

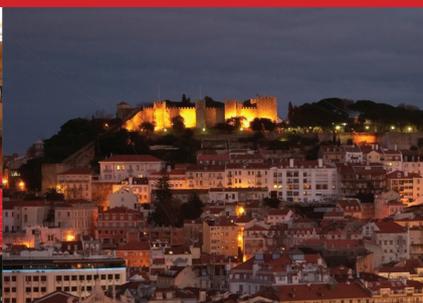
# WOCÓVA 2016



4th World Congress on Vascular Access

**LISBON, PORTUGAL**  
**JUNE 22 - 24, 2016**  
Congress Center Lisbon

**Excellence in Vascular Access**





# FOREWORD ORGANIZING COMMITTEE

Dear colleagues,

On behalf of the WoCoVA organizing and scientific committee we welcome you to the 4th World Congress on Vascular Access in the capital city of Portugal, Lisbon.

For the 4th time we bring the most important experts in Vascular Access together to share results of research, protocols, innovations and expertise.

The program offers you educational courses, a PICC train the trainer course prior to the main program and variety of oral sessions, poster presentations, hands-on workshops and a range of satellite symposia during the rest of the week, that will help you enhance the quality of your every day practice.

With a large number of abstracts, we see an increasing understanding of the need to improve patient safety and comfort while treated in the hospital or at home.

The large exhibition floor will allow you to learn all about the latest product novelties and will be open during all three days of the congress. It will certainly give food for thought in achieving your goals on complication management, infection prevention, materials and equipment and patient quality of life.

Also have a look at the booth of different national organizations related to Vascular Access and network with experts from all over the globe.

Be sure to make the most of this conference, not only by following lectures, taking part in discussions and meeting new friends and colleagues, but also by discovering Lisbon, a lively city with a rich in history, a broad range of restaurants and beautiful views. With an easy to use public transport system, you can easily experience what this beautiful, vibrant city and the surroundings have to offer.

WoCoVA invites you to share your ideas and suggestions to improve this and future WoCoVA meetings and to enjoy this unique opportunity to expand your network.

Please enjoy the congress and we thank you for you contribution and participation.

On behalf of the whole WoCoVA 2016 organization,

Ton van Boxtel

Congress president

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More details on page 54

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# DAY 1: WEDNESDAY JUNE 22, 2016

## Auditorium 1

09:30

### Opening

10:00 (I-01)

**The science of central venous access: do common clinical practices meet Evidence-Based Medicine? Filling the existing gap between evidence/recommendations and common practice**  
Roberto Biffi, MD (IT)



The use of vascular access devices is an integral aspect of current health care. According to US data, approximately 150 million intravenous catheters are purchased, and at least 5 million central venous catheters (CVCs) are inserted every year. The use of evidence-based measures/therapies have the potential to improve clinical outcomes in recipients of CVCs. Several organisations publish and regularly update clinical practice recommendations, on the basis of the strength, depth and breadth of the evidence, and it was clearly demonstrated that the implementation of guideline class I recommendations is associated with a reduction in complications' rate, length of stay and costs. In spite of that, the uptake of recommendations into routine clinical practice remains slow and inconsistent. The problem how to bridge the gap between evidence and practice may be solved providing efforts directed toward a number of different strategies that can narrow these gaps, like provider-level interventions (including audit and feedback), computer-assisted clinical decision support, educational materials, and continuing education meetings. Organisational and systems-level interventions - that have been studied in some medical fields - include clinical pathways, nurse-led management, and specialised clinics. Finally, interventions that address factors within the broader socioeconomic context include financial incentives such as fee-for-performance, quality-based procedures and penalties for gross violations. All these aspects will be analyzed in this key-note address.

