CONGRESS BROCHURE

WOCOVA

7th World Congress on Vascular Access

16-18 OCTOBER 2022

MEGARON ATHENS GREECE

#wocova22




WWW.WOCOVA.COM

FOREWORD ORGANIZING COMMITTEE

Welcome to the 7th WoCoVA!

After years of restrictions, due to the Covid-19 pandemic, the Global Vascular Access Network (GloVANet) welcomes you to Athens for the 7th World Congress on Vascular Access. It is great that we will be able to network again face to face and share knowledge towards improving vascular access for patients worldwide.

In this 3-day high quality program you will be able to update your knowledge on vascular access research & innovations and meet experts from all over the world. Next to renowned vascular access experts, we offer oral and poster abstract presentations from upcoming scientists.

On behalf of the Scientific Committee, the WoCoVA organizational team and the Athens University, I wish you a great learning experience in Athens.

Ton van Boxtel, RN, MSc, PAN
CEO and president of WoCoVA and GloVANet

TABLE OF CONTENT

COMMITTEES

GLOBAL COMMITTEE

This committee consists of representatives from all over the world. It is the congress's ears and eyes ensuring that different global needs and opinions are covered on the subject of vascular access.

Josie Stone, Chair Global Committee, USA

Argentina - Maria Veronica Mauri
Australia - Evan Alexandrou
Austria - Christian Breschan
Belgium - Martine Jerome
Brazil - Claudia Luz
Canada - Sharon Armes / Cherie Pinkerton / Tami Jemson
China - Jingui Zhang / Sun Hong
Czech Republic - Jiri Charvat
Denmark - Kasper Jepsen
France - Eric Desruennes / Christian Dupont
Germany - Ulf Teichgräber
Greece - Evangelos Konstantinou
Hong Kong - Peter Tang
Hungary - Agi Szekacs
India - Anil Bhambhani
Iran - Morteza Khavanin Zadeh
Ireland - Peter Carr
Italy - Mauro Pittiruti
Lebanon - Jocelyne Abou Jaoude
New Zealand - Lynette Lennox
Philippines - Susan Labuntog
Portugal - Rita Barroca
South Korea - Jang Yong Kim
Spain - Maria Antonia Cubero Perez / Paloma Ruiz Hernandez
Sweden - Karin Johansson
Switzerland - Wojciech Staszewicz
The Netherlands - Ton van Boxtel
United Kingdom - Andrew Barton
USA - Tim Spencer

SCIENTIFIC COMMITTEE

The Scientific Committee ensures that the WoCoVA program meets its high standards, making sure that content presented meets WoCoVA's quality requirements.

Mauro Pittiruti, Chair Scientific Committee, Italy

Ton van Boxtel – The Netherlands
Marguerite Stas – Belgium
Gloria Ortiz Miluy – Spain
Tim Spencer - USA
Josie Stone – USA
Ken Symington – USA
Christian Dupont - France
Evan Alexandrou - Australia
Evangelos Konstantinou - Greece

ORGANIZING COMMITTEE

The organizing committee deals with all aspects to make the congress a success.

Ton van Boxtel – Chair Organizing Committee
Jacoline Zilverentant – Congress Manager
Toine Hulshof – Manager Communication and Company Contacts
Lynn van Rennes – Secretariat WoCoVA

HISTORY OF WOCOVA

2002
AVA discussions

The strategic committee of the USA-based Association of Vascular Access (AVA) started annual discussions on the need for a world-wide organization to promote the scientific knowledge and experience on vascular access. The committee suggested a global congress, organized by an independent organization.

2009
Birth of WoCoVA

The World Congress on Vascular Access (WoCoVA) was established to create an international independent platform focussing on vascular access.

2010
1st WoCoVA
Amsterdam, the Netherlands

The First WoCoVA took place in Amsterdam, The Netherlands, on 17 and 18 June. Well over 1000 participants from all around the world attended a large number of presentations delivered by vascular access experts, clinicians and companies. The success of this first world congress underlined the need for global sharing of VA knowledge. It set the standard for future congresses.

2012
2nd WoCoVA
Amsterdam, the Netherlands

Two years after the first congress, the 2nd WoCoVA was organized, again in Amsterdam, but this time in the historic Stock Exchange building. Many vendors used the floor space to demonstrate their latest products to the participants, whose number had increased again since 2010.

2014
3rd WoCoVA
Berlin, Germany

By now WoCoVA has become a biennial tradition. The third congress, at the Berlin Congress Center (Germany), saw a further increase in the attendance of VA professionals world-wide.

2015
1st WoCoVA Special Event
Hong Kong

Hong Kong's Hotel Shangri-La hosted the first WoCoVA Special Event, which enabled participants from the Asian region to learn about the core knowledge that had been presented in Berlin the previous year.

2016
4th WoCoVA
Lisbon, Portugal

The 4th WoCoVA took place in Lisbon, Portugal. By now WoCoVA also actively supported the creation of National Societies – groups of VA experts within a country to further promote vascular access knowledge through their local network. In Lisbon the launch of the Portuguese National Society (ApoAVA) was celebrated.

2017
2nd WoCoVA Special Event
Perth, Australia

After the success of the Hong Kong Special Event, a second one followed in Perth, Australia. Key Points from the Lisbon congress were presented.

2018
GloVANet Launched

At the closure of the Copenhagen congress, GloVANet was introduced. This 'Global Vascular Access Network' is the umbrella organization including WoCoVA (the congresses, Special Events, and other events) and other VA projects. GloVANet offers tools for communication, certified education, and clinical practice.

2018
5th WoCoVA
Copenhagen, Denmark

The modern capital of Copenhagen (Denmark) formed the backdrop of the 5th WoCoVA, and was themed 'Patients First' to re-focus on the people whose lives we constantly strive to improve. With 49 invited speakers delivering 120 presentations to +1000 attendees (from 52 countries), the congress continued in the familiar path which by now had been paved. By now, WoCoVA also played an increasingly important role in educational programs, consensus meetings, and publications.

2019
3rd WoCoVA Special Event
São Paulo, Brazil

In collaboration with Brazilian's National Society SIAV, a new WoCoVA Special Event was held in the A.Einstein Hospital, São Paulo. This event focussed on Copenhagen's highlights and was attended by many Brazilian clinicians.

2020
WoCoVA Live!
Virtual

Athens (Greece) had been chosen as the site for the sixth congress, but early 2020 the world came to a halt as the corona virus restricted travelling and group meetings. Athens had to be postponed. As an alternative, WoCoVA Live! was launched. It allowed a huge number of people to join. This mini-online congress (at no charge) proved to be a huge success in a new direction we had envisaged earlier, but not explored - until Covid-19 forced us.

2020 - 2021
WoCoVA Meet the Experts
Virtual

As part of WoCoVA live! WoCoVA offered 4 Meet the Expert sessions. Each MtE covering relevant topics, each time with two expert speakers and a Q&A.

2021
6th WoCoVA
Virtual

Having learned from WoCoVA Live!, it was decided a new online congress would be organized. Again, using a professional recording studio, speakers delivered their presentations online, while chair Ton and his team hosted the event.

2022
WoCoVA 2022 Meet the Experts
China

With 2 online Meet the Expert sessions in May and August 2022, we reached many clinicians in China and other Asian countries, learning the latest on vascular access.

DAY 1 - SUNDAY 16 OCTOBER

08:00 - 09:00
Muses Foyer

Registration & Welcome coffee, tea and breakfast bites

09:00 – 10:05
Trianti Hall

T1. Opening session 7th WoCoVA

09:00 – 09:20 (T01.1)

Opening
Ton van Boxtel, RN, MSc, PAN (NL)
Ioannis Kaklamanos, MD, PhD (GR)
Evangelos Konstantinou, MSc, PhD, RN (GR)

09:20 – 10:00 (T01.2)

Keynote: Economic perspective on vascular access
Vassilis Balanis, MSc, MBA, MIHMEP (GR)

10:00 – 10:05

Commercial break

10:05 – 11:05
Trianti Hall

T02. What's new in the world of venous access?

Chairs: Roberto Biffi (IT) and Sergio Bertoglio, MD (IT)

10:05 – 10:25 (T02.1)

A nurse's point of view
Evangelos Konstantinou, MSc, PhD, RN (GR)

Education is critical in vascular access, yet the only real way to do it, is through proctoring. All experienced workers have faced difficult cases, worth to be addressed also by less experienced clinicians. What better way if you could create a running duplicate of those cases through 3D-printing, in any place of the world? All you would need is a digital library, a 3D-printer, and a customized kit that simulates the ECG tip confirmation. This I will try to describe during this presentation, in order to give the opportunity to clinicians all over the world to use their imagination, their partners, their students, and create a better education system.

10:25 – 10:45 (T02.2)

A physician's point of view
Massimo Lamperti, MBA, MD (AE)

Insertion and maintanance of venous access will be one of the most challenging tasks in healthcare future. An overview of existing and coming solutions is presented from a physician's point of view.

10:45 – 11:05

Discussion

11:05 – 11:15
Muses Foyer

Short break

11:15 - 12:00
Trianti Hall
Banqueting Hall
Skalkotas Hall

Industry Symposium

12:00 – 13:00
Muses Foyer

Lunch break

12:10 – 12:50
Trianti Foyer

Poster Presentations

13:00 – 14:05
Trianti Hall

T03. Cyanoacrylate glue for venous access

Chairs: Jocelyn Hill,BSc, MSN, VA-BC, CVAA(c) (CA) and Matt Ostroff, MSN, VA-BC (US)

13:00 – 13:20 (T03.1)

Glue for peripheral VADs
Amit Bahl, MD, MPH (US)

This presentation will take a deep dive into the evidence regarding tissue adhesive for securement of peripheral vascular access devices in the adult and pediatric populations. While most of the literature addresses the main outcome of device functionality, there is some growing evidence regarding the impact of glue on infection prevention, hemostasis, and cost-effectiveness.

13:20 – 13:40 (T03.2) **Glue for central VADs**
Mauro Pittiruti, MD (IT)

The introduction of cyanoacrylate glue (CG) in the clinical practice of venous access has been one of the most important changes of the last decade. CG has several potential benefits in terms of stabilization of the catheter, reduction of local bleeding, protection of the exit site from bacterial contamination, and sutureless closure of short skin incisions. After one decade of clinical experience, we can confirm that CG should be used during the insertion maneuver of any type of central venous access. When used on the exit site of epicutaneo-cava catheters in neonates, CG protects the exit site and secures the catheter. In children and in adults, we use CG for sealing the exit site of any non-tunneled or tunneled central venous access device (either PICC, or CICC, or FICC), for the purpose of eliminating the risk of local bleeding (thus avoiding the scheduled change of dressing after 24 hours) and reducing the risk of bacterial contamination. Also, in tunneled and in totally implanted central venous access devices, CG is the safest and most effective strategy for skin closure. In short, CG is a safe, effective, and cost-effective tool for the management of any central venous access.

13:40 – 14:00 **Discussion**

14:00 – 14:05 **Commercial break**

13:00 – 14:05
Banqueting Hall

B01. The proper choice of the venous access device

Chairs: Christian Dupont, RN (FR) and Evangelos Konstantinou MSc, PhD, RN (GR)

13:00 – 13:20 (B01.1) **The choice between peripheral and central access**
Kathy Kokotis, MBA, MS, RN (US)

One of the most critical decisions in vascular access in device selection is do I run this infusate centrally or peripherally? Patient outcomes on achieving the end of therapy are related to the infusate and the device selected. This presentation will review anatomy, hemodilution, infusate characteristics, as well as guidelines and standards around the world on central versus peripheral administration. Current literature will also be reviewed on the topic and ending with what resources and tools are available for clinical use in decision-making. To achieve the goal of one stick to complete the therapy the infusate is one of the main considerations, as well as the patient's medical status and history. The attendee will be presented with resources to assist in that decision.

13:20 – 13:40 (B01.2) **The VAD-Expert approach**
Fulvio Pinelli, MD (IT)

We need an algorithm for choosing the most appropriate VAD. An 'healthy' algorithm is based on the best available scientific evidence; its goals are (a) minimization of the VAD-related risks, (b) preservation of the patient's veins as much as possible, (c) reduction of costs. VAD-expert is both an algorithm and an interactive guide to the choice of the most appropriate venous access device.

ABSTRACT PRESENTATIONS

13:40 – 13:50 (B01.3) **Indications for venous access in oncology -recommendations of national professional societies and the current state in the Czech Republic**
Viktor Manasek (CZ)

13:50 – 14:00 **Discussion**

14:00 – 14:05 **Commercial break**

DAY 1 - SUNDAY 16 OCTOBER

13:00 – 14:05
Skalkotas Hall

S01. CLABSI in NICU and PICU

Chairs: Roland van Rens, RN, MaANP (NL) and Christian Breschan, DEAA, MD, PhD (AT)

13:00 – 13:20 (S01.1)

Prevention of CRBSI: state of the art
Agnes van den Hoogen, PhD, RN (NL)

An update of the state of the art: Central venous catheters (CVC) are used in the care of critically ill patients. CVC's gives the possibility to administer intravenous medications and fluids that cannot be given peripherally. In addition they are Infants and neonates. However, despite the benefits, CVC's can also serve as potential portals for localized and systemic bloodstream infections. During decennia efforts has gone into reducing the incidence of CRBSI's having optimal infection prevention strategies. These strategies have multiple components, used in bundles of care and maintenance of the CVC's. Insertion strategies includes education and training of those who insert and maintain the catheters, like nurses and doctors and all other allied health care professionals who are working in units with critical ill patients having CVC's. Bundles comprise, among others e.g. the use of chlorhexidine for skin antisepsis, and use of maximal sterile barrier precautions. Regular updates of new and novel technologies such as sutureless securement devices, disinfection caps, use of taurolidine locks, dressings and antibiotic or antiseptic impregnated catheters, should be added to the arsenal of tools to prevent CRBSI's in critical ill patients.

