

Tunnellizzazione e pseudo-tunnellizzazione applicate agli accessi femorali.

GAVeCeLT 2024 BOLOGNA

Stefano Elli
Team Accessi Vascolari
Fondazione IRCCS San Gerardo dei Tintori, Monza
Università degli studi di Milano Bicocca



Fondazione IRCCS
San Gerardo dei Tintori

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2009

ESPEN Guidelines on Parenteral Nutrition: Central Venous Catheters (access, care, diagnosis and therapy of complications)

Mauro Pittiruti^a, Helen Hamilton^b, Roberto Biffi^c, John MacFie^d, Marek Pertkiewicz^e

The use of the femoral vein for PN is relatively contraindicated, since this is associated with a high risk of contamination at the exit site in the groin, and a high risk of venous thrombosis.

COMMENTARY

Open Access

Recommendations for the use of vascular access in the COVID-19 patients: an Italian perspective



Mauro Pittiruti^{1*} , Fulvio Pinelli² on behalf of the GAVeCeLT Working Group for Vascular Access in COVID-19

2020

Consider the use of femoral access (FICCs) so to minimize the risk of operator contamination by the patient's oral, nasal, and tracheal secretions during insertion. Choose an exit site at mid-thigh, away from the groin, either by puncturing the common femoral vein and then tunneling to mid-thigh or by directly puncturing the superficial femoral vein at mid-thigh.

Femoral venous access: State of the art and future perspectives

Maria Giuseppina Annetta¹ , Stefano Elli² , Bruno Marche¹,
Fulvio Pinelli³  and Mauro Pittiruti¹ 

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This extension of indications is mainly secondary to the fact that FICC insertion is nowadays regarded as a procedure with an extremely low intraprocedural and post-procedural risk. The risks of femoral access—both at the time of insertion and during the period of indwelling—have been lowered by the new strategies described above. The risk of

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non-intensive care areas.^{25,35} Whenever the veins of the upper limbs are inaccessible, and a single or double lumen catheter seems to be appropriate, an analysis of risk/benefit ratio may favor a FICC over a CICC. Also, patients with

Tunnellizzazione

spostare l'exit site in un'area diversa dal sito di venipuntura

Techniques in vascular access

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Rapid Assessment of Vascular Exit Site and Tunneling Options (RAVESTO): A new decision tool in the management of the complex vascular access patients

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Matthew D Ostroff¹ , Nancy Moureau² and Mauro Pittiruti³ 

Pseudo-tunnellizzazione

spostare l'exit site in un'area diversa dal sito di venipuntura

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Pseudo-tunnellizzazione
spostare l'exit site in un'area diversa dal sito di
venipuntura

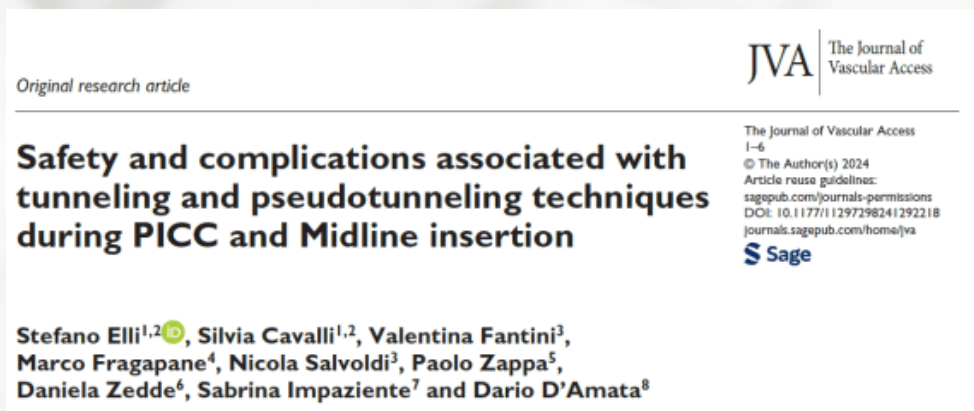
Percorsi più brevi e rettilinei

Basso rischio di sanguinamento

Puntura in asse obliquo della VFS

Pseudo-tunnellizzazione **spostare l'exit site in un'area diversa dal sito di** **venipuntura**