**11:00 – 12:30**

Auditorium 1

### **Plenary session 1: Infection prevention: a worldwide perspective**

Chair: Roberto Biffi, MD (IT)

11:00 (I-02)

### **Debate: infection prevention: a worldwide perspective**

Philippe Eggimann, MD (CH), Giancarlo Scoppettuolo, MD (IT), Ricardo Zimmerman, MD (BR)

Infection prevention and control is a crucial aspect of the clinical care of patients carrying a vascular access. Cancer patients are especially susceptible to infections because of immunodepression, and they should therefore be carefully protected from this severe complication. Patient safety can be enhanced by incorporating guidelines into daily clinical practice and adopting "bundles" of well-defined actions, that have been demonstrated effective in reducing infectious complications in this clinical setting. Continuous efforts and recent materials' development, including the use of disinfectant dressing, further decreased the rate of infection by 10-fold. Optimal selection of insertion sites, availability of experienced operators and trained nursing staff performing catheter care are still crucial. In this session a panel of participating experts will analyze the state-of-the-art of this topic in a worldwide perspective. A contribution from the audience – with comments and questions – will be encouraged and appreciated.

**13:00 – 14:00**

Auditorium 1, 2, 3/4, 8

### **Satellite Symposium 1,2,3,4, Industry sponsored (including lunch)**

**14:30 – 16:00**

### **Parallel sessions: Australian Session, Session 1, 2, A**

Auditorium 1

#### **AUSTRALIAN SESSION**

Chair: Samantha Keogh, PhD, RN (AU)

14:30 (I-03)

#### **CVAD-Associated Skin Impairment**

Daphne Broadhurst, BScN, RN, CVAA(c) (CA)



Research has revealed inconsistencies in the management of patients with impaired skin integrity at CVAD sites. The goal of this research is to improve care of CVAD-associated skin impairment (CASI). An international advisory panel was convened to review the current state of CVAD site care and develop strategies to manage sites with impaired skin integrity, using an algorithmic approach.

# DAY 1: WEDNESDAY JUNE 22, 2016

15:00 (I-04)



## Results OMG PIVC Study

Evan Alexandrou, RN, MPH, PhD (AU)

Approximately 1.2 billion PIVs are inserted in hospitalised patients around the world every year. Although a common device, almost half will fail before the device is required to be removed. Internationally, this equates to millions of patients having IV therapy prematurely ceased requiring the re-siting of a new PIV. The financial loss to healthcare services globally is enormous, the personal cost to patients is even greater with reports of pain and anxiety as well as delays in vital treatment. Up until this study, the management practices of PIVs across different regions of the world was relatively unknown, including important bench-marking rates such as phlebitis, dressing techniques as well as size and anatomical position of PIVs used. This presentation will provide the audience with information on global PIV rates collected from over 400 hospitals in 58 countries. Importantly we present data on over 40,000 patients that were audited which will provide some insight into what factors contribute to PIV failure globally, where such information can then be translated into clinical practice locally.

15:30 (I-05)



## Global Journal Club

Marie Cooke, PhD, RN (AU)

Each year millions of research papers are published - but what should we apply to our vascular access clinical practice? Top research papers of recent years across varied vascular access domains describing innovation/s to improve vascular access outcomes will be critiqued. These papers will be examined and appraised- including the topics' significance, risk of bias, and quality of evidence. The recommendations made by the researchers will then be compared with the current practice reported by the live audience and barriers to the take up of evidence into practice discussed.

## Session 1 Auditorium 2

### VAD AND CHEMOTHERAPY

Chair: Marguerite Stas, MD, PhD (BE)

14:30 (I-06)



### PICC vs port vs PIV in oncology

Hervé Rosay, MD (FR)

CVC are the pillar of administration drug in oncology for chemotherapies and supportive care. The author presents the well known rules to prescribe the good device for the good patient.

15:00 (I-07)



### The future of brachial ports

Evangelos Konstantinou, RN, MSc, PhD (GR)

Brachial ports or picc ports are the VAD of choice for every single patient undergoing chemotherapy every 15 days or more. The only disadvantage is the small diameter of the vein at the upper limb. However, by choosing to puncture a vein close to the axilla or even the axillary vein at the junction point that the brachial and the basilica form axillary, optimal results can be achieved. Despite the fact that somebody might assume that at such an entrance point the risk of infection is increased, this doesn't really happen. Picc port placement does not lead to inelegant scarring of the chest wall while it is a nursing procedure with no mechanical complications such as pneumothorax, chylothorax, haemothorax etc. A 6 Fr polyurethane catheter provides a more than sufficient flow and the port can be implanted almost anywhere after discussing it with the patient. In case of accidental puncture of the brachial artery, this can be easily compressed with while this cannot be done with a puncture of the subclavian artery. Skin dehiscence can certainly be avoided if we implant the port above the muscle and use narrow ports that are made from a much softer material.