13:20 – 13:40 (S01.2)

Skin antisepsis in neonates and children
Giancarlo Scoppettuolo, MD (IT)

International guidelines clearly state which skin antisepsis is ideal for the prevention of vascular access devices infections at the time of insertion and at the time of manteinance.

13:40 – 14:00 **Discussion**

14:00 – 14:05 **Commercial break**

14:05 – 15:05
Trianti Hall

T04. Ultrasound for venous access: not only venipuncture

Chairs: Antonio La Greca, MD (IT) and Tim Spencer, BN, CCRN,VA-BC (US)

14:05 – 14:25 (T04.1)

Ultrasound for detection of catheter-related complications
Daniele G. Biasucci, MD, MSc (IT)

14:25 – 14:45 (T04.2)

Advantages of ultrasound for tip navigation and tip location
Emanuele Iacobone, MD (IT)

Despite the skill of the operator and the use of ultrasound guidance, central venous catheter placement can result in malpositioning, i.e. an unintended placement if the catheter tip is in a vessel other than the superior vena cava. When the tip is not in the right position the catheter could wedge, provoking local venous thrombosis, and it may not work properly. It is very important to use the catheter as soon as possible, and suitable techniques to control the tip position are crucial. Bedside ultrasound is considered a helpful tool to apply an accurate and intraprocedural method of tip navigation and tip location. Ultrasound techniques are feasible, cost-effective, safe (not X-ray exposure) and accurate, also in patients with atrial arrhythmia, when other methods (such as IC-ECG) can not be used.

14:45 – 15:05 **Discussion**

14:05 – 15:05
Banqueting Hall

B02. Infection prevention in 2022: fighting extraluminal contamination

Chairs: Nancy Moureau, BN, CPUI, CRNI, PhD, VA-BC (US) and Marcia Ryder, Bs(hons), MS, PhD, FNAP (US)

14:05 – 14:25 (B02.1)

Infective complications of short peripheral cannulas
Victor Rosenthal, MD (US)

Short-term peripheral venous catheters-related bloodstream infections (PVCR-BSIs) rates have not been systematically studied in resource-limited countries, and data on their incidence by number of device-days is not available. Prospective, surveillance study on PVCR-BSI conducted from September 1st, 2013 to 31st May, 2019 in 727 intensive care units (ICUs), members of the International Nosocomial Infection Control Consortium (INICC), from 268 hospitals in 141 cities of 42 countries of Africa, the Americas, Eastern Mediterranean, Europe, South East Asia, and Western Pacific regions. We applied U.S. INICC definition criteria and reported methods using the INICC Surveillance Online System. We followed 149,609 ICU patients for 731,135 bed-days and 743,508 short term peripheral venous catheter (PVC)-days.

Mortality in patients with PVC but without PVCR-BSI was 6.67%, and 18% in patients PVC and with PVCR-BSI. The length of stay in patients with PVC but without PVCR-BSI was 4.83 days, and 9.85 days in patients with PVC and PVCR-BSI. The microorganism profile showed 58% of gram negative bacteria: Escherichia coli (16%), Klebsiella spp (11%), Pseudomonas aeruginosa (6%), Enterobacter spp. (4%), and others (20%), including Serratia marcescens. Staphylococcus aureus were the predominant gram-positive bacteria (12%). PVCR-BSI rates found in our ICUs were much higher than rates published from industrialized countries. Infection prevention programs must be implemented to reduce the incidence of PVCR-BSIs.

14:25 – 14:45 (B02.2) **Prevention of bacterial contamination by the extraluminal route: the state of the art**
Giancarlo Scoppettuolo, MD (IT)

Microbial contamination of a vascular access device can occur through an extraluminal mechanism (migration of bacteria on the outer walls of the catheter) or through an intraluminal mechanism (migration of bacteria on the inner walls of the catheter).

14:45 – 15:05 **Discussion**

14:05 – 15:05
Skalkotas Hall
S02. The choice of VAD in children
Chairs: Amanda Ullman, BN, PhD(AU) and Giovanni Barone, (IT)

14:05 – 14:25 (S02.1) **The choice of VAD in children with oncologic diseases**
Alessandro Crocoli, MD (IT)

Much more controversial is this issue in neonates and particularly preterm infants, where evidence is poor and clinical practice is predominantly based on expert opinion.

14:25 – 14:45 (S02.2) **Vascular approaches in infants and children: French pediatric recommendations, tips and tricks**
Eric Desruennes, MD (FR)

Specificities of children and infants. Choice of the type of vascular access according to the nature of the infused products, the duration of the treatment, the age of the child. Presentation of the 2020 French recommendations of the paediatric anaesthesia and intensive medicine societies: antisepsis, choice of insertion site, ultrasound guidance, etc. Tips and tricks to facilitate insertion.

ABSTRACT PRESENTATIONS

14:45 – 14:55 (S02.3) **Effective use of extended dwell peripheral intravenous catheters in neonatal**
Jessica Marchetti (US)

14:55 – 15:05 **Discussion**

15:05 – 15:45
Muses Foyer
Networking break

15:13 – 15:37
Trianti Foyer
Poster Presentations

15:45 – 17:00
Trianti Hall
T05. The changing paradigm of femoral access
Chairs: Matt Ostroff, MSN, VA-BC (US) and Andrew Bodenham, FFICM, FRCA (GB)

15:45 – 16:05 (T05.1) **The SIF protocol**
Fabrizio Brescia, MD (IT)

The insertion of central venous catheters through the femoral veins is not uncommon and is potentially associated with the risk of immediate puncture-related complications and severe late complications as infection and thrombosis. As for other central venous access devices, the use of a standardized protocol of insertion and the correct application of evidence-based strategies are beneficial in reducing the risk of complications. SIF (Safe Insertion of Femorally Inserted Central Catheters) is a standardized protocol consisting of seven strategies that should be part of vascular cannulation and should be adopted during the insertion of femoral venous catheters, aiming to minimize immediate, early and late insertion-related complications. These strategies include: preprocedural evaluation of the patient history and of the veins, appropriate aseptic technique, ultrasound guided puncture and cannulation of the vein, intra-procedural assessment of the tip position, adequate protection of the exit site, proper securement of the catheter and appropriate coverage of the exit site.

16:05 – 16:25 (T05.2)

Access to the superficial femoral vein
Maria Giuseppina Annetta ,MD (IT)

The femoral access traditionally consists in the puncture and cannulation of the common femoral vein at the inguinal groove, being the only technique compatible with the landmark technique; though, even after the introduction of ultrasound guidance in clinical practice, this approach is still the most widely used for the insertion of Femorally Inserted Central Catheters (FICCs). Recently, several studies have reported the direct ultrasound guided puncture of the superficial femoral vein, i.e., that tract of the femoral vein between the popliteal vein and the origin of the deep femoral vein. The superficial femoral vein is impossible to access by landmark technique, but it can be easily identified, punctured, and cannulated by ultrasound. Its main advantage is the exit site at mid-thigh. This location is more favorable than the traditional location of exit site at the groin, both in terms of risk of infection and in stabilization of the catheter. Though the same location can be obtained by tunnelling a FICC after venipuncture of the common femoral vein, the advantage of the direct access to the superficial femoral vein is the avoidance of the tunneling maneuver (which may be sometimes contraindicated by the coagulation profile of the patient).

ABSTRACT PRESENTATIONS

16:25 – 16:35 (T05.3)

Comparison of femorally inserted central catheters with peripherally inserted central catheters by propensity scoring analysis
Evan Alexandrou, MPH, PhD, RN *(AU)*

16:35 – 17:00

Discussion

15:45 – 17:00
Banqueting Hall

B03. Infection prevention in 2022: fighting intraluminal contamination

Chairs: Theodoros Katsoulas (GR) and Ken Symington (US)

15:45 – 16:05 (B03.1)

Prevention of bacterial contamination by the intraluminal route: the state of the art
Marcia Ryder, Bs(hons), MS, PhD, FNAP (US)

The internal lumen of all vascular access devices is well documented to be a significant source of biofilm associated bloodstream infection, particularly in vascular catheters indwelling for greater than ~5 days. Averting bacterial transfer into the internal flow path through access portals is a critical prevention strategy. CRBSI has dramatically increased with the COVID pandemic as clinicians struggle with compliance to infection prevention practices. The major shift to the use of peripheral access devices to avoid CLABSI without implementing the same protective practices as central catheters creates a major patient safety concern. The goal of this session is to review the state of the art and science in prevention of intraluminal biofilm colonization and reduce the risk of central and peripheral CRBSI.

16:05 – 16:25 (B03.2)

VADs with antibacterial coating: a review of the evidence
Tim Spencer, BN, CCRN,VA-BC (US)

Review of current evidence on antimicrobial catheter technologies

ABSTRACT PRESENTATIONS

16:25 – 16:35 (B03.3)

Performance evaluation of central venous catheters with two different antimicrobial technologies against Staphylococcus aureus infection
Nisha Gupta (US)

16:35 – 17:00

Discussion

15:45 – 17:00
Skalkotas Hall

S03. New standards for venous access in neonates

Chairs: Agnes van den Hoogen, PhD, RN (NL) and Mauro Pittiruti, MD (IT)

15:45 – 16:05 (S03.1)

Peripheral and central VADs in neonates: new techniques and new materials
Giovanni Barone, MD (IT)

The talk will cover the main novelties about material, insertion, indication and care of all main vascular access devices used in NICU. A special focus will be reserved to the advantages in the use of power injectable catheters for the care of critical ill neonates.

DAY 1 - SUNDAY 16 OCTOBER

16:05 – 16:25 (S03.2)

Ultrasound access in neonates: the role of the brachiocephalic vein
Christian Breschan, DEAA, MD, PhD (AT)

The ultrasound-guided cannulation of the brachiocephalic vein (BCV), as described first in 2011, apparently proved to be the first choice of central venous access in children, respectively neonates. Its large size, the non-collapsibility, a good supraclavicular sonographic view of the long axis, and the option to observe the in-plane cannula/needle insertion over the entire distance make the BCV to be preferred over the internal jugular, subclavian, axillary, and femoral veins. Additionally the entry site below the neck region provides a stable fixation of the catheters even if non-tunneled. The cannulation success of the BCV is high and the incidence of short as well as long term complications including catheter infections, and obstructions are low. As opposed to the small bore epicutaneo-cava catheters, as frequently used in neonates, relatively large bore catheters from 2-4 Fr size can be inserted into the BCV even in very small preterm infants. These catheters enable blood sampling, haemodynamic monitoring, and high flow infusions and may thus be able in certain situations to contribute to a reduction of mortality and morbidity in tiny babies. Unfortunately, there only exist a very few data in children and neonates comparing the various access sites to date.

ABSTRACT PRESENTATIONS

16:25 – 16:35 (S03.3)

Impacting neonatal patient care: reducing needle sticks, with an extended dwell catheter
Constance Girgenti (US)

16:35 – 16:45 (S03.4)

Outcomes of establishing a neonatal peripheral vascular access team
Roland van Rens, RN, MaANP (NL)

16:45 – 17:00

Discussion

17:00 – 18:00
Muses Foyer

Welcome speech - networking and refreshments

DAY 2 - MONDAY 17 OCTOBER

08:30 – 09:35 **T06. Venous access in the COVID patient**
Trianti Hall
Chairs: Matt Ostroff, MSN, VA-BC (US) and Maria Giuseppina Annetta, MD (IT)

08:30 – 08:50 (T06.1) **VAD in prone patients**
Ferdinando Longo, MD (IT)

Case reports and letters to the editor published over the last few years tell us that vascular access devices (VAD) were implanted in patients in prone or unconventional position even before the pandemic. With the advent of the pandemic crisis, case reports and letters have multiplied. These are procedures performed in an emergency regime in intubated or tracheostomized patients, who cannot be quickly supinated due to severe respiratory insufficiency o severe heart failure, patients who need a new VAD because it no longer works after pronation or who lose the VAD during pronation maneuvers. All types of VAD can be placed in almost all veins except the subclavian or axillary vein at the infraclavicular level. Even if these cases tell us that the maneuvers are easy to perform and feasible, they are still urgent maneuvers that should be avoided for example by using correct dressings and correct fixing systems of the devices and implementing the indications of guidelines in order to to avoid malfunctions. Also it's very important early identification of patients who need a VAD in case of rapid worsening of the respiratory sintomps.

08:50 – 09:10 (T06.2) **The choice of VAD in COVID patients**
Davide Vailati, MD (IT)

Vascular accesses in COVID patients represents a several challenge. After 3 years of pandemic we must use a specific and proactive approach in a choice of correct vascular device. We have also to consider and looking for daily specifical complications in VADs.

09:10 – 09:30 **Discussion**

09:30 – 09:35 **Commercial break**

09:35 – 11:05 **T07. Catheter-related venous thrombosis/ VA for hemodialysis**
Trianti Hall
Chairs: Gloria Ortiz Miluy (ES) and Roberto Biffi (IT)

09:35 – 09:55 (T07.1) **Prevention of catheter-related thrombosis**
Fulvio Pinelli, MD (IT)

CRT is one of the most common complications associated with vascular access devices.
It is fundamental distinguishing it from different conditions that require different approach and different treatment such as intra-luminal occlusion and fibroblastic sleeve. To prevent CRT it is possible to intervene only on modifiable risk factors such as vessel trauma and blood flow. Some strategies demonstrated to reduce CRT, especially if put together in a bundle.