Basso rischio di sanguinamento



Anche in caso di
PLT < 50000
INR > 1,5



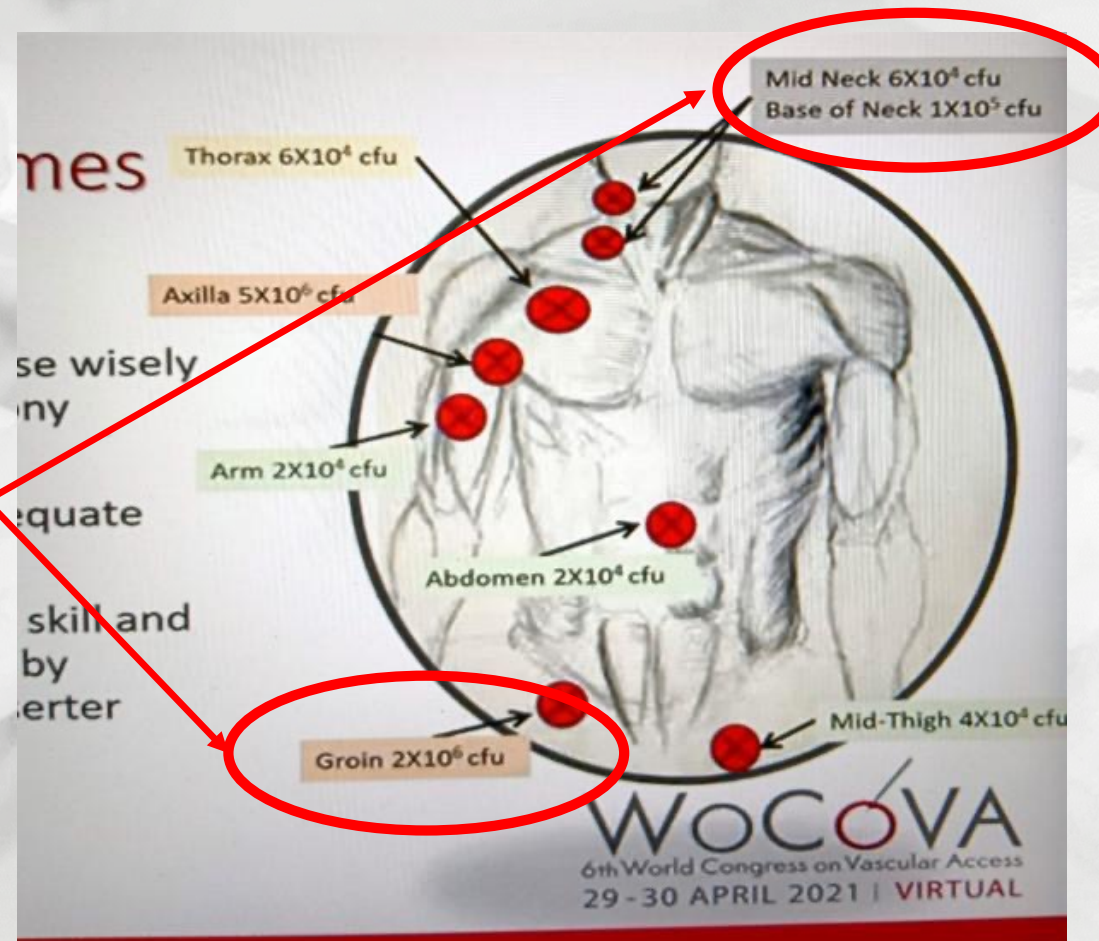
Scelta dell'exit site

Rischio infettivo

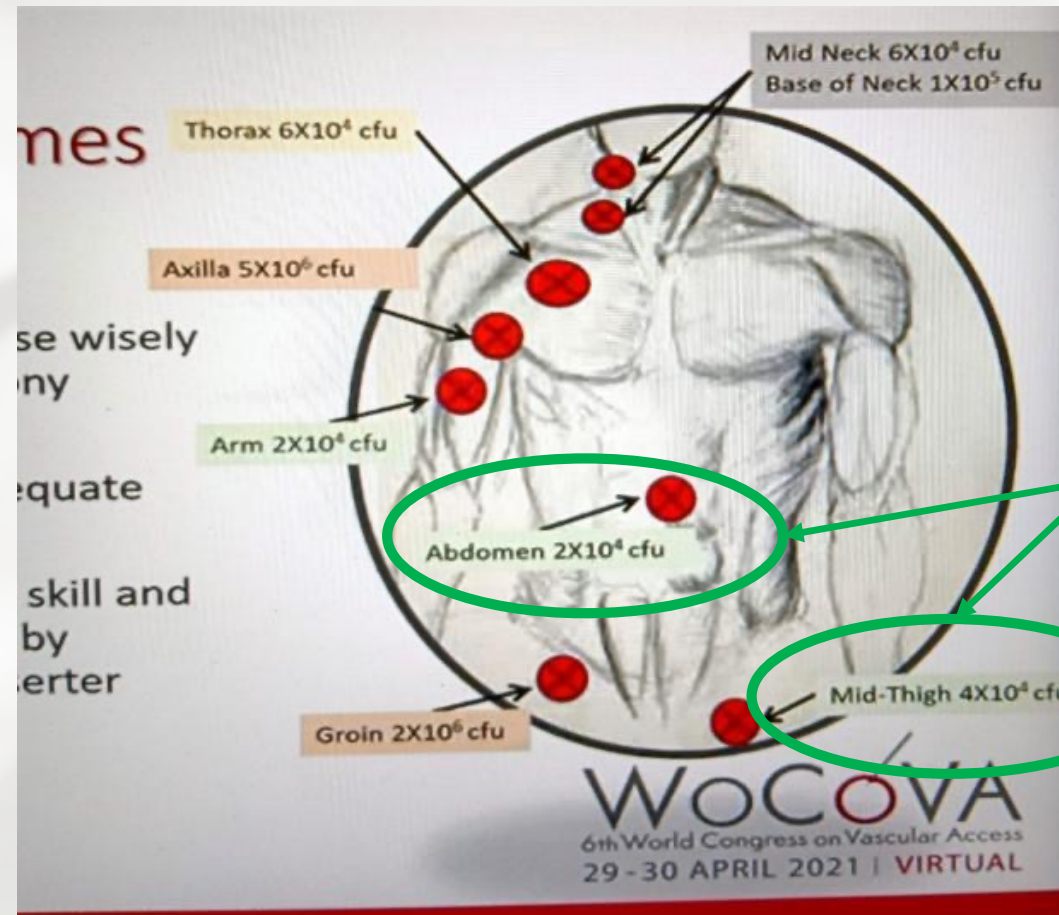
- **Flora batterica residente**
- **Manipolazioni involontarie**
- **Efficacia e facilità disinfezione**
 - **Tenuta della medicazione**
- **Rischio di contatto con feci o urine**

Scelta dell'exit site

**Più
Sporco**



Scelta dell'exit site



Più
Pulito

Rischio meccanico

- **Punti di flessione**
- **Prominenze ossee**
 - **Tipo di cute**
- **Quantità di sottocute**
- **Presenza di pliche cutanee**

Fattore umano

- **Compatibilità con le attività motorie di base**
- **Compatibilità con le attività di vita quotidiana**
 - **Grado di accettazione del device**
 - **Preferenze del paziente**

Scelta dell'exit site

Case report

Alternative exit sites for central venous access: Back tunneling to the scapular region and distal tunneling to the patellar region

Matthew D Ostroff¹  and Mauro Pittiruti² 

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2021, Vol. 22(6) 992–996
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Figure 2. Double tunnel from the femoral vein to the patellar region.

Scelta dell'exit site

Case report

Utilization of lateral exit sites for femorally inserted central catheters in pediatric patients: A case report and review of the literature

Mark D Weber^{ID}, Adam S Himebauch
and Thomas Conlon

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Figure 1. Leg in neutral position with view of access and exit site. Scar from prior FICC noted on medial thigh.