## ABSTRACT PRESENTATIONS

15:30 (O-01) **Should we stop bevacizumab before port implantation?**  
Eric Desruennes, MD (FR)

15:45 (O-02) **Peripherally inserted central catheters (PICCs) in cancer patients under chemotherapy; incidence of complications and overall failures**  
Sergio Bertoglio, MD (IT)

### Session 2 Auditorium 3/4

#### EBM IN VASCULAR ACCESS

Chair: Paul Blackburn, MNA, RN, VA-BC (US)

14:30 (I-08) **A critical view of evidence-based documents**  
Massimo Lamperti, MD (AE)



There are many guidelines and studies regarding vascular access but there should be more criticism when the final user is going to read them in order to apply in everyday practice. Some tips and tricks will be revealed.

15:00 (I-09) **PICC, catheter related thrombosis and meta-analyses**  
Giancarlo Scoppettuolo, MD (IT)



In recent years, a few meta-analyses and retrospective reviews have concluded that PICCs may be particularly associated with an increased risk of venous thrombosis. Unfortunately, most of these documents are biased from the statistical point of view, since their conclusions have been drawn by a heterogeneous collection of non-controlled non-randomized studies extremely variable in terms of populations, type of catheters and – most importantly – technique of insertion. The goal of this presentation is to show that there is no evidence of a specifically increased thrombotic risk related to PICCs. While it is obvious that some populations of patients (such as cancer patients and hematologic patients) have an increased risk of thrombosis with any type of central venous access device, the incidence of this complication may be reduced by an appropriate technique of insertion (proper match between vein and catheter diameter, ultrasound guidance with micro-introducer kit, correct tip location, optimal securement on the skin).

## ABSTRACT PRESENTATIONS

15:30 (O-03) **Implementing evidence and making changes to clinical practice in peripheral cannulation**  
Deborah Bolton (GB)

15:45 (O-04) **An electronic algorithm for choosing optimal vein and access device for each patient**  
Marguerite Stas, MD, PhD (BE)

### Session A Auditorium 8

#### UPDATE ON TIP LOCATION

*(simultane translation English/Portuguese)*

Chair: Andy Bodenham, FRCA, FFICM (GB)

14:30 (I-10) **The cost of Tip Malposition**  
Ken Symington, MD (US)



Catheter tip malposition is unfortunately very common - as well as almost completely avoidable. They harm patients and in the USA at least, the patient to some degree is also often responsible fiscally as well. The range of complications is finite and each type of complication has its' own costs. The presentation will begin by stating the acceptable range of catheter tip position-with imaging correlation. Next will be an assessment of the hard costs of such malposition- both through the speakers own institutional accounting experience as well as by reviewing available USA data. Finally the presentation will address the more intangible or 'soft' costs of such complications, which although more difficult to place a monetary value on , are nevertheless incredibly important.

# DAY 1: WEDNESDAY JUNE 22, 2016

15:00 (I-11)

## **Intracavitary ECG in 2016**

Tommaso Sanna, MD (IT)



Intracavitary ECG is an attractive technique to achieve tip positioning without X-ray exposure. The advantages and the limitations of the technique will be discussed in detail.

## **ABSTRACT PRESENTATIONS**

15:30 (O-05)

## **Evaluation of routine postoperative chest roentgenogram for determination of the correct position of permanent central venous catheters tip**

Feresteh Salimi (IR)

15:45 (O-06)

## **The use of ultrasound in determining the position of central venous catheter for hemodialysis – flow signal (video of method)**

Amila Jasarevic (BA)

**16:00 – 16:30**

**Pavilion 2**

**Break**

**16:30 – 18:00**

**Parallel sessions: 3, 4, 5, B**

**Session 3**

**Auditorium 1**

## **THE NEW FRONTIERS OF ULTRASOUND FOR VASCULAR ACCESS**

Chair: Ulf Teichgräber, MD, MBA (DE)

16:30 (I-12)