09:55 – 10:15 (T07.2) **Current treatment of catheter related thrombosis**
Sergio Bertoglio, MD (IT)

Catheter-related thrombosis (CRT) represents the main mechanical complications of any type of vascular access device (VAD) implanted in patients. The therapeutic strategy of CRT is based on the prevention of major complications such as pulmonary embolism, the restoration of patency of the affected veins and the prevention of post-phlebitic syndromes, and the preservation, if functional and necessary, of the VAD avoiding unnecessary removals. The cornerstone of the pharmacological treatment of CRT is based on anticoagulation and differs little from the standard treatment of DVT. UFH, LWMH, and fondaparinux have been the drugs of choice for years, however, recent international guidelines support the primary use of direct oral anticoagulants (DOACs) which can guarantee similar efficacy and safety, when compared to traditional parenteral anticoagulants, ease administration and greater compliance for the patient. According to recent clinical trials, DOACs can be safely used even in cancer patients affected by CRT.

ABSTRACT PRESENTATIONS

10:15 – 10:25 (T07.3) **The MeNTS criteria – can we apply it in dialysis access surgery?**
Maryam Jamshaid (GB)

10:25 – 10:35 (T07.4) **Validation of Arterio Venous Access Stage Classification (VAVASC): Study protocol and preliminary results**
Katerina Lawrie (CZ)

10:35 – 10:45 (T07.5) **The role of wall shear stress in vascular access for hemodialysis**
Davood Dalil (IR)

10:45 – 11:05 **Discussion**

09:35 – 11:05
Banqueting Hall

B04. PIVC and PICC in 2022

Chairs: Victor Rosenthal, MD (US) and Emanuele Iacobone, MD (IT)

09:35 – 09:55 (B04.1) **Ultrasound-guided insertion of short peripheral cannulas: when and how**
Peter Carr, PhD, MMedSc, BSc (IE)

Infective complications of short peripheral cannulas Short-term peripheral venous catheters-related bloodstream infections (PVCR-BSIs) rates have not been systematically studied in resource-limited countries, and data on their incidence by number of device-days is not available. Prospective, surveillance study on PVCR-BSI conducted from September 1st, 2013 to 31st May, 2019 in 727 intensive care units (ICUs), members of the International Nosocomial Infection Control Consortium (INICC), from 268 hospitals in 141 cities of 42 countries of Africa, the Americas, Eastern Mediterranean, Europe, South East Asia, and Western Pacific regions. We applied U.S. INICC definition criteria and reported methods using the INICC Surveillance Online System. We followed 149,609 ICU patients for 731,135 bed-days and 743,508 short term peripheral venous catheter (PVC)-days. We identified 1,789 PVCR-BSIs, amounting to a rate of 2.41/1000 PVC-days. Mortality in patients with PVC but without PVCR-BSI was 6.67%, and 18% in patients PVC and with PVCR-BSI. The length of stay in patients with PVC but without PVCR-BSI was 4.83 days, and 9.85 days in patients with PVC and PVCR-BSI. The microorganism profile showed 58% of gram negative bacteria: Escherichia coli (16%), Klebsiella spp (11%), Pseudomonas aeruginosa (6%), Enterobacter spp. (4%), and others (20%), including Serratia marcescens. Staphylococcus aureus were the predominant gram-positive bacteria (12%). PVCR-BSI rates found in our ICUs were much higher than rates published from industrialized countries. Infection prevention programs must be implemented to reduce the incidence of PVCR-BSIs.

09:55 – 10:15 (B04.2) **Difficult intravenous vascular access (DIVA) in adult patients**
Rick van Loon, PhD, CRNA (NL)

Peripheral intravenous cannulation is the most commonly performed medical invasive procedure, but not successfully executed on the first attempt in every patient. With the A-DIVA score, it's possible to classify patients with a difficult intravenous access prior to cannulating them, creating a possibility to guide advanced techniques and strategies to those patients.

ABSTRACT PRESENTATIONS

10:15 – 10:25 (B04.3) **Hospital System Validates UGPIV Insertion Standardization with Aseptic Non-Touch Technique (ANTT) and Quantitative Clinical Product Evaluation**
Nancy Moureau, BN, CPUI, CRNI, PhD, VA-BC (US)

10:25 – 10:35 (B04.4) **Talking about cost-effectiveness and quality in the care of patients with peripheral venous access: PIVC vs mini-midline**
Paloma Ruiz Hernández (ES)

10:35 – 10:45 (B04.5) **PICC lines in patients with chronic kidney disease and cancer: What are we saving the vein for?**
Joanne Dalusung (US)

10:45 – 10:55 (B04.6) **What is the practical estimation in determining the length of peripherally inserted central catheter (PICC)?**
Haeng Jin Ohe (KR)

10:55 – 11:05 **Discussion**

DAY 2 - MONDAY 17 OCTOBER

09:35 – 11:05
Skalkotas Hall

S04. Global impressions on national vascular access

Chair: Josie Stone, RN, CPNP (US)

09:35 – 09:55 (S04.1)

Introduction program and Global Committee
Josie Stone, RN, CPNP (US)

09:55 – 11:05 (S04.2)

National perspectives: Europe
Portugal - Rita Barroca
France - Eric Desruennes, MD
Italy - Mauro Pittiruti, MD
Greece - Evangelos Konstantinou, MSc, PhD, RN
Great Brittain - Andrew Barton, Bs(hons), MSc
Ireland - Peter Carr, PhD, MMedSc, BSc
The Netherlands - Ton van Boxtel, RN, MSc, PAN
Discussion

11:05 – 11:15
Muses Foyer

Short break

11:15 - 12:00
Trianti Hall
Banqueting Hall
Skalkotas Hall

Industry Symposium

12:00 – 13:00
Muses Foyer

Lunch break

12:10 – 12:50
Trianti Foyer

Poster Presentations

13:00 – 14:05
Trianti Hall

T08. The fibroblastic sleeve

Chairs: Tim Spencer, BN, CCRN,VA-BC (US) and Evangelos Konstantinou, MSc, PhD, RN (GR)

13:00 – 13:20 (T08.1)

Pathogenesis and diagnosis of the fibroblastic sleeve
Antonio La Greca, MD (IT)

The appearance of a sleeve enveloping the shaft of indwelling venous catheters has been first described more than 50 years ago. By the way, despite a long scientific history, its pathogenesis is not well understood yet, and, even worse, its role in clinical practice is still a matter of confusion: definition of fibroblastic sleeve and its relationship with venous thrombosis, incidence, clinical evidence, algorithms for suspicion, diagnosis and treatment are all issues under intense debate. It is high time for standardization.

13:20 – 13:40 (T08.2)

The clinical relevance of the sleeve
Mauro Pittiruti, MD (IT)

The fibroblastic sleeve (erroneously called 'fibrin sleeve', though its fibrin content is minimal) is a most neglected phenomenon. Even vascular access experts often ignore the existence of this connective tissue that progressively envelops the catheters. The sleeve mainly consists of fibroblasts, smooth muscle cells, and collagen, and it is the physiological response of the blood to any foreign body placed inside the vessels. It develops slowly and usually it becomes evident at ultrasound after one week, as an incomplete hyperechoic sleeve of 1 mm or more all around the catheter. Its clinical relevance is normally negligible, with some exceptions: (1) a fully developed fibroblastic sleeve enwrapping the tip of the catheter (and this happens with long term devices used intermittently, such as dialysis catheters) may cause persistent withdrawal occlusion or other types of malfunction; (2) the remnants of the sleeve after catheter removal may be a mechanical obstacle to the insertion of a new catheter in the same vein (this happens more frequently in PICCs and in pediatric central venous access); (3) last but not least, the sleeve is often mistakenly interpreted as thrombosis at ultrasound or CT scan, exposing the patient to the risks of an unnecessary anticoagulant treatment.

13:40 – 14:00

Discussion

14:00 – 14:05

Commercial break

DAY 2 - MONDAY 17 OCTOBER

13:00 – 14:05
Banqueting Hall

B05. PICCs in 2022

Chairs: Roberto Biffi (IT) and Ton van Boxtel, RN, MSc, PAN (NL)

13:00 – 13:20 (B05.1)

The state of the art of PICC insertion in 2022
Fulvio Pinelli, MD (IT)

PICC have been progressively found larger indications in different clinical settings. This is largely due to tecnological and technical improvements that have lead to minimize PICC associated complications, such as infection and thrombosis. Fundamental insertion strategies are nowadays adopted in order to reduce these complications.

13:20 – 13:40 (B05.2)

Off label use of PICCs as central tunneled VADs
Dayananda Lingegowda, MD (IN)

Vascular access in oncology patients can often be challenging, especially after a few cycles of chemotherapy through peripheral lines which can cause veins to become attenuated. We describe the feasibility of centrally placed non-cuffed tunnelled peripherally inserted central catheter in the chest as an alternative to conventional peripherally inserted central catheter. Our seris showed Centrally placed tunnelled peripherally inserted central catheter is a promising alternative method, when conventional arm peripherally inserted central catheter placement is not feasible. It is an easy and safe procedure that can be performed under local anaesthesia.

ABSTRACT PRESENTATIONS

13:40 – 13:50 (B05.3)

Complications of peripherally inserted central catheter (PICC) in a nurse-led clinic of a tertiary care cancer centre in India
Meera Achrekar (IN)

13:50 – 14:00 **Discussion**

14:00 – 14:05 **Commercial break**

13:00 – 14:05
Skalkotas Hall

S05. Global impressions on national vascular access

Chair: Josie Stone, RN, CPNP (US)

13:00 – 13:20 (S05.1)

The problem of limited resources
Laure Bonnet, MD (FR)

The Sustainable 1987 Brundtland development will be explained. Global warming that we are facing today, is the cause of an increase in mortality linked to uncontrolled climatic phenomena. 3 pillars of sustainable development: environmental, economic and social will be clarified. The objective is to find compromises between the environment and all other constraints related to the design of a product. - Economic: price of medical devices 25% lower, cost of occupying surgical rooms (twice as low), wage bill (3.5 times lower), sterilization costs (3.5 times lower). The evaluation of the societal aspect showed a very high level of patient and staff satisfaction: improvement in the caregiver/patient relationship. Environmental and economic impact of healthcare systems will be discussed and outcomes will be shared.

13:20 – 14:00 (S05.2)

National perspectives: Asia Pacific
New Zealand – Lynette Lennox
South Korea – Jang Yong Kim
Australia – Evan Alexandrou MPH, PhD, RN
China – Jinghui Zhang
Discussion

14:00 – 14:05 **Commercial break**

14:05 – 15:05
Trianti Hall

T09. The art of tunneling

Chairs: Amy Bardin (US) and Eric Desruennes, MD (FR)

14:05 – 14:25 (T09.1)

The RAVESTO protocol
Matt Ostroff, MSN, VA-BC (US)

This presentation will provide an overview of the RAVESTO Decision Tool for critical care short and long term tunneling options for challenging bedside vascular access.

14:25 – 14:45 (T09.2) **Tunneling PICCs and Midlines**
Stefano Elli, RN (IT)

Picc and Midlines are widely used all over the word. Unfortunately, many patients have too small veins in the arm for a Picc insertion. For these patients may be needful to approach the veins in the axillary fold, in Dawson's yellow zone. Tunneling techniques are therefore important for moving the exit site from the axillary fold to the third middle of the arm. There are some tunneling techniques available for Picc and Midline insertion and they should be chosen in order of a cost/benefit ratio. Metal tunnelers or peel away introducers have recently been joined by other less invasive techniques known as "pseudotunnel". These are different approaches that must be tailored to the specific needs of the patient. It is important to know them all in order to use the most suitable one. Although not strictly indicated, pseudotunnel can be used to improve catheter stability and protection from bacterial migration.

ABSTRACT PRESENTATIONS

14:45 – 14:55 (T09.3) **Advanced tunneling for vascular access: The "L-shaped" and the "Arm-to-chest" tunneling techniques and beyond**
Elias Kehagias, MD, PhD (GR)

14:55 – 15:05 **Discussion**

14:05 – 15:05 B06. Non-radiologic approach to tip location

Banqueting Hall

Chairs: Mauro Pittiruti, MD (IT) and Evangelos Konstantinou MSc, PhD, RN (GR)

14:05 – 14:25 (B06.1) **The ECHOTIP protocol in adults**
Emanuele Iacobone, MD (IT)

Bedside ultrasound has been considered a promising tool also because it ensures an accurate and intraprocedural method of tip navigation and tip location, but the techniques described in the clinical studies are quite heterogeneous, especially in terms of probes and views.A few months ago, a group of experts from the Italian association GAVeCeLT (Gruppo Accessi Venosi Centrali a Lungo Termine) conducted a systematic review of all the evidence about the accuracy of ultrasound methods for tip navigation and location in adult patients. In the end they suggested a structured standardized protocol for clinical practice. The protocol was called "ECHOTIP" and it focuses on practical issues such as the choice of the probe and of the acoustic window as well as the definition of the best method for ultrasound visualization of the guidewire and/or catheter and/or tip. The protocol is developed in three different parts based on the different types of central Venous Access Devices (CICC, PICC, and FICC).

