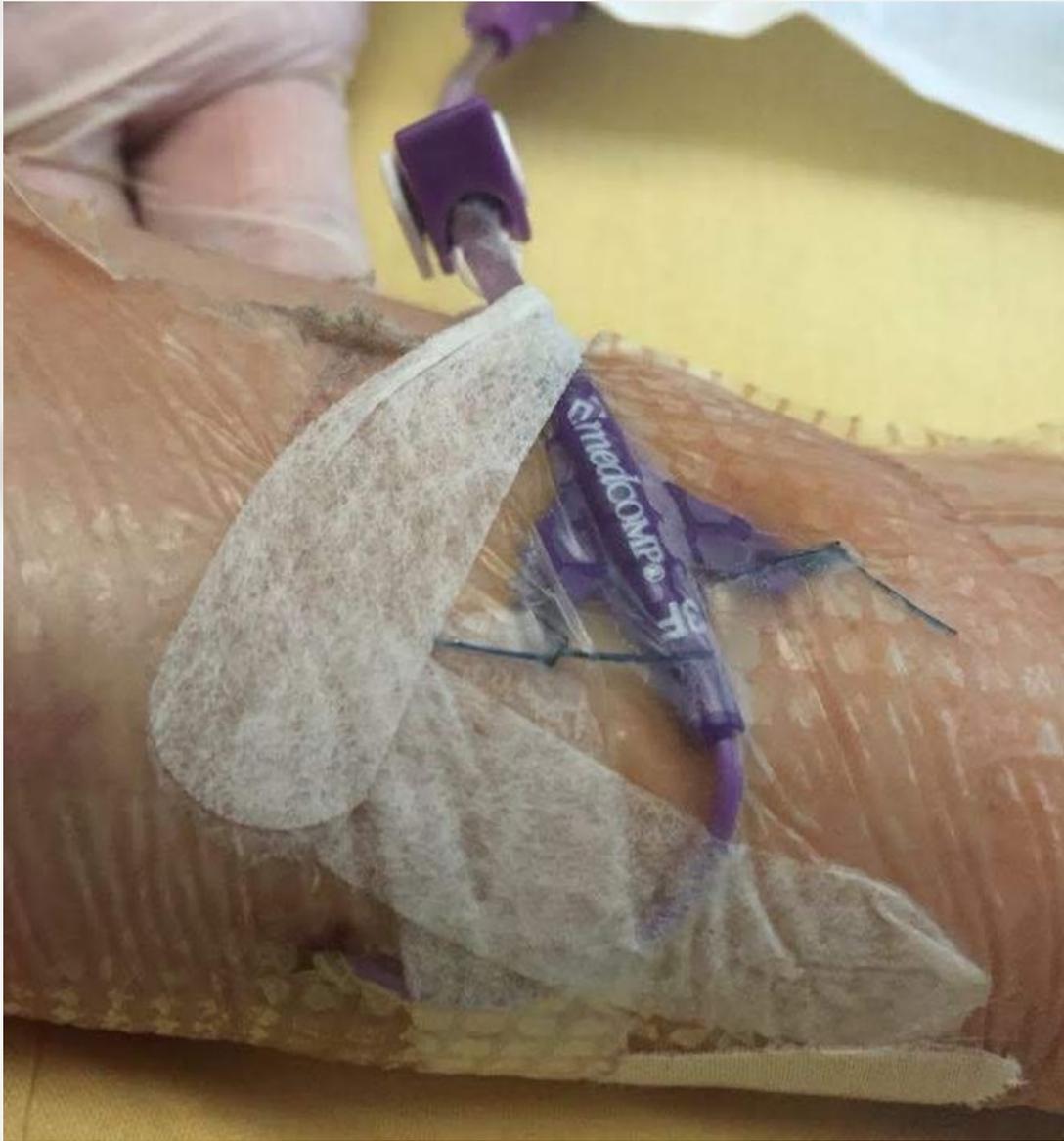
Thanks to Mauro Pittiruti

Skin-adhesive:

- *Exit site libero e sempre ispezionabile*
- *Rischio dislocazione durante il cambio medicazione*
- *Nessuna invasività*
- *Semplicità di posizionamento e rimozione*
- *Costo/efficacia nel breve termine*