## **Ultrasound for tip location and PNx detection**

Daniele Biasucci, MD (IT)



Increasing evidence shows that bedside ultrasound (US) has higher sensitivity and similar specificity compared with chest X-ray (CXR) in the diagnosis of pneumothorax (PNX). Computed Tomography (CT) is considered the gold standard in PNX detection, but it is an expensive diagnostic tool that may be not readily available. US is a nonionizing and lower cost technique, readily available and repeatable at bedside. Despite compelling evidence showing that US guided central venipuncture significantly reduces mechanical complications, depending on operator experience, it still remains a small risk of PNX after axillary or subclavian venipuncture. Performing chest US, we evaluate the presence of lung sliding and B-lines in order to exclude iatrogenic PNX after each central venous access obtained puncturing subclavian or axillary vein. Ultrasound is also useful after venipuncture for preventing primary malposition. In this regard, ultrasound may play two roles. As a 'tip navigation' technique, ultrasound can be used to confirm that catheter or guidewire are travelling towards the cavo-atrial junction. As a 'tip location' technique, trans-thoracic echocardiography allows direct or indirect visualization of catheter tip or J-guidewire at CAJ or in the lower SVC by means of a subcostal bi-caval view.

17:00 (I-13)

## **Ultrasound for arterial cannulation and A-V fistulas**

Rob Dawson, DNP, MSA, APRN (US)



Ultrasound is an evidence based technology that reduces unnecessary trauma during cannulation of any vessel. Yet, it seems under utilized in many settings, and only used as a rescue technology. This presentation will challenge the rescue philosophy and describe why ultrasound should be a primary assessment and cannulation planning tool in all vascular access. Special focus will be on a novel, ultra-portable coronal view technology used in dialysis access cannulation, that shows great promise in improving patient care with a reduced learning curve.

## ABSTRACT PRESENTATIONS

- 17:30 (O-07) **Prognostic Factors of Vascular Events Using Duplex Ultrasound Surveillance for Arteriovenous Fistulas in Hemodialysis Patients**  
Takeo Ishii (JP)
- 17:45 (O-08) **A new device for tip location and tip navigation**  
Mauro Pittiruti, MD (IT)

### Session 4 Auditorium 2

## THE FUTURE OF INFECTION PREVENTION

Chair: Ricardo Zimmerman, MD (BR)

- 16:30 (I-14) **A new promising technology: the port protectors**  
Giancarlo Scoppettuolo, MD (IT)



One of the most effective way of colonization of a central venous catheter is the intraluminal colonization. It can be effectively prevented through a vigorous scrub of the hub of the catheter or of the needless connector with a proper antiseptic. Health Care Workers have a very low compliance in this maneuver. Port Protectors are disinfecting cap for Needlefree Connectors that provide passive and continuous disinfection for up to seven days. They are very useful in increasing the compliance and in preventing the intraluminal colonization of central venous catheters. In this presentation, data on this new and promising technology will be shown.

- 17:00 (I-15) **Antiseptic lock with taurolidine and/or citrate**  
Sergio Bertoglio, MD (IT)



Incidence of catheter related bloodstream infection (CRBSI) is a key outcome to improve catheters management efficacy. Lock solutions may play an important role especially in patients with prolonged use of any type of CVCs and frequent handling by staff. Commonly used lock solutions (heparinized saline in the past and normal saline in the latest years) have marginal efficacy on CRBSI prevention. The association of tri-sodium citrate at low concentrations and taurolidine has been reported in literature to be a promising lock solution based on the cumulative activity of both compounds. Citrate is an effective anticoagulant that promotes catheter patency avoiding systemic anticoagulation even when used at low concentration. Its potential antimicrobial activity may be only reached when used at elevated concentrations (>30%). Nevertheless elevated concentration of citrate may be responsible for unpleasant side effects. Taurolidine is an antimicrobial agent that interacts with components of microbial cell walls causing irreparable damage; it is effective against gram + and gram - bacteria, yeast and fungi. The association of both components in a single lock solution is expected to disrupt bacterial surface, reduce bacterial adherence and biofilm formation and guarantee for catheter patency. An overview of recent literature trials is reported.