14:25 – 14:45 (B06.2) **Current indications and techniques of intracavitary ECG**
Antonio La Greca, MD (IT)

Intracavitary ECG (IC-ECG) is nowadays the standard method for tip location during insertion of a central venous access, as currently recommended by the most recent guidelines. Unfortunately, conventional IC-ECG is deemed not appliable when the p-wave is absent (atrial fibrillation - AF), abnormal (ectopic rhythms), hidden (active pacemakers) or difficult to identify/evaluate (extreme tachycardia, trembling patients, malposition). Nevertheless, recent prospective studies have demonstrated that modifications in the detection and interpretation process of IC-ECG waves (i.e. evaluating the mean increase of the baseline atrial electrical activity as expressed by the "f" waves height) may be effective in identifying the atrial caval junction. "Modified" IC-ECG monitors may be set-up with software that aid operators in identifying the maximal atrial activity. In those very few patients definitively not suitable for IC-ECG, the method may be (crucial) part of a decisional algorithm including "second level" tools and methods to detect the CVC tip location and/or to "navigate" the catheter course.

ABSTRACT PRESENTATIONS

14:45 – 14:55 (B06.3) **Diagnostic accuracy, inter-rater variability and learning curve of three echocardiographic views for the tip location in adults: a prospective observational cohort study**
Chiara Gori (IT)

14:55 – 15:05 **Discussion**

DAY 2 - MONDAY 17 OCTOBER

14:05 – 15:05
Skalkotas Hall

S06. Global impressions on national vascular access

Chair: Josie Stone, RN, CPNP (US)

14:05 – 14:25 (S06.1)

Global Vascular Access Network (GloVANet): Improving VA practices worldwide
Ton van Boxtel, RN, MSc, PAN (NL)

You will know the latest on the Global Vasular Access Network (GloVANet). You will be invited to be actively involved in expanding GloVANet.

14:25 – 15:05 (S06.2)

National perspectives: Europe
Czech Republic – Martina Douglas
Austria – Christian Breschan, DEAA, MD, PhD
Belgium – Christel Janssens
Spain – Paloma Ruiz Hernandez
Discussion

15:05 – 15:30
Muses Foyer

Networking break

15:10 – 15:26
Trianti Foyer

Poster Presentations

15:30 - 16:15
Banqueting Hall
Skalkotas Hall

Industry Symposium

16:15 – 17:05
Trianti Hall

T10. Antibacterial lock solutions

Chairs: Marcia Ryder, Bs(hons), MS, PhD, FNAP (US) and Theodoros Katsoulas (GR)

16:15 – 16:35 (T10.1)

Taurolidine lock
Fabrizio Brescia, MD (IT)

In recent years, the adoption of procedural bundles for the prevention of catheter-related infection of vascular access devices has had an excellent impact on reducing this complication, which however continues to lead to significant morbidity and mortality. All vascular access devices are at risk of infection, both catheter-colonization and catheter-related bloodstream infection have a great clinical and economic impact on the management of the patient. Bacteria and fungi colonize the internal lumen of the VAD creating a biofilm, a structured consortium of microbial cells surrounded by a self-produced polymeric matrix that includes host components such as fibrin, platelets, immunoglobulins. Biofilm protects bacteria from the exposure to antibiotic drugs, so that the infection may persist despite adequate therapy and this is a typical indication for VAD removal. Antibiotic lock technique is an effective strategy for attempting to save an infected VAD and it is recommended by current guidelines in a few well-defined circumstances: not complicated, non-metastatic infections, when the salvage of catheter is highly required. Taurolidine is non-antibiotic antimicrobial agent with a broad-spectrum activity against bacteria and fungi and it is known to be effective in preventing and treating catheter-related infections in a variety of venous access devices.

16:35 – 16:55 (T10.2)

EDTA lock
Jocelyn Hill,BSc, MSN, VA-BC, CVAA(c) (CA)

This presentation will review the importance of CVADs in healthcare delivery and the need to prevent complications. CVAD complications such as occlusion and infection can be prevented with the use of an effective lock solution as standard practice for the life of the line. One such lock solution has been used and is being evaluated in Canada in various patient populations: patients on home parenteral nutrition, pediatrics, critical care and hemodialysis. A review of biofilm, the potential hazards and its role as the foundation for complications will be provided and why eradication of biofilm is important when considering a lock solution. The benefits and use of tetrasodium ethylenediamine tetraacetic acid (T-EDTA) as a CVAD lock solution will be presented. Other lock solutions found in the literature and in practice will be compared to T-EDTA in terms of effectiveness and mechanism of action and finally, the argument for T-EDTA as the best option to prevent CVAD complications will be discussed.

DAY 2 - MONDAY 17 OCTOBER

ABSTRACT PRESENTATIONS

16:55 – 17:05 (T10.3) **Long term-safety of taurolidine as catheter lock in patients on home parenteral nutrition**
Julia Korzilius (NL)

16:15 – 17:05
Banqueting Hall

B07. New standard for CICCs

Chair: Andrew Bodenham, FFICM, FRCA (GB) and Ken Symington (US)

16:15 – 16:35 (B07.1) **Ultrasound-guided axillary approach**
Massimo Lamperti, MBA, MD (AE)

Axillary vein has become one of the new possibile veins of choice for CICC and long-term VADs since ultrasound guidance has been more widely used. This review will give technical insights and possible future of this 'not-new' approach.

ABSTRACT PRESENTATIONS

16:35 – 16:45 (B07.2) **Percutaneous external jugular vein access in oncology: technical and clinical results under real time US guidance**
Pierre Yves Marcy (FR)

16:45 – 17:05 **Discussion**

16:15 – 17:05
Skalkotas Hall

S07. Global impressions on national vascular access

Chair: Josie Stone, RN, CPNP (US)

16.15 – 16.40 (S07.1) **National perspectives: North America**
Canada – Sharon Armes
USA – Amy Bardin

National perspectives: Europe
Poland – Magdalena Szewczuk

16:40 – 17:05 (S07.2) **Panel discussion**
Josie Stone, RN, CPNP (US), Ton van Boxtel, RN, MSc, PAN (NL), tba

17:05 – 17:45
Trianti Hall

T11. Vascular Access Innovations

Chairs: Mauro Pittiruti, MD (IT), Ton van Boxtel, RN, MSc, PAN (NL)

17:05 – 17:45 (T11.1) **Plenary Panel discussion**
Marcia Ryder, Bs(hons), MS, PhD, FNAP (US)
Evangelos Konstantinou, MSc, PhD, RN (GR)
Tim Spencer, BN, CCRN,VA-BC (US)
Evan Alexandrou MPH, PhD, RN (AU)
Christian Breschan, DEAA, MD, PhD (AT)
Peter Carr, PhD, MMedSc, BSc (IE)

08:30 – 09:35
Trianti Hall

T12. Catheter securement in 2022

Chair: Gloria Ortiz Miluy (ES) and Ken Symington (US)

08:30 – 08:50 (T12.1) **Current options for VAD securement**
Evan Alexandrou MPH, PhD, RN (AU)

Appropriate securement of VADs is crucial in device performance and longevity. There are a number of catheter securement options available for both peripheral and central VADs. Good securement can reduce catheter migration & malposition, dislodgment and infection. This talk will summaries current options available for securing VADs and available evidence on their effectiveness in reducing complications.

DAY 3 - TUESDAY 18 OCTOBER

08:50 – 09:10 (T12.2) **Subcutaneous anchorage of PICCs**
Fabrizio Brescia, MD (IT)

The optimal stabilization of the vascular device is part of all insertion bundles and is an important strategy to minimize the risk of complications. When stabilization is not optimal, the main risk is catheter dislodgment. The main causes of dislodgment are factors related to patient's cognitive status, inefficacy of the securement and active or passive mobilization of the patient. Dislodgment has a relevant clinical impact as it may be associated with increased health care costs. The introduction of sutureless devices has improved the possibility of effective and safe stabilization of vascular devices, as the previously adopted strategies of securement - i.e., sutures - were associated with relevant risk of local infection, dislodgment, and accidental puncture. Skin-adhesive sutureless devices are effective and safe but may have some limitations. Catheter stabilization with Subcutaneously anchored sutureless devices is obtained by nitinol bars anchored in the subcutaneous tissue, without any adhesion to the skin. They have many theoretical advantages: they do not require periodic replacement, they allow a complete disinfection of the exit site, "in and out" micro-movements of the catheter at the exit site are virtually eliminated, their efficacy is not affected by characteristics of the skin and they do not cause MARSI.

ABSTRACT PRESENTATIONS

09:10 – 09:20 (T12.3) **A UK hospital project to replace suturing securement of short term central venous catheters with the Griplok CVC adhesive securement device**
Andrew Barton, Bs(hons), MSc (GB)

09:20 – 09:30 **Discussion**

09:30 – 09:35 **Commercial break**

08:30 – 09:35 B08. Long peripheral catheters and midline catheters

Banqueting Hall
Chairs: Stefano Elli, RN (IT) and Evangelos Konstantinou, MSc, PhD, RN (GR)

08:30 – 08:50 (B08.1) **Midline catheters today**
Amy Bardin (US)

This session will discuss the current state of midline catheters. This will review the current research, recommendations, and strategies to avoid complications with and optimize use of the midline catheter.

ABSTRACT PRESENTATIONS

08:50 – 09:00 (B08.2) **Introducing a longer-length PIVC to support improved outcomes for difficult intravenous access (DIVA) patients**
Julie Godfrey (GB)

09:00 – 09:10 (B08.3) **Experience with long peripheral catheters**
Jiri Charvat (CZ)

09:10 – 09:20 (B08.4) **The experience in the use of long peripheral catheter: mini-Midline**
Victoria Armenteros Yeguas (ES)

09:20 – 09:30 **Discussion**

09:30 – 09:35 **Commercial break**

08:30 – 09:35 S08. Ultrasound-based tip navigation and tip location

Skalkotas Hall
Chairs: Mark Weber, RN, CRNP-AC, FCCM (US) and Roland van Rens, RN, MaANP (NL)

08:30 – 08:50 (S08.1) **The ECHOTIP protocol in the neonate**
Giovanni Barone, MD (IT)

The tip navigation and tip location protocol for all vascular access devices will be fully described.

08:50 – 09:10 (S08.2) **The ECHOTIP protocol in children**
Daniele G. Biasucci, MD, MSc (IT)

DAY 3 - TUESDAY 18 OCTOBER

09:10 – 09:30 **Discussion**

09:30 – 09:35 **Commercial break**

09:35 – 11:05
Trianti Hall

T13. The new frontiers of venous access

Chairs: Peter Carr, PhD, MMedSc, BSc (IE) and Evan Alexandrou MPH, PhD, RN (AU)

09:35 – 09:55 (T13,1) **The state of the art of peripheral venous access**
Christian Dupont, RN (FR)

Guidelines, videos… Lost of resources are available on peripheral catheterism to health care professionals to ensure patient safety and comfort. However, the state of the art is not widely implemented in daily practice. This presentation proposes to underline some common reasons for this and to suggest a few solutions to improve the perception of healthcare professionals on short peripheral canulae.

09:55 – 10:15 (T13.2) **Future developments of peripheral venous access**
Amit Bahl, MD, MPH (US)

This presentation will address the current state of outcomes for peripheral venous access and identify five key "holes" that should be the target of future solutions. Innovation via technologies, programs, processes, and research are key mechanisms to achieving better outcomes.

ABSTRACT PRESENTATIONS

10:15 – 10:25 (T13.3) **Arterial insertion method: A new method for systematic evaluation of ultrasound-guided radial arterial catheterization**
Tim Spencer, BN, CCRN,VA-BC (US)

10:25 – 10:35 (T13.4) **Incativ (intravenous therapy quality indicators): 12 years' nursing quality study**
Sonia Casanova-Vivas (ES)

10:35 – 10:45 (T13.5) **Centrally inserted tunnelled peripherally inserted central catheter: Off-label use for venous access in oncology patients**
Dayananda Lingegowda, MD (IN)

10:45 – 10:55 (T13.6) **Evaluation of vascular access team initiatives through in-depth interviews: perspectives from nine countries**
Kimberly Alsbrooks (US)

10:55 – 11:05 **Discussion**

09:35 – 11:05
Banqueting Hall

B09. Totally implanted venous access devices

Chairs: Eric Desruennes, MD (FR) and Sergio Bertoglio, MD (IT)

09:35 – 09:55 (B09.1) **Appropriate indication to ports**
Andrew Bodenham, FFICM, FRCA (GB)

There is a lack of strong evidence to provide a clear choice of device in many scenarios. Ports can be used for most patients except when high flows needed for dialysis etc. There are marked differences between specialities and adult and paediatric practice. I generally avoid ports when 24 \ access is needed for long term TPN or very intensive therapy e.g, bone marrow TX. Internationally there is increasing use of ports with some evidence to support. I was involved with CAVA trial (cancer and venous access picc v port v hickman).Ports were preferred option but generally more costly except for very long term use. The challenge is to make port procedures widely available, timely and cost effective. This requires organisation of sessional activities with appropriate skilled operators. The use of expensive theatre and angio suite time should be able to be reduced with newer innovations. A challenge for industry and designers is to develop devices which are quicker and easier to insert and remove without need for advanced surgical skills and instrumentation.

