

Subcutaneous securement system best for reaching end of PICC need

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A subcutaneous anchor securement system (SASS) is superior for

assisting oncology patients to reach the end of need with a single peripherally inserted central catheter (PICC), according to a study published online Aug. 1 in *The Journal of Vascular Access*.

Michelle L. Hawes, R.N., from Data to Wisdom Research Consulting in Bloomington, Indiana, and colleagues conducted a [retrospective study](#) to examine [oncology](#) patients' ability to finish their therapy with one PICC using implant and explant data for adult [oncology patients](#) from 2007 to 2021. All patients received a PICC with an adhesive securement device (ASD) or SASS.

The researchers found that partial or complete dislodgement causing unplanned PICC removal occurred for 12 and 0.4% of those with ASD and SASS, respectively. The probability of reaching the end of need with one PICC at two years was 68% and more than 95%, respectively, regardless of the reason for premature removal, with a significant difference between the two securement devices (P

"Based on the evidence, the best instrument for securing a catheter throughout a patient's therapeutic need is the subcutaneous anchoring securement device," Hawes said in a statement.

More information: Michelle L Hawes et al, A retrospective study of subcutaneous anchor securement systems in oncology patients, *The Journal of Vascular Access* (2023). [DOI: 10.1177/11297298231190416](https://doi.org/10.1177/11297298231190416)

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