## ABSTRACT PRESENTATIONS

- 17:30 (O-09) **Making the financial case for HAI prevention**  
Russell Nassof, JD (US)
- 17:45 **Discussion**

# DAY 1: WEDNESDAY JUNE 22, 2016

## Session 5

Auditorium 3/4

## SECUREMENT – THE STATE OF THE ART

Chair: Josie Stone, RN, CPNP (US)

16:30 (I-16)

### The evidence behind securement

Christian Dupont, RN (FR)



Catheters, both central and peripheral, as well as IV lines, must be properly secured. Are current recommendations sufficient to guide caregivers in choosing the most appropriate, safe and efficient way of securing them? This choice must be context dependent and should account for patient skin, mobility and autonomy and for the type of catheter, the place of care and other factors. Despite the availability of evidence based practice guidelines, recommendations are not always followed. Yet the context is fundamental to providing safe and effective patient care and should be kept in mind by the caregiver/provider.

17:00 (I-17)

### From staples and sutures over tape to securement devices

Lieve Goossens, PhD, RN (BE)



Every catheter with an external part has to be secured to prevent catheter movement, migration and accidental dislodgement. Catheter movement increases the risk for complications as bacterial migration and potentially catheter-related bloodstream infection, venous thrombosis, treatment delay and catheter replacement. Therefore proper securement is critical. For long-term tunneled catheters a subcutaneous cuff is used for years. However non-cuffed catheters need a system which anchors the catheter to the skin. The consequences are the need of a breach in the skin barrier or the need to use an adhesive to the skin with the risk of skin irritation. Moreover these adhesive devices have to be changed weekly. During the change of the adhesive securement device the catheter is free floating and potentially the catheter might migrate or might be accidentally removed. These risks have triggered manufactures to develop more skin-friendly and more user-friendly securement devices.

## ABSTRACT PRESENTATIONS

17:30 (O-11)

### Peripheral Venous Catheter Securement – a multi-centre randomised controlled trial

Nicole Marsh (AU)

17:45 (O-12)

### Fixation in vascular access: complication, economics and the savior of subcutaneously anchored securement and changed behavior

Antonio Canelli (IT)

## Session B

Auditorium 8

## UPDATE ON TOTALLY IMPLANTED VENOUS ACCESS DEVICES

*(simultane translation English/Portuguese)*

Chair: Marguerite Stas, MD, PhD (BE)

16:30 (I-18)

### Infection and ports

Irène Kriegel, MD (FR)



# DAY 1: WEDNESDAY JUNE 22, 2016

17:00 (I-19)

## **Injuries and liability related to ports**

Eric Desruennes, MD (FR)



To assess injury and liability associated with central venous catheters and ports, we analyzed closed malpractice claims for central catheter injuries in a big French insurance company database during the last five years. Of the 9 selected records, the accident occurred during implantation and/or use of a port in 7 cases, a central venous catheter in one case, a dialysis catheter in 1 case. The accidents were : - 3 false paths and perforation (pleura 2 cases, pericardium 1 case), including 1 death by tamponade ; - 2 chemotherapy extravasation ; - 2 guidewire/catheter embolus ; - 1 pneumothorax ; - 1 septicemia caused by methicillin-resistant staphylococcus aureus. Four complications were judged to be possibly preventable if ultrasound guidance had been used and 6 complications were judged as possibly preventable by use of a checklist during implantation and/or utilization. Chest radiography was not contributive in 3 cases : intrapleural route, cardiac tamponade and pneumothorax. Finally the management of the two chemotherapy extravasations was not consistent and the care structures involved in cancer treatment should have an extravasation management protocol updated regularly.

## **ABSTRACT PRESENTATIONS**

17:30 (O-13)

## **Hickman vs PICC: a comparison of central venous access device complications in acute myeloid leukaemia**

Peter Haywood, MD (AU)

17:45 (O-14)

## **Low-profile port encased in silicone: a key to reduce late complication of skin perforation?**

Irène Kriegel, MD (FR)

**18:00 – 19.30**

**Pavilion 2**

## **Welcome Reception**

# DAY 2: THURSDAY JUNE 23, 2016

**08:30 – 10:00**  
**Auditorium 1**

## **Plenary session 2: Vascular Access in the World**

Chair: Russell Nassof, JD (US)

08:30 (I-20)

### **Vascular Access in Europe**

Ton van Boxtel, RN, MSc,VA-BC (NL)



With many cultures, habits and differences in rules and regulations, vascular access (VA) is as different throughout Europe. Professionalization of VA and available data are very diverse too. VA in most European countries is increasing, reaching out to optimal patient care.