09:55 – 10:15 (B09.2) **Chest-to-arm tunneling for ports**
Elias Kehagias, MD, PhD (GR)

Purpose: Arm venous access device placement is a valuable option for vascular access yet often complicated or rendered practically impossible by the condition and size of peripheral veins. We describe a modification of the arm venous access device implantation technique that we use in our department in order to offer this option to our patients, regardless of their peripheral veins condition. Methods: After ultrasound guided venous access of a suitable neck vein, we create a port pouch in the inner aspect of the midarm. Using a straight metal tunneler, we tunnel the line from the neck to the arm in two stages. We call this technique "Arm-to-Chest Tunneling" and use it to place venous access devices in the arm using a neck venous access. Results: The Arm-to-Chest Tunneling technique allows us to use larger arm venous access device catheters irrespective of the arm veins condition. Thus, this technique has the advantages of arm venous access device placement, with the added benefit of saving the arm veins.Conclusion: The "Arm-to-Chest Tunneling" method offers the alternative to place a venous access device in a more discreet site in the arm, even in cases in which arm veins are inadequate.

ABSTRACT PRESENTATIONS

10:15 – 10:25 (B09.3) **Survey of needle phobia: underlying reasons, impacts and mitigation strategies**
Kimberly Alsbrooks (US)

10:25 – 10:35 (B09.4) **When one is better than two: a new single puncture technique for combined PECS 1 and local anesthetic hydro-dissection for TICVAD pocket creation**
Ferdinando Longo, MD (IT)

10:35 – 11:05 **Discussion**

09:35 – 11:05 S09. Ultrasound-guidance

Skalkotas Hall

Chairs: Christian Breschan, DEAA, MD, PhD (AT) and Stephanie Pitts, RN, VA-BC, DNP, CPN, NEA-BC (US)

09:35 – 09:55 (S09.1) **Ultrasound guided central venous access**
Filiz Uzumcugil, DEAA, MD, DESAIC, FESAIC (TR)

Ultrasound-guidance for central venous cannulation is recommended owing to its impact on success rates and low complication rates of the procedure. It is possible to evaluate the patency, size, and depth of the vein in order to choose the optimum vein to be cannulated, as well as, to define the closer anatomical structures using ultrasound-guided pre-procedural assessment. In addition to this, real-time ultrasound-guidance during the procedure increases both the first attempt and overall cannulation success rates, as it also helps to prevent early and late complications, and constitutes a safe alternative technique to verify the correct placement of the catheter. On the other hand, the choice of the ultrasound probe should be optimum for the vein to be cannulated. The frequency and the footprint of the probe should be considered major factors leading to the choice. Either long-axis in-plane or short-axis out-of-plane technique can be used for real-time procedural guidance. Despite the pre-procedural assessment and real-time procedural guidance, early and late complications may still occur. However, ultrasound-guided post-procedural assessment provides early recognition of some certain complications. Ultrasound-guidance for central venous access should be considered indispensable in pre-procedural assessment, real-time procedural guidance and post-procedural assessment.

09:55 – 10:15 (S09.2) **Ultrasound guided peripheral venous access**
Robin van der Lee, MD, PhD (NL)

Current evidence, indications, advantages, challenges and practical recommendations for ultrasound guided peripheral iv access in newborns and young infants will be discussed.

10:15 – 10:35 (S09.3) **Point-of-care ultrasound in pediatric patients**
Mark Weber, RN, CRNP-AC, FCCM (US)

In this session we will review the current literature for the best practices of ultrasound use in vascular access for the pediatric population.

ABSTRACT PRESENTATIONS

10:35 – 10:45 (S09.4) **Ultrasound-guided percutaneous insertion of Broviac lines in infants less than 5kg. Prospective study of 100 consecutive procedures**
James Bennett (GB)

DAY 3 - TUESDAY 18 OCTOBER

10:45 – 11:05 **Discussion**

11:05 – 11:15
Muses Foyer
Short break

11:15 - 12:00
Trianti Hall
Skalkotas Hall
Industry Symposium

12:00 – 13:00
Muses Foyer
Lunch break

12:10 – 12:50
Trianti Foyer
Poster Presentations

13:00 – 14:05
Trianti Hall
T14. The skin issue: MARSI and CASI
Chairs: Gloria Ortiz Miluy (ES) and Christian Dupont, RN (FR)

13:00 – 13:20 (T14.1) **Definition and classification of CASI and MARSI**
Nancy Moureau, BN, CPUI, CRNI, PhD, VA-BC (US)

Catheter associated skin injury and medical adhesive related skin injuries are common with patients requiring intravenous treatment infusions. This presentation will review the definitions and classify each type of skin injury with cause, prevention and recommendations on appropriate treatment.

13:20 – 13:40 (T14.2) **Prevention and treatment of MARSI and CASI**
Andrew Barton, Bs(hons), MSc (GB)

An overview of the risk, prevention and treatment of medical adhesive related skin injuries associated with vascular access device practice.

13:40 – 14:00 **Discussion**

14:00 – 14:05 **Commercial break**

13:00 – 14:05
Banqueting Hall
B10. Venous access devices in ICU
Chairs: Fulvio Pinelli, MD (IT) and Maria Giuseppina Annetta, MD (IT)

13:00 – 13:20 (B10.1) **PICCs in ICU**
Gregory Schears, MD (US)

13:20 – 13:40 (B10.2) **New and old VADs in ICU**
Massimo Lamperti, MBA, MD (AE)

Critically ill patients are increasing in number and acuity every year. Caregivers facing the need for a venous line in ICU patients should consider first patient's history and its possible evolution to get the best catheter in the best time. This is sometimes not easy to achieve but it has to be the daily goal we should follow to avoid further complications that could increase length of hospital staying and mortality.

13:40 – 14:00 **Discussion**

14:00 – 14:05 **Commercial break**

13:00 – 14:05
Skalkotas Hall
S10. Managing the exit site in neonates and children
Chairs: Giovanni Barone, MD (IT) and Christian Breschan, DEAA, MD, PhD (AT)

13:00 – 13:20 (S10.1) **VAD securement in neonates and children**
Amanda Ullman, BN, PhD (AU)

Effective securement of vascular access devices is a vital element to ensure complication-free device dwell. Technologies and science are moving quickly to improve our approaches however not all are 1) evidence-based, 2) neonatal and child centred 3) effective in complex healthcare situations. In this presentation we will examine the new and old approaches to vascular access device securements, across these three criteria.

13:20 – 13:40 (S10.2)

Cyanocrylate glue
Roland van Rens, RN, MaANP (NL)

Background: Within neonatal clinical se-ngs, vascular access devices are considered essential for administration of fluids, nutrition, and medications. However, use of vascular access devices is not without danger of failure. Catheter securement adhesives are being evaluated among adult populations, studies in neonatal se-ngs are scant. Purpose: This research describes the prevalence of peripherally inserted central catheter failure related to catheter securement before and after the introduction of tissue adhesive for catheter securement. Method and SeFng: This was a retrospective observational analysis of routinely collected anonymized intravenous therapy-related data. The study was carried out at the tertiary 1 neonatal intensive care unit (112 beds) of the Women's Wellness and Research Center of Hamad Medical Corporation, Doha, Qatar. Results: The use of an approved medical grade adhesive for catheter securement resulted in significantly less therapy failures, compared with the control group. Implications for Practice and Research: This study's findings support catheter securement with an octyl-based tissue adhesive in use with central venous catheters. When device stabilization is most pertinent, securement with tissue adhesive is a safe and effective method for long-term vascular access among the neonatal populaton.

ABSTRACT PRESENTATIONS

13:40 – 13:50 (S10.3)

A pilot feasibility study on the use of dialkylcarbamoylchloride dressing (DACCd) for the prevention of exit site infection in a pediatric population
Georgio Lamberti (IT)

13:50 – 14:00

Discussion

14:00 – 14:05

Commercial break

14:05 – 15:15
Trianti Hall

T15. A new device for long term venous access: the PICC-port

Chair: Andrew Bodenham, FFICM, FRCA (GB)

14:05 – 14:25 (T15.1)

What is a PICC-port?
Evangelos Konstantinou, MSc, PhD, RN (GR)

Peripherally inserted central catheter (PICC) ports have become recently, a safe alternative to centrally inserted central catheter (CICC) ports because of the evolution of the related technology, port design, size and new biomaterials that are commercially available now days. Centrally inserted ports have been associated with serious procedural complications compared with PICC ports. PICC Port implantation is considered to be a safe and minimally invasive procedure. The aim of our study was to compare the incidence of immediate and late complications between PICC ports and CICC ports using the same insertion procedures. Both port insertion sites and techniques have high success rate and low procedural and catheter related complications. PICC port placement is a well established low risk procedure with many advantages for specific clinical conditions.

14:25 – 14:45 (T15.2)

Clinical experience with PICC-ports
Sergio Bertoglio, MD (IT)

PICC-port represents the ultimate evolution of totally implantable vascular access devices. It combines the low invasiveness and the ease of implant of PICCs with the clinical efficacy of TIVADs. Its peculiar insertion technique differs from the arm port one for a) implant at the proximal third of the arm using an ultrasound-guided technique, b) micro-Seldinger insertion technique with the use of straight nitinol wire, c) compliance with the safe insertion protocols of PICCs (Safe Insertion of PICC-GAVeCeLt). Initially used on cancer patients for the administration of chemotherapy it is shown to be safe and effective even for non-cancer patients. The multicentre project GAVeCeLT on 4480 implants published in JVA (Journal of Vascular Access, Bertoglio S, et al, 2022) has shown that the PICC-port is an easy and safe device with low postoperative complications and a failure rate of 1.2% (52/4480), similar or even lower than that of thoracic ports and arm ports. Overall symptomatic CRT was observed in 93/4480 patients (2%) and only one (0.02%) required the removal. Patient compliance and QoL were excellent. Based on implant safety, low invasiveness, excellent clinical results, and excellent patient compliance, PICC-ports are currently a valid alternative when a TIVAD is indicated and/or necessary.

DAY 3 - TUESDAY 18 OCTOBER

ABSTRACT PRESENTATIONS

14:45 – 14:55 (T15.3) **PICC-port and ISPP protocol: first experience in Spain**
Gloria Ortiz Miluy (ES)

14:55 – 15:15 **Discussion**

14:05 – 15:15 B11. Intravenous infusion at home

Banqueting Hall

Chairs: Nancy Moureau, BN, CPUI, CRNI, PhD, VA-BC (US) and Maria Giuseppina Annetta, MD (IT)

14:05 – 14:25 (B11.1) **The critical role of nursing in home infusions**
Christian Dupont, RN (FR)

Outpatient parenteral antibiotic therapy (OPAT) in France has been widely promoted by Cystic Fibrosis centers and patient families since the early 1990s. The clinical and economic benefits of OPAT have been proven internationally. It has been available for our patients to treat pulmonary infections since 2002. This presentation describes the organization of the respiratory outpatient unit at Cochin hospital in Paris, and the clinical, psychosocial and economic impact of OPAT and the critical role hospital nurses play in the coordination of care and patient follow up.

14:25 – 14:45 (B11.2) **VAD for home parenteral nutrition**
Konrad Matysiak, MD, PhD (PL)

Home parenteral nutrition (HPN) is a lifesaving and life-sustaining procedure for patients suffering from chronic intestinal failure. It is defined as the intravenous administration of nutrients, water, electrolytes, trace elements, and vitamins through a central venous access device (VAD) at patients' homes Proper choice, safe insertion methods and reliable care of VADs are key components of HPN. Appropriate approaches to handle VADs used for HPN prevent complications such as catheter-related bloodstream infection, deep vein thrombosis and mechanical damage. Complications related to VADs adversely affect HPN and result in failure to achieve the intended treatment goals. For long-term HPN, a tunneled-cuffed central inserted central catheters (tCICCs) are the preferred VAD tCICCs can be used safely for several years. However, as previously reported, peripherally inserted central catheters (PICCs) could play an important role in adult HPN. The benefits of using these VADs include a low and acceptable complication rate and an easy insertion and removal process. The use of PICCs for long-term HPN is still controversial and requires further evaluation.

ABSTRACT PRESENTATIONS

14:45 – 14:55 (B11.3) **Droplet digital polymerase chain reaction enables rapid detection and characterisation of bacteraemia in chronic parenteral nutrition patients**
Veerle Gillis (NL)

14:55 – 15:05 (B11.4) **Health economic evaluation of gravity-based intravenous infusions in Finland: Digital remote monitoring frees capacity and saves materials**
Erkki Soini (FI)

15:05 – 15:15 **Discussion**

14:05 – 15:15 S11. Peripheral venous access in DIVA children

Skalkotas Hall

Chairs: Amanda Ullman, BN, PhD (AU) and Mauro Pittiruti, MD (IT)

14:05 – 14:25 (S11.1) **Visualization technology with pediatric peripheral venous access**
Stephanie Pitts, RN, VA-BC, DNP, CPN, NEA-BC (US)

The advancement in peripheral intravenous insertion and care is inevitable. PIVCs are the most common invasive device in hospitalized patients and they are often failing before the completion of treatment. Significant advancements have been made in the guidance, skill and technologies to place ultrasound guided PIVCs in the neonatal and pediatric patient population. We will explore the practice, outcomes and what is needed for a successful pediatric USG-PIV program.