Scelta dell'exit site

Techniques in vascular access

Femoral to abdomen tunneling at the bedside for medium/long term venous access

Matt Ostroff¹ , Hossam Elzomor², Toni Anne Weite¹, Daniel Garcia¹, Jane Ahn¹, Olena Stanko¹, Kirsten Anderson¹, April Winborne³ and Evan Alexandrou⁴ 

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Figure 2. “J” (shape) tunneling technique applied to the internal jugular vein to the chest and the common femoral vein to the abdomen.

Fare di necessità virtù



***Valutazione ecografica di
tutto
il futuro tragitto sottocutaneo***

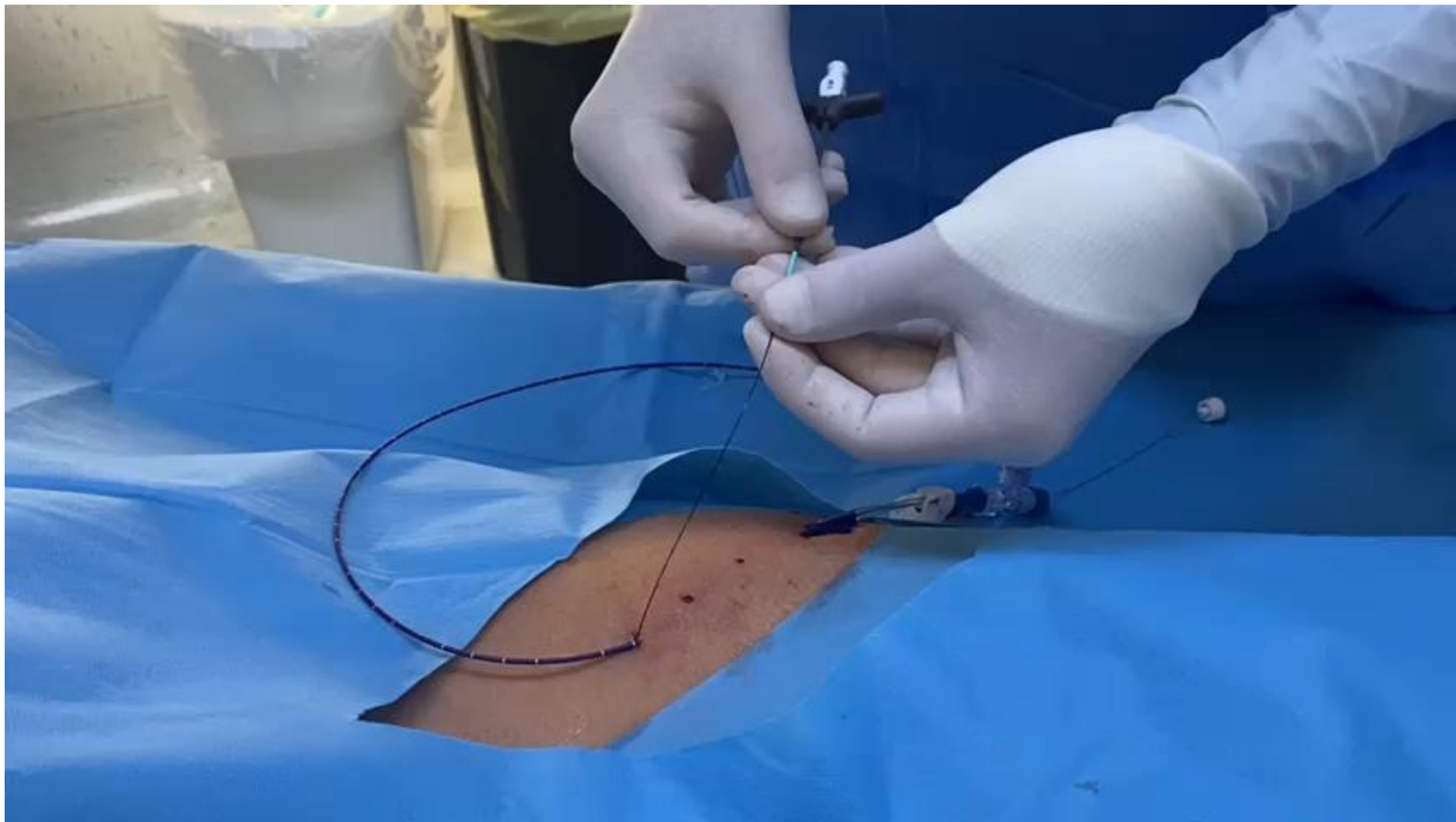
Idrodissezione

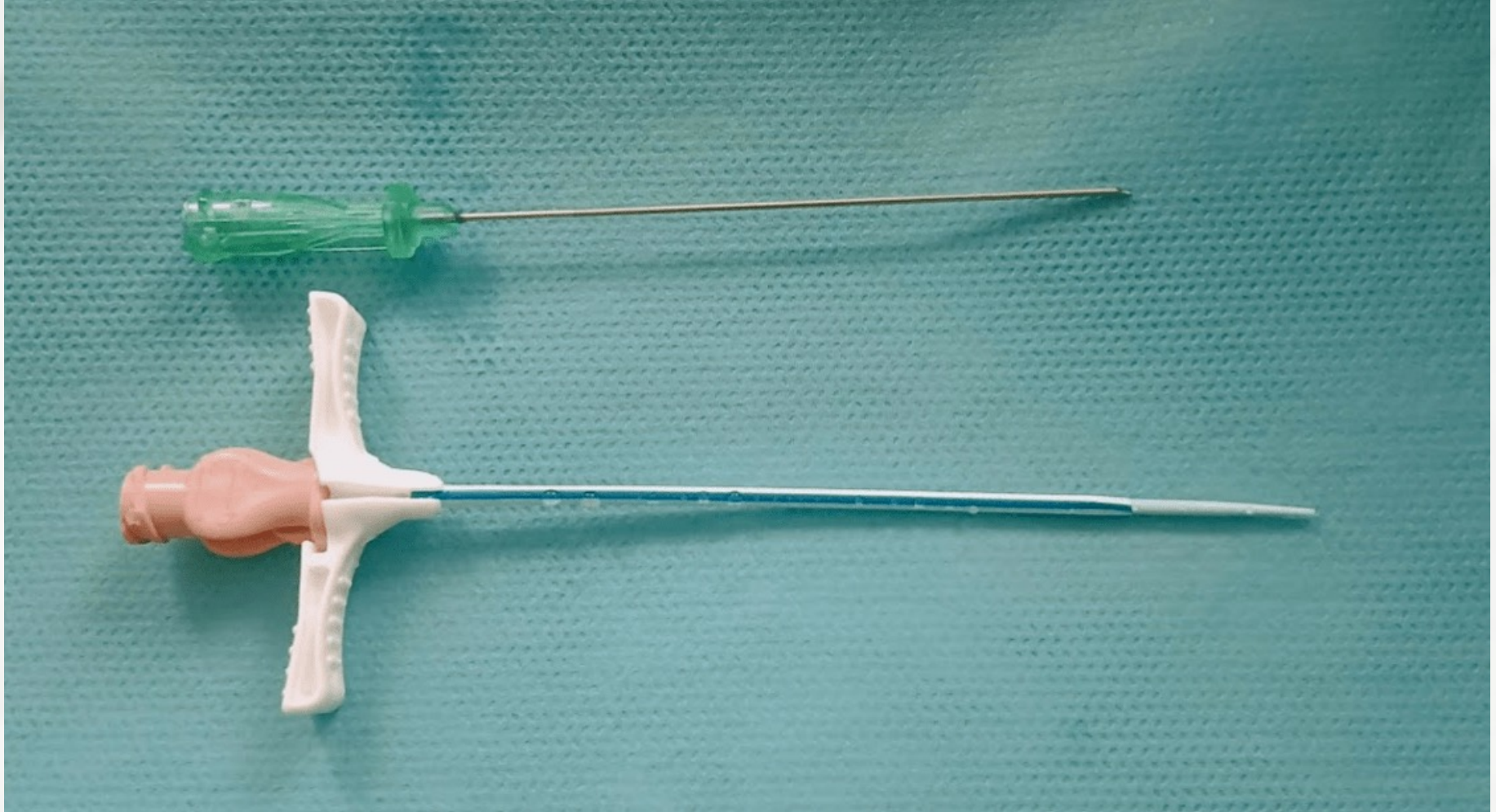
Ropivacaina 7,5% + sol. Fisiologica (50/50)