SAS:

- *Exit site libero e sempre ispezionabile*
- *CVAD stabile anche durante il cambio medicazione*
- *Minima invasività*
- *Necessaria skill aggiuntiva nel posizionamento e rimozione*
- *Costo/efficacia dopo qualche settimana*

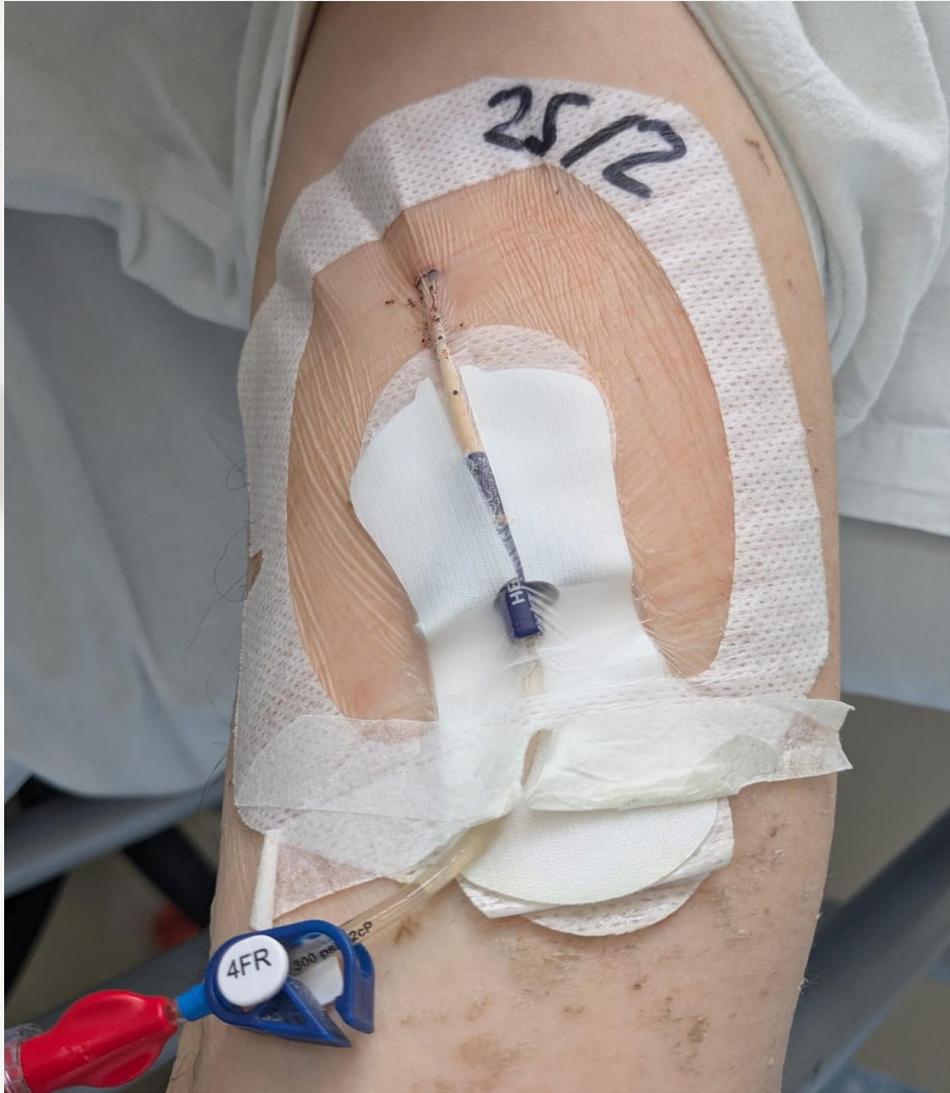


Take home messages

Take home messages



Take home messages



Take home messages

- Per un fissaggio ottimale è possibile associare SAS a skin-adhesive sutureless



Take home messages

- Per un fissaggio ottimale è possibile associare SAS a skin-adhesive sutureless

...ma c'è modo e modo...



Thanks to Mauro Pittiruti



Grazie

stefanomariaelli@gmail.com