DAY 3 - TUESDAY 18 OCTOBER

14:25 – 14:45 (S11.2)	**Near Infra Red technology for peripheral venous access** Gregory Schears, MD (US)
	ABSTRACT PRESENTATIONS
14:45 – 14:55 (S11.3)	**Ultrasound-guided insertion of the long peripheral cannula in children with DIVA** Jaroslav Cutora (SK)
14:55 – 15:15	**Discussion**
15:15 – 15:45 **Muses Foyer**	**Networking break**
15:22 – 15:38 **Trianti Foyer**	**Poster Presentations**
15:45 – 16:45 **Trianti Hall**	**T16. Closing session** Chair: Ton van Boxtel,RN, MSc, PAN (NL)
15:45 – 16:25 (T16.1)	**Keynote: 40 years of clinical practice in VADS** Mauro Pittiruti, MD (IT)
16:25 – 16:45 (T16.2)	**Conclusion and take home messages** Ton van Boxtel, RN, MSc, PAN (NL)

POSTERS

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No	Title of Poster Abstract	Presenting Author
P01	Development of Nursing Quality Indicator of Intravenous Therapy in Thailand.	Jiraporn Chaopothong (TH)
P02	Development of a nurse-led vascular access pre-assessment clinic.	Matthew Fowler (GB)
P03	Closed intravenous systems for central vascular access: a difference maker for CLABSI rates in neonates?	Roland van Rens (NL)
P04	Effect of peripheral intravenous catheter type and material on therapy failure in a neonatal population.	Roland van Rens (NL)
P05	Treatment of a neonatal peripheral intravenous infiltration/extravasation (PIVIE) injury with Hyaluronidase: a case report.	Roland van Rens (NL)
P06	Peripherally Inserted Central Catheters: evaluation of diluted lipid emulsion as lubricant for improved guidewire removal in a neonatal population.	Roland van Rens (NL)
P07	Evaluation of unmodifiable and potentially modifiable factors affecting peripheral intravenous device-related complications in neonates: a retrospective observational study.	Roland van Rens (NL)
P08	Persistent left superior vena cava and the correct anatomical interpretation of a peripherally inserted central catheter tip position: a case report.	Roland van Rens (NL)
P09	Assess Better Before Access, the ABBA study for peripheral and central vascular access in a neonatal population.	Roland van Rens (NL)
P10	Effect of a thin-tipped short bevel needle for peripheral intravenous access on the compressive deformation and displacement of the vein: a preclinical study.	Hidenori Tanabe (JP)
P11	A decade of security.	Clare Warburton(GB)
P12	Placement off-label Peripheral Inserted Central Catheter (PICC) in underweight neonates. Expanding skills of Vascular Access Team (VAT) nurses.	Xavier Garcia (ES)
P13	Best Evidence for Prevention and Management of Contrast Extravasation on CT.	Jinghui Zhang (CN)
P14	Vascular accesses used in the administration of antineoplasic therapy in an oncological day hospital.	Sonia Gomis-Baldoví (ES)
P15	A full vascular access unit- Arnau de Vilanova Hospital.	Vicenta Solaz Martínez (ES)
P16	Vascular access devices (VAD) and COVID+19 patiens not admitted in the ICU.	Vicenta Solaz Martínez (ES)
P17	Effect of a disinfecting port protector on central venous catheter associated bloodstream infection, clinical utilization, and costs: Analysis of US Premier Healthcare Database.	Tarja Karpanen (DE)
P18	Face-to-face vs online training on INCATIV's program.	Beatriz Valdelvira-Gimeno (ES)
P19	Institutional introduction to PICC and midline.	Jakub Hlasny (SK)
P20	Antimicrobial effectiveness of chlorhexidine-treated peripherally inserted central catheter after trimming.	Nisha Gupta (US)
P21	Virtual sedation as a valid alternative to pharmacological sedation when placing PICCs in children.	Gianuario Sanna (IT)
P22	A retrospective data analysis in a general ICU population: acute dialysis catheter type and dialysis efficiency.	Nathan Gilmore (US)
P24	Extravasation of cytotoxic drugs complex care - the Czech Republic national recommendations for management, instructions flow-chart card and first aid kit box.	Viktor Manasek (CZ)
P25	Longer length peripheral cannulas in sickle cell treatment: a more efficient and cost-effective care pathway.	Jenniferth Aviles Moreta (US)

POSTERS

No	Title of Poster Abstract	Presenting Author
P26	The management of persistent withdrawal occlusion in venous ports – one-year prospective survey in oncology patients.	Viktor Manasek (CZ)
P27	Effect of a transparent film dressing with a chlorhexidine gluconate gel pad on central venous catheter associated bloodstream infection, clinical utilization, and costs: Analysis of US Premier Healthcare Database.	Tarja Karpanen (DE)
P28	IV passports: a multi – geographical/disciplinary collaborative for clear communication and improvement of patient outcomes.	Adrienne Cousins (GB)
P29	Update of the protocol of anticoagulant and antiaggregant medications to be followed prior to the insertion of catheters.	Gemma Farre (ES)
P30	Uncommon use of PICC as an atrial part of the ventriculo-atrial shunt in children.	Jaroslav Cutora (SK)
P31	Evaluation of elastomeric pumps performance.	Clara Virbel-Fleischman (FR)
P32	Preferences for powered intraosseous access systems and features that enhance safety, reliability, and ease-of-use: results from two studies involving emergency medical providers.	Kimberly Alsbrooks (US)
P33	Vortex ports for red cell exchange in children with sickle cell disease.	Tara Byott (GB)
P34	The Midlclavicular Catheter: A clinical audit.	Julian Phelps (GB)
P35	Implementation of vascular access equipment from the intesive care unit for the entire hospital.	Manuel Baeza Mirete (ES)
P36	Dwell time and causes of removal related to Mini-Midline and Midline catheters in hospitalized COVID-19 versus non-COVID-19 patients.	Francisco José García de la Torre Recio (ES)
P37	Comparison of CLABSI rates of hospitals using Clave and comparison hospitals with non-Clave needleless connectors utilizing Centers for Medicare and Medicaid Services and client databases.	Marcia Ryder (US)
P38	Misplacement of central venous catheter into internal jugular vein through axillary and subclavian cannulation: How can head rotation and arm elevation help?	Irvan Setiawan (ID)
P39	Vascular access and COVID-19 pandemic in a Quality Program for Intravenous Therapy in Spain (INCATIV).	María-José Gil-Carbonell (ES)
P40	Off label PICC as a femoral catheter in an almost non-cannulated patient.	Bibiana Vertakova Krakovska (SK)
P41	Saving the world, one patient at a time, by doing the right thing first.	Cheryl Campos (US)
P42	Elimination of bleeding after tunnelled catheter removal by modified technique in practice.	Morteza Khavanin Zadeh (IR)
P43	Two vertical mattress suture is a useful technique to prevent bleeding in tunnelled catheter insertion.	Morteza Khavanin Zadeh (IR)
P44	Use of a wireless ultrasound probe for venous line insertion in COVID-19 patients.	Vendelín Chovanec (CZ)
P45	A Novel Technique of Groshong tip Port-A-Cath insertion under local anesthesia on Outpatient basis: Audit of 2100 cases from a Tertiary care cancer Center.	Sampige Prasannakumar Somashekhar (IN)
P46	"Incativ-pediatrico index": quality of intravenous therapy in pediatric population.	Pablo Lopez-Guardiola (ES)
P47	Economic impact of catheter material for complication reduction.	Nancy Moureau (US)
P48	Reteplase for the Treatment of Central Venous Access Device Occlusions.	Giovanni Piotti (IT)
P49	Impact of fixation and dressing material on catheters' integrity and accidental removal of tunneled cuffed catheters in pediatric setting.	Mieke Debrauwere (BE)
P50	Peripherally inserted central catheter (PICC) related central venous thrombosis - a comparative study.	Maria Giannakopoulou (GB)
P51	Intracavitary-ekg for tip position of PICC-port.	Gloria Ortiz Miluy(ES)
P52	The effect of heparin or saline on the blockage rate of infusion ports for flushing and sealing tubes.	Yingshan Zheng (CN)
P53	Repair of Aneurysmal Arteriovenous Fistulae: recommended clinical approach based on systematic review and meta-analysis.	Katerina Lawrie (CZ)
P54	'Vascular access in critically ill patients with covid-19: a scoping review'.	Emma Morrissey (IE)
P55	Reduction of accidental exits from peripherally inserted catheters.Experience of the Intravenous Therapy Unit of the University Hospital of Navarra.	Ruth Plaza Unzué (ES)
P56	A not so 'sticky end' - an evaluation of two dressings for midline securement.	Tara Byott (GB)

POSTERS

No	Title of Poster Abstract	Presenting Author
P57	Evaluating the knowledge, attitude and practices of the clinical skill of venepuncture and intravenous cannulation in undergraduate nursing and midwifery students.	Orlaith Hernon (IE)
P58	Integrative Review: Complications of Peripherally Inserted Central Catheters (PICC) and Midline Catheters with Economic Analysis of Potential Impact of Hydrophilic Catheter Material.	Nancy Moureau (US)
P59	Subcutaneous tunnel PICC catheterization can reduce the unplanned extubation rate compared with traditional B-ultrasonography catheterization in SOLO catheterization.	Yingshan Zheng (CN)
P60	A novel peripheral intravenous catheter aimed at reducing early failure rates: from computer simulations to animal study.	Barry Doyle (AU)
P61	Preventing peripheral intravenous catheter failure in hospitalised adults through multimodal intervention (PREBACP study): a multicentre, cluster-randomised, controlled trial.	Ian Blanco-Mavillard (ES)
P62	What fuels suboptimal care of peripheral intravenous catheter-related infections in hospitals? A qualitative study of decision-making among spanish nurses.	Ian Blanco-Mavillard (ES)
P63	Independent risk factors for difficult peripheral intravenous cannulation. Multicentre study in 8 hospitals in Spain.	Ian Blanco-Mavillard (ES)
P64	Risk factors associated with difficult peripheral venous cannulation: a meta-analysis of published studies.	Ian Blanco-Mavillard (ES)
P65	The advanced practice nurse as a facilitator for the implementation of vascular access guideline recommendations. An exploratory quasi-experimental study.	Ian Blanco-Mavillard (ES)
P87	Introducing a longer-length PIVC to support improved outcomesfor difficult intravenous access (DIVA) patients.	Julie Godfrey (GB)

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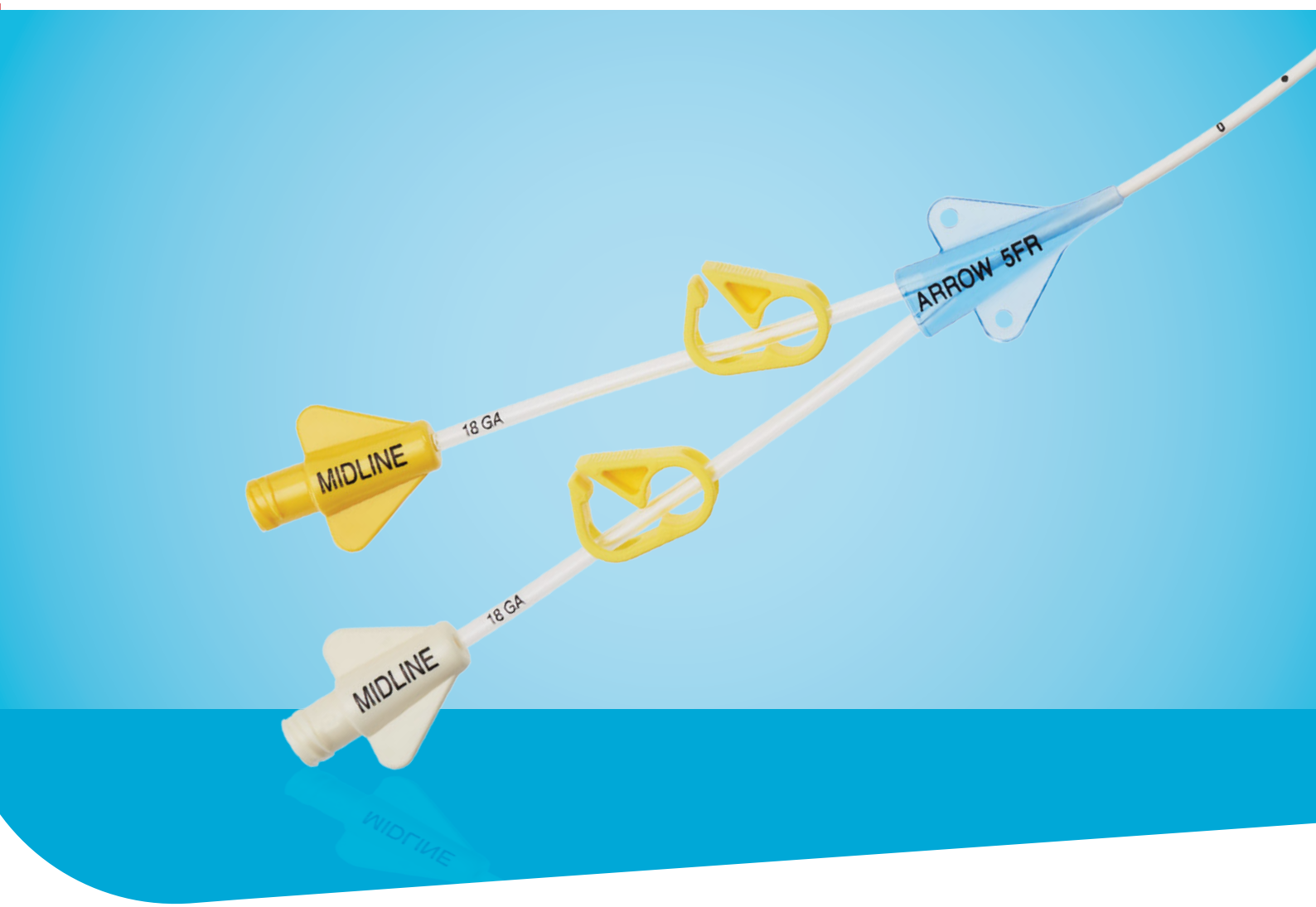