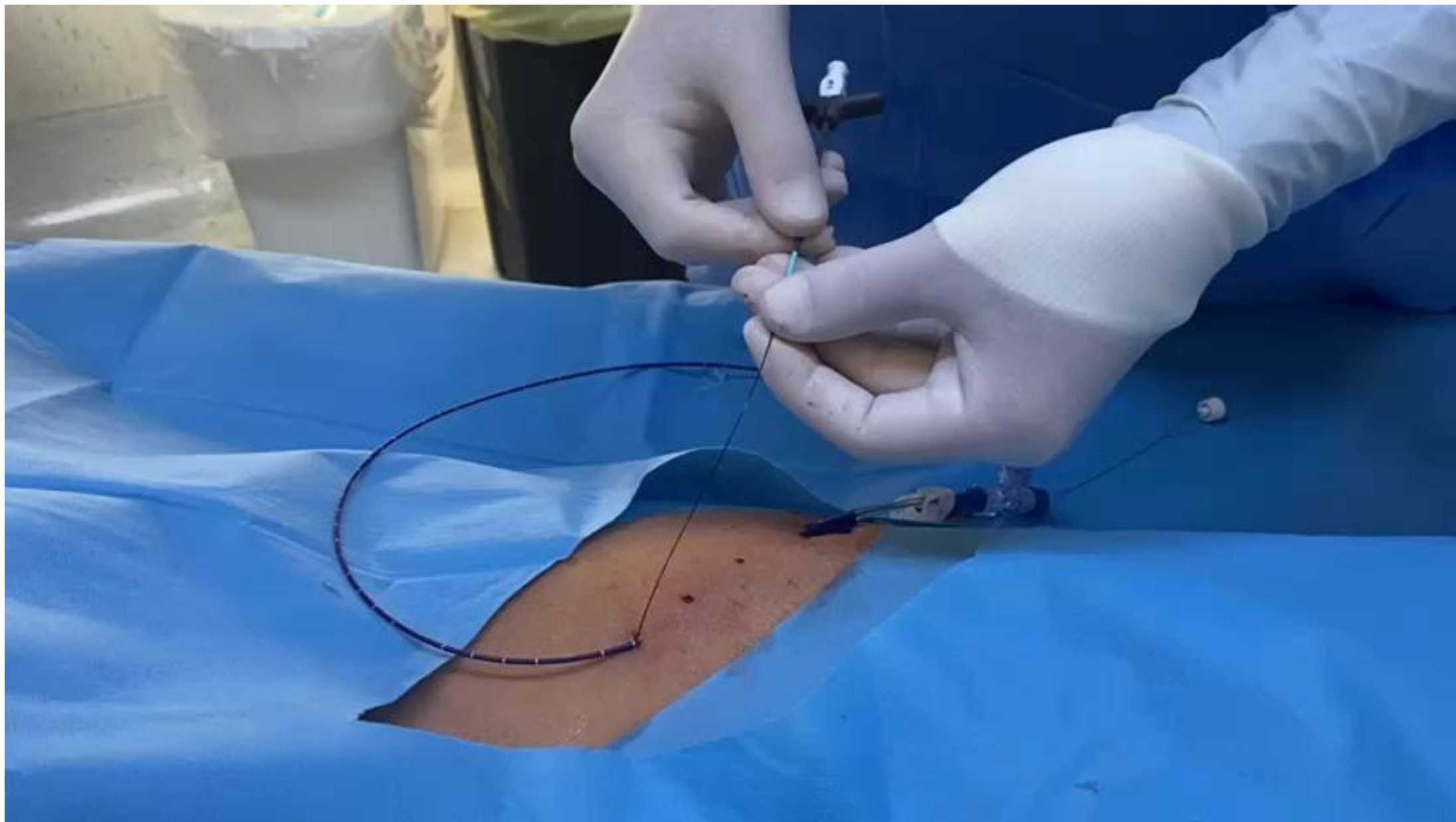
1 ml per cm lineare di tunnel





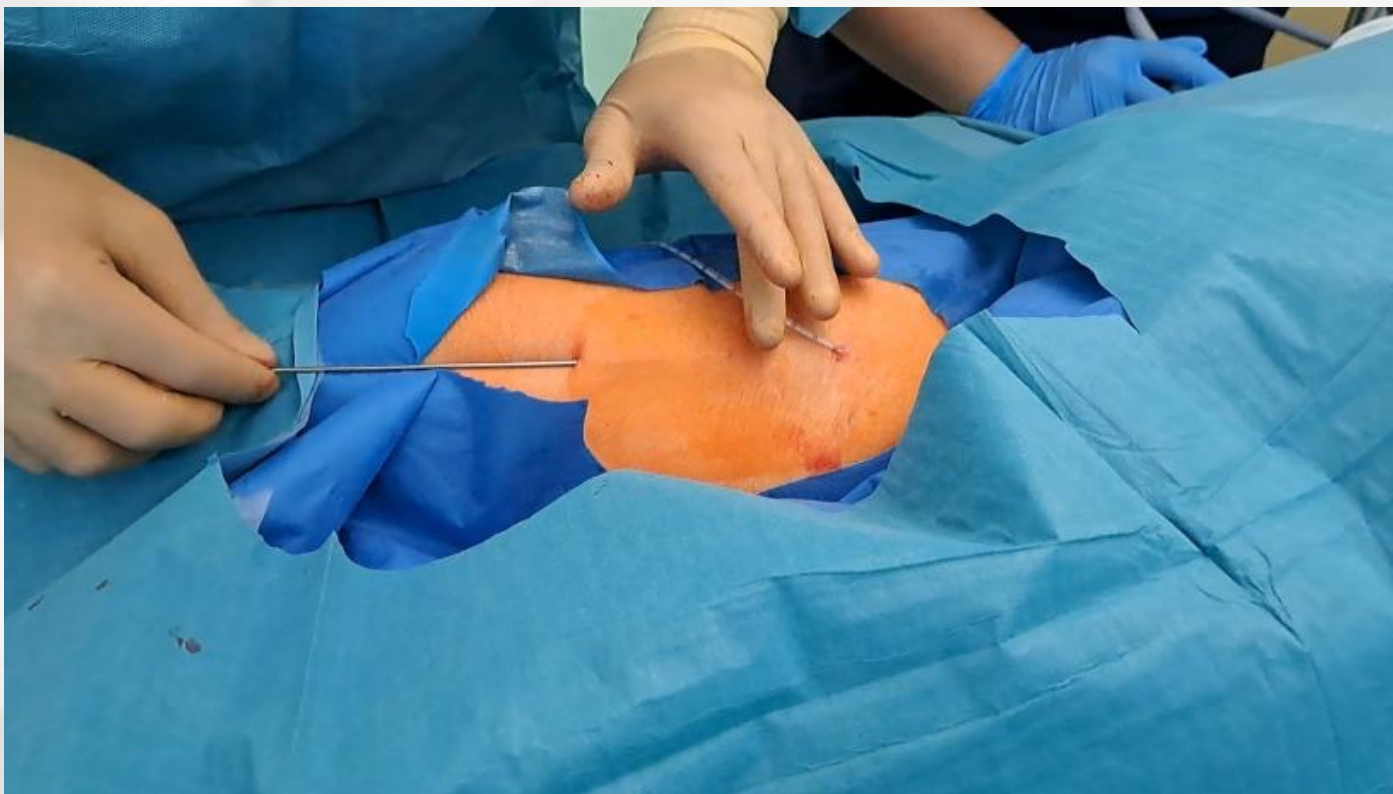






Tunnellizzazione retrograda