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Sunday, October 16, 2022 | 11:15 am - 12:00 pm, Banqueting Hall

B. Braun Satellite Symposium

Extended length for extended dwell

Improving outcomes in difficult IV access patients by introducing a longer PIVC – Introcan Safety® Deep Access

Speaker: Julie Godfrey
Lead Vascular Access Advanced Nurse Practitioner –
Mid and South Essex NHS Foundation Trust, United Kingdom

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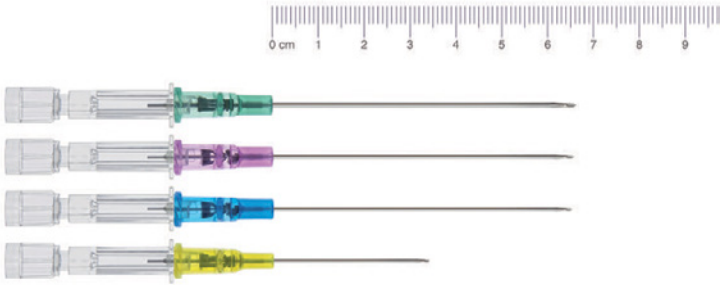

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INDUSTRY SYMPOSIA

DAY 1: SUNDAY OCTOBER 16, 2022

11:15 - 12:00
Trianti Hall

Safe Vascular Access: Clinical Practice and Scientific Evidence

Speaker: Antonio La Greca, MD (IT). – Emergency and Trauma Surgeon, co-founder and leading part of the Hospital Vascular Team at the University Hospital "A. Gemelli" – Rome (Italy). Expert and trainer in Ultrasound-guided vascular access and invasive procedures
(ESTES – MUSEC Course, GAVeCeLT, WoCoVA)

Topic: During this symposium Dr La Greca will review the importance of a safety vascular access procedure. Attendees at the end of the event will review history of patient´s safety, safe device selection, evidence-based safety practices for central line insertion, like infection prevention bundles, use of ultrasound, the importance of a safe pressure injection and IC-ECG method for tip positioning. They will also review dedicated toolkits for safety practice.
Moderator: Hayleigh Haggerty – MSc, ICU (Cert), BSc (Hons), RN. Senior Vascular Clinical Affairs Manager Clinical and Medical Affairs, Teleflex.

11:15 - 12:00
Banqueting Hall

Extended length for extended dwell: Improving outcomes in difficult IV access patients by introducing a longer PIVC – Introcan Safety® Deep Access

Speaker: Julie Godfrey – Lead Vascular Access Advanced Nurse Practitioner, Mid and South Essex NHS Foundation Trust (UK)

Scientific summary:

- Definition of a DIVA patient
- DIVA escalation policy
- Patient experience prior to having a longer length IVC; multiple attempts with a short PIVC escalation to a Midline
- Vessel and device selection
- Introduction of a longer length IVC and outcomes:
    - First stick success rate
    - Device dwell time
    - Devices that dwelled for completion of required therapy
    - Improved purchase in vein
    - Positive economic and environmental impact of introducing a longer length IVC
    - Overall impact on the patient experience
- Care and maintenance of a longer length IVC
- Extending the roll out of USG insertion

11:15 - 12:00
Skalkotas Hall

The clinical & cost effectiveness of vascular access care bundles? Do they work and are they worth it!

Speaker: Prof. O.Mimoz, MD, PhD is Professor of Anaesthesia, Intensive Care and Emergency Medicine at the University of Poitiers, School of Medicine and Pharmacy, and Head of the Emergency Department at the Poitiers University Hospital, France
Title: Prevention of peripheral venous catheter complications. The CLEAN3 clinical trial & cost effectiveness evaluation.

Speaker: Prof. Devrim, MD, PhD is Professor of Paediatric Infectious Disease, Dr. Behcet Uz Hospital, Turkey
Title: A clinical & cost-effectiveness perspective on care bundles for preventing CLABSI.

Intravascular catheters are the most used invasive medical devices in hospitals. It impacts up to 90% of hospital inpatients. Unfortunately, they still too often fail before the end of treatment due to mechanical, vascular, or infectious complications. These complications such as occlusion, infiltration, phlebitis, dislodgment, and local or bloodstream infections, amongst others, lead to not only interruption in patients' treatment and complication management but also to vascular access replacements; this all causing pain and discomfort for patients, and potentially additional work for healthcare providers as well as additional associated costs.

This symposium is aiming to show through evidence-based experiences and publications how following insertion and care and maintenance bundles can lead to improved patient experience with fewer complications, reduced unnecessary catheter replacements while decreasing overall total cost of care.

INDUSTRY SYMPOSIA

DAY 2: MONDAY OCTOBER 17, 2022

11:15 - 12:00
Trianti Hall

Ensuring patient safety in vascular access: What's the role of ethics and human factors?

Speaker: Catherine Hale, LLB (Hons), MSc, PGCE, Barrister at Law (Middle Temple), Associate Professor based in the Medical School at the University of Warwick, Uk
Title: What do ethics have to do with vascular access?

Speaker: Dr. Tim Kane, Consultant Orthopaedic Surgeon Portsmouth NHS Trust Director Practical Patient Safety Solutions
Title: The importance of clinical human factors in healthcare.

This symposium will examine two aspects of patient safety, firstly in the very complex world of modern healthcare, how can you design and operate a system with inconsistent/unreliable human beings at is core. The concept of understanding human factors and how they influence human behavior, focusses on helping people to do the right thing and to make it impossible or hard to do the 'wrong thing' by designing out the potential for making mistakes. Secondly, we will examine the 4 key ethical principles: Autonomy: The absolute right of a patient to make the decision about whether to consent to vascular access (and type) or not. Beneficence: Vascular access that benefits a patient. Maleficence: Vascular access that does the least amount of harm. Justice: treating patients fairly or equally/equitably and appropriate distribution of benefits and norms.

11:15 - 12:00
Banqueting Hall

Putting patients first: enhancing vascular access practices in strained economic situations

Speaker 1: Dr Fulvio Pinelli – Anaesthetist, Careggi University Hosopital,Florence, Italy
Title: PICC port: When patient safety meets the patient's lifestyle.

Speaker 2: Mr. Christian Dupont – Coordinator Nurse, Cochin Hospital, Paris, France
Title: Non coring needle: How to combine nurse needs with patient's comfort.

Speakers 3, 4, 5: Dr. Hervé ROSAY, Anaesthetist, Léon Bérard Cancer Centre, Lyon, France
Mrs. Elise METO, Health Economist, REES, France
Dr. Mostafa EL HAJJAM, Radiologist, VA Unit Coordinator, Ambroise Paré Hospital, APHP, Paris, France

Title: Midline: Is there a place for midlines among other VAD in a strained economic context? Introduction of a new medico-economic study.

11:15 - 12:00
Skalkotas Hall

Can needleless connectors be used to help support a CRBSI reduction strategy?

Dr. Marcia Ryder, PhD, MS, RN, FNAP examines how the dramatic rise of catheter-related bloodstream infection (CRBSI) over the pandemic has led clinicians to explore needleless connectors as a prevention strategy. The influence of needleless connector design on biofilm formation will be discussed, as well as considerations for choosing and using a connector to support a diagnostic strategy and prevent CRBSI.

At the conclusion of this session, you will:

- Have the knowledge to explain the relationship of bacterial transfer through needleless connectors, biofilm formation, and CRBSI
- Be able to describe the needleless design features that impact the risk for CRBSI
- Be empowered to apply new evidence in the selection of a low-infection-risk needleless connector.

15:30 - 16:15
Banqueting Hall

Tips and tricks for PICC-port implant Insertion

Speaker: Dr Sergio Bertoglio

5 minute introduction followed by practical sessions at workstations, instructing on; Surgical techniques for pouch site, intradermal absorbable suturing and use of glue.

INDUSTRY SYMPOSIA

15:30 - 16:15
Skalkotas Hall

The Battle with CRBSIs: The Clinician's Perspective
Chair: George Dimopolous (GR)

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Catheter related bloodstream infections (CRBSIs) are most common among critically ill patients in the ICU and represent a serious, potentially lethal but highly preventable complication. Although improvements have been made in the recent past, CRBSI continues to be a significant patient safety issue. Hence, it is of paramount importance to maintain focus and continuously improve preventive interventions throughout the perioperative patient journey and beyond.

Key elements of CRBSI prevention in critically ill patients
Marc Königs (NL)

CRBSI prevention and short peripheral IV catheters
Emily Smith (GB)

DAY 3: TUESDAY OCTOBER 18, 2022

11:15 - 12:00
Trianti Hall

How far have we come with Vascular Access Teams (VAT) and where next?

BD

Speaker: Dr. F. Pinelli, Consultant Cardiac Anaesthesiologist and Intensivist, Director of Vascular Access Center at Careggi University Hospital in Florence, Italy
Title: A survey on VAT across Europe & Perspectives on VAT from a European Panel

Speaker: Mr A. Barton, Nurse Consultant for IV therapy and Vascular Access, Frimley Health NHS Foundation Trust, UK, Chair of the National Infusion & Vascular Access Society, UK
Title: The Benefits of a Nursing Led Vascular Access Service Team: A White Paper to outline a standardised structure and approach for the NHS to deliver vascular access services in every hospital.

In this session Dr Pinelli will present the work of a European expert group highlighting the different implementations of VAT's, the results of a European wide survey and his prospective on what is required to support evidence around VAT for the future. Although the benefits of having a vascular access provision are well understood by those with an interest in the field of vascular access outside of this it is limited especially amongst hospital administration and management. It is timely that Andrew Barton, the chair of the UK National Infusion and Vascular Access Society has published a white paper calling on the NHS to create a national framework for vascular access teams

11:15 - 12:00
Skalkotas Hall

Innovative triple-layer materials in Vascular Accesses and related clinical implications in PICCs and Midline

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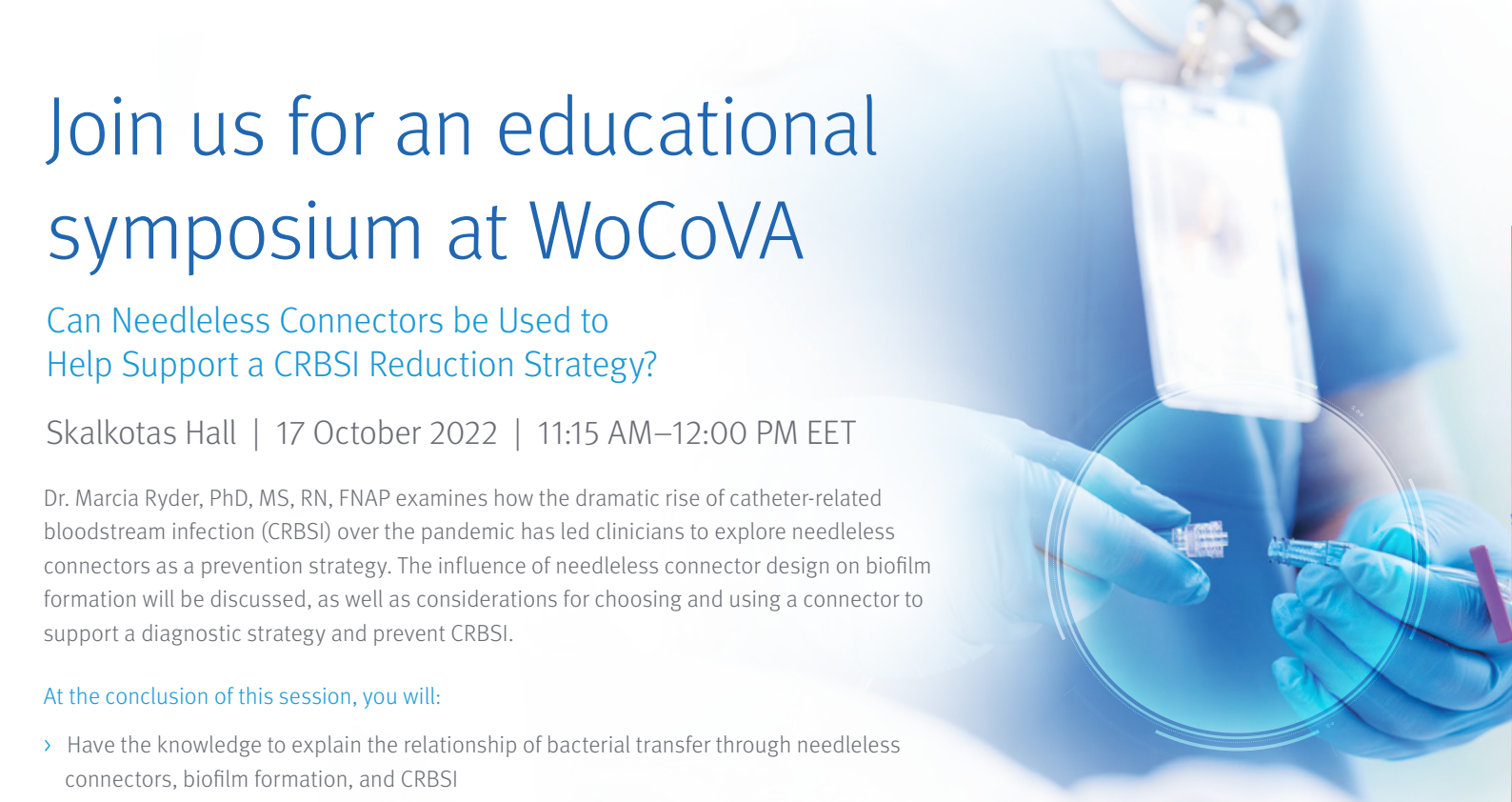
Solutions for Health

Speaker 1: Dr Mauro Pittiruti (Policlinico Gemelli Roma)
Speaker 2: Stefano Elli, I.V. Nurse (Ospedale San Gerardo Monza)

Join us for an educational symposium at WoCoVA

Can Needleless Connectors be Used to Help Support a CRBSI Reduction Strategy?

Skalkotas Hall | 17 October 2022 | 11:15 AM–12:00 PM EET



Dr. Marcia Ryder, PhD, MS, RN, FNAP examines how the dramatic rise of catheter-related bloodstream infection (CRBSI) over the pandemic has led clinicians to explore needleless connectors as a prevention strategy. The influence of needleless connector design on biofilm formation will be discussed, as well as considerations for choosing and using a connector to support a diagnostic strategy and prevent CRBSI.

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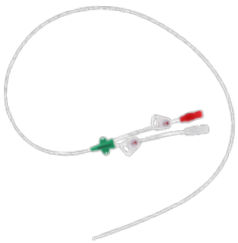

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When you care for your vascular access patients, you want to optimise their experience without complications that can compromise their outcomes. At Teleflex, we want to partner with you in achieving your goals. Our Arrow Brand of products are designed to minimize complications and enhance patient safety, with a wide range of catheters that feature proprietary Arrowg+ard Protection technology. On top of that, our Teleflex Academy offers an extensive clinical curriculum designed to provide clinicians like you with flexible options for free on-demand or in-person evidence-based vascular access education, all on your schedule. Together, we can help your patients receive the very highest standard of care.

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B. Braun is one of the world's leading manufacturers of medical devices and pharmaceutical products and services. With over 64,000 employees in 64 countries, B. Braun develops high quality product systems and services for users around the world. Every service provided by B. Braun incorporates its entire expertise and the company's deep understanding of users' needs. In developing its products, product systems and services, B. Braun acts like a sparring partner. A companion who promotes developments through constructive dialog and the motivation to improve things. With its constantly growing portfolio of effective medical care solutions, B. Braun makes a substantial contribution towards protecting and improving people's health.

BD

BD is one of the largest global medical technology companies in the world and is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. The company develops innovative technology, services and solutions that help advance both clinical therapy for patients and clinical process for health care providers. BD and its 75,000 employees have a passion and commitment to help improve patient outcomes, improve the safety and efficiency of clinicians' care delivery process, enable laboratory scientists to accurately detect disease and advance researchers' capabilities to develop the next generation of diagnostics and therapeutics. BD has a presence in virtually every country and partners with organizations around the world to address some of the most challenging global health issues. BD helps customers enhance outcomes, lower costs, increase efficiencies, improve safety and expand access to health care. bd.com.

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ICU Medical is a global leader offering clinically essential products and solutions that connect patients with caregivers through life-enhancing, innovative technology and services that provide meaningful clinical value. Our robust portfolio features medical delivery systems and consumable products for infusion therapy, emergency medicine, general and regional anesthesia, homecare, NICU/PICU, oncology, pain management, and respiratory care. We area dedicated partner delivering leading-edge products across the continuum of care.
Visit www.icumed.com to learn more.

VYGON

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Vygon designs, manufactures and markets high-tech single-use medical devices for healthcare professionals. Vygon is a world leader within this industry, offering a wide range of products in a number of clinical specialties: Intravascular Therapies - Critical Care - Obstetrics Neonatology Enteral - Cardiovascular & Surgery - Pain & Airway Management. Vygon combines local and international in-depth expertise and know-how in each individual field. With expertise right along the value chain, from product design to the delivery of training for medical personnel, we provide clinicians with effective and innovative products tailored to their needs for optimum use and safety. At Vygon, we Value Life through the innovation of our medical devices and their impact on improving and ultimately, saving lives.
Meet us on our booth and find out more about our latest technologies & products in the field of Vascular Access and IV Infusion Therapies. Join our symposium "Putting Patients First: Enhancing Vascular Access practices in strained economic situations" on Monday 17th October 2022 at 11:15am in Banqueting Hall. For more information on Vygon, please visit www.vygon.com.

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3M Science. Applied to Life.™

3M focuses on providing better care through patient-centered science. Helping transform patient outcomes by reducing the risk of preventable complications. From solutions for BSI and SSI risk reduction, to helping reduce bioburden to help minimize infection, to vital sign monitoring and temperature management, our team is ready to partner with you to strive toward a world with zero complications.

DELTA MED® MEDICAL DEVICES
Solutions for Health

Delta Med was founded in 1993 with the aim of developing and manufacturing safe and high-quality medical devices and has become a reference point in health and safety market for public and private hospitals and multinational leading companies. Delta Med's added value: Qualified professionals and technicians, continuously updated to offer innovative and safe solutions according to high international standards. We have invested in research, progressively expanding our product catalogue developing a wide range of vascular smart access devices: PICC 3 layers, midline/mini-midline, long cannula, arterial catheters, closed system catheters, needleless connectors, blood control catheters, dialysis catheters, catheter fixation & securement systems, ECG multi smart system, dedicated vascular procedural and maintenance kits, pre-filled syringes for flushing and locking procedures, disinfectant caps, filtered extension lines.

Geistlich

The Swiss family owned company Geistlich Pharma develops and produces pharmaceutical and medical devices since 1851. A worldwide distribution network provides valuable assistance in solving medical issues. Products such as the antimicrobial catheter lock solution Geistlich TauroSept® for the prevention and treatment of CRBSIs originate from the company's own research facilities in Central Switzerland.

COMPANY DESCRIPTIONS SPONSORS

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HEALTH LINE
MEDICAL PRODUCTS

Health Line International Corp. is a medical device developer, manufacturer, and distributor located in the USA. Health Line produces a comprehensive line of products for vascular access, infusion therapy, and infection control. Health Line not only offers our own line of products but a comprehensive product line for OEM contract manufacturing.

POLYMED
MEDICAL DEVICES

Plan1Health
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Polymed and Plan 1 Health continue to combine the collective expertise in the areas of Peripheral & Central vascular access, resulting in a formidable manufacturing group: "Dedicated to advancing the specialty of Vascular Access".

Our team has many years of clinical and technical experience; people-centric and product-focused. We identify areas within vascular access requiring improvement and we deliver evidence-based solutions.

We're very happy to be exhibiting in person once again and we encourage you to visit us, at our WoCoVA booth (8) and to meet with the people making Polymed & P1H the: "Specialists in the specialty of Vascular Access".

TauroPharm GmbH

In 2000, TauroPharm GmbH was founded as a German company specialising in medical devices with antimicrobial, antibiofilm and antiocclusive efficacy.

Based on its innovative products, we aim to develop more effective ways to prevent catheter-associated complications – ranging from blood clotting to fatal infections. Throughout this process, improving the patient's quality of life remains our top priority.

Since there is an urgent need for our products, especially in light of the steadily increasing number of antibiotics-resistant pathogens, TauroLock™ is recommended in interdisciplinary national and international guidelines. All products have been investigated in independent scientific studies with excellent study results.

COMPANY DESCRIPTIONS EXHIBITORS

Adhezion Biomedical is pleased to present SecurePortIV Catheter Securement Adhesive: a new layer of protection against CLABSI. SecurPortIV adhesive seals the insertion site, secures the catheter and helps reduce dressing changes. Learn how the latest INS Standards of Practice recommend tissue adhesive to help reduce complications.

AngioDynamics is a leading, and transformative medical technology company focused on restoring healthy blood flow in the body's vascular system, expanding cancer treatment options and improving quality of life for patients. The Company's innovative technologies and devices are chosen by talented physicians in fast-growing healthcare markets to treat unmet patient needs. For more information, visit www.angiodynamics.com.

Bedal, a medical device innovator, develops, manufactures and markets a full portfolio of catheter stabilisation devices to safely secure all types of catheters. Bedal's innovative technology allows for the following unique value proposition: Best in class catheter securement in relation to fixation strength, flow impact and skin adhesion, unrivaled patient comfort, decreased complexity and reduced hospital inventory cost, and easy to use devices, fit for fast hospital uptake.

Bullpup Scientific was established with a mission to provide patients and caregivers with superior IV access solutions. The M/29 BullPup™ catheter is the accumulation of our efforts to develop a low cost, easy to insert IV catheter to serve as a complete solution for IV access for the average patient. Reducing the difficulty in finding the next vein, the need for multiple needle sticks, patient discomfort and hospital acquired infections.

Cair LGL develops and manufactures a full range of medical devices, including custom solutions for infusion. Vertically integrated, our company controls all the processes and the quality of its products and offers quick time to market. The main goals of the company are : working on patients' safety and reducing infections risks.

Dale Medical Products, Inc. is focused on patient safety, patient comfort and clinician effectiveness. The strength of the company is derived from its ability to conceive, work with clinicians on product ideas, develop, and market unique products. With the best patient care always in mind Dale medical devices are well recognized within acute and non-acute care environments. IV & Vascular Solutions include Bendable ArmBoards, Hold-n-Place® Catheter & General Purpose Securements, IV-ARMOR® and Transducer Holders.

GEM is a research based Italian based company, with a key focus on the development of innovative MDs, playing a critical role in an increasingly sophisticated market. Nowadays, both Glubran 2 and Glubran Tiss 2, as well as their application devices, are distributed in more than 40 countries and are worldwide appreciated by users for its variety and diversity of uses.

Leapmed healthcare is a medical device company specializing in image guided intervention procedures. We have several pipelines including needle guides, biopsy needles (instruments), infection control and drainage systems. We design and manufacture our products ourselves. Our products have been sold internationally including the US, UK, Japan, Australia and Europe, etc.

COMPANY DESCRIPTIONS EXHIBITORS

Medcomp® develops, manufactures, markets, and supports cutting-edge vascular access devices and accessories to meet the clinical needs of the medical industry, particularly in the fields of interventional medicine and dialysis. Our company's engineering and applications expertise provides superior products.

TIDI has a history of providing forward-looking solutions that help reduce the risk of contamination and deliver the highest-quality patient care. The TIDI Products Grip-Lok® Securement Devices portfolio offers a variety of securement solutions with strong adhesion that are also gentle on patient's skin.

Medline is a leading global healthcare company providing quality medical and surgical supplies around the world. Founded in 1910, Medline has grown from a small manufacturer to a thriving global healthcare company by virtue of our dedicated people, entrepreneurial spirit, and honest values. Today in Europe, Medline employs more than 1,000 associates including 160 account managers and product specialists to support the European sales network, manufacturing and distribution.

Monidor is a Finnish health technology company that specialises in the development of easy-to-use and innovative software and equipment for the digital healthcare sector. The company has developed the IV Screen remote monitoring application and the Monidor infusion meter to reduce the workload of the nurses and to enhance patient safety during intravenous therapy.

Osinters is a company founded in 2011 by a group of IT experts and specializes in the computerized management of activities in the health sector and develops solutions for teams dedicated to vascular access.

Pall Corporation provides critical filtration, separation and purification solutions to meet the demanding needs of a broad spectrum of life sciences and industrial customers around the globe. Across 80 locations and 10,000 people worldwide, we are unified by a singular drive: to solve our customers' biggest fluid management challenges. And in doing so advance health, safety and environmentally responsible technologies.

UltraDrape™ is an innovative dressing designed for use during Ultrasound-Guided Peripheral Intravenous (UGPIV) that provides dual-action barrier and securement in one. This eliminates the need for sterile gels, covers and tedious post-IV procedure cleanup.

For more than 45 years, pfm medical has been developing, manufacturing and marketing high-quality products, while also offering reliable service. Our range of products and services covers the medical focus areas of surgery, histotechnology, cardiovascular technologies and infusion. In everything we do, we strive to improve patients' quality of life.

The SecurAcath® Subcutaneous Anchor Securement System (SASS) is a revolutionary new method for catheter securement that does not require sutures or adhesives. The unique design of the SecurAcath secures right at the insertion site using small, flexible securement feet placed in the subcutaneous tissue just beneath the skin. SecurAcath is the only subcutaneous catheter securement device in the world.

Tada Group AB is a Swedish R&D company focused on innovations for IV therapy. Our breakaway connector ReLink saves IV catheters from accidental dislodgement. A double-valve system keeps IV fluids from spilling and contaminants from entering the IV line. ReLink can save up to 90% of therapy reinstatement time.

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SUNDAY OCTOBER 16, 2022 | 17:00 - 18:00 | MUSES FOYER

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GENERAL CONGRESS INFORMATION

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Welcome reception

The welcome reception will take place on Sunday October 16 from 17:00 till 18:00h at the exhibition. During this reception, everyone will be warmly welcomed. There are drinks and small bites. You have time to network and visit the exhibition.

Registration and badges

All participants are obliged to wear their name badge during all events. Admission to the sessions is restricted to registered participants wearing their name badge. Your badge will be handed out to you at the registration desk at the Megaron Athens International Conference Centre.

Opening hours of the registration and information desk:

Sunday 16 October	08.00 – 18.00 hrs.
Monday 17 October	08.00 – 17.45 hrs.
Tuesday, 18 October	08.00 – 16.45 hrs.

Venue

Megaron Athens International Conference Centre is situated in the heart of Athens and is easily accessible by metro, bus and trolley bus. The address is:
Vass. Sofias & Kokkali St. 1
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Colophon:

WoCoVA
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