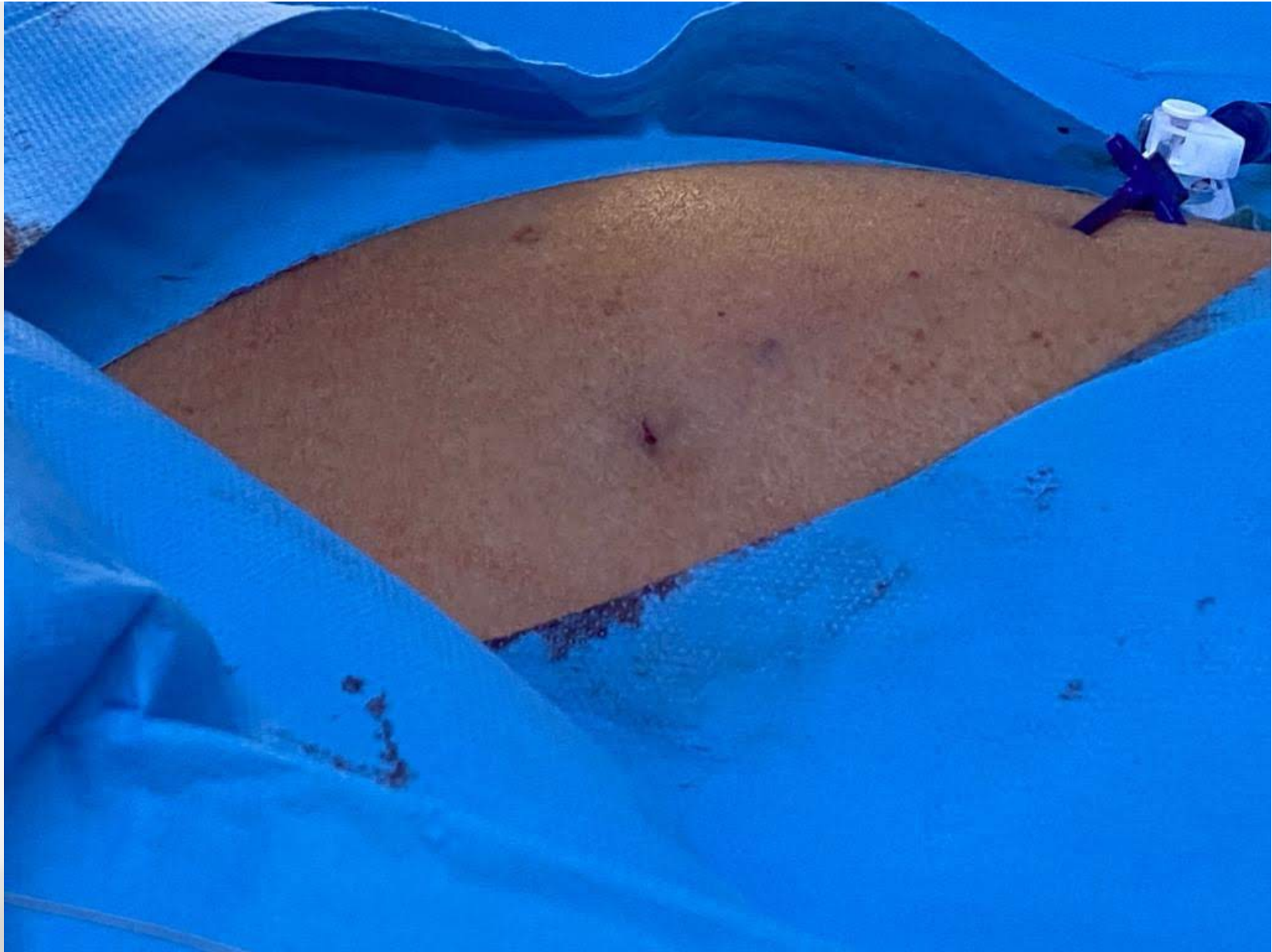
Per cateteri a trimming prossimale



Tunnellizzazione retrograda

Per cateteri a trimming prossimale

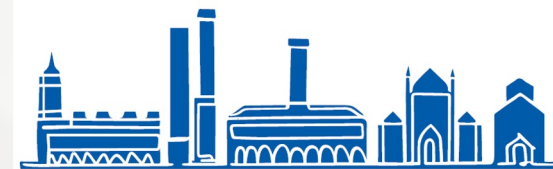






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Grazie

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stefanomariaelli@gmail.com