08:45 (I-21)

### **Vascular Access in Russia**

Maxim Rykov, MD (RU)



The lecture is devoted to the analysis of the application of various venous access systems in clinics in Russia, analysis of the level of catheter-related bloodstream infections and other complications associated with venous access and analysis of the economic impact of these complications. These data will be presented for the first time. Also, a large collection of pictures will be shown to illustrate the rare complications.

09:00 (I-22)

### **Vascular Access in the Middle East**

Massimo Lamperti, MD (AE)



A new point of view from an expert in a new environment in a different cultural and organizational world.

09:15 (I-23)

### **Nurse and PICCs in Japan**

Shiori Matsuhashi, RN (JP)



In our hospital, JNPs have performed insertion of peripherally inserted central venous catheters (PICCs) on requests from physicians since November 2013, like PICC Nurses in the US. We discussed the necessity to select, based on the CDC guidelines, appropriate VADs and established a JNP-based first-in-Japan PICC team in June 2015 which we report herein. The team introduced an early patient assessment and decided to perform a series of management activities for applicable patients from insertion of PICCs to exchange/removal of dressings. A card indicating the reason for PICC insertion is created and included in the medical record. Insertion is performed on the day of request, and the placer follows the patient over time for complications. We summarized the change before and after PICC team establishment. The average number of PICC insertion in the previous one year was 18.5 per month which increased to 44.3 after initiation of their activities. The establishment of the PICC team resulted in decreased number of puncture and subcutaneous bleeding caused by failed puncture of peripheral venous catheters. Introduction of the PICC team appears to have resulted in clarified indications for PICC and selection of VADs appropriate for treatment.

09:30 (I-24)

### **Vascular Access in North America**

Josie Stone, RN, CPNP (US)



This presentation will take a brief look at the development and growth of Vascular Access in North America with an emphasis on technological advances; increasing diversity of qualified practitioners and clinical settings performing these responsibilities; risk reduction and current commitment to patient safety and vein preservation. Published evidence-based practice standards and guidelines will be identified to support these issues.

09:45 (I-24 a)

## Vascular Access in Latin America

Kathy Kokotis, RN, BS, MBA (US)



Vascular access in Latin America is a developing market over the last decade. Nursing placement of PICC lines has grown in Brazil, Columbia, Puerto Rico, Argentina, Mexico, and Chile. Placement includes the adoption of ultrasound, MST, tip location and tip navigation. Dedicated PICC programs have become established in Latin America in several institutions. What was primarily placement of PICC lines in neonates and pediatric has now moved to the adult clinical setting. Patients are being sent to the community with ports, chronic dialysis catheters and PICC lines. Economics however is still a limiting factor in the public sector versus the private sector. In many Latin American countries VAD's are paid for by the patient which limits the type of VAD that is utilized. Programs to reduce CLA-BSI have developed in countries like Mexico and Brazil. Mexico has established catheter care clinics to reduce complications. In addition in Brazil, Albert Einstein has established the first comprehensive educational program on reduction of CLA-BSI called the Four Seasons Project. Additional Brazilian contributions include the first publication on early vascular access assessment by Clinicas Orthopedica. Lastly in Brazil, Sirio Libanes has developed the first administrative course to justify nursing based PICC programs.

10:00 – 10:30

Break

Pavilion 2

10:30 – 11:30

Parallel sessions: GAVeCeLT Session, Session 6, 7, C

Auditorium 1

## GAVECEL T SESSION

Chair: Roberto Biffi, MD (IT)

10:30 (I-25)

## GAVeCeLT Consensus on Lock solutions for non-dialysis central vascular accesses (NDCVA)

Sergio Bertoglio , MD (IT)



The evidence supporting the use of anticoagulant and/or antibacterial lock solutions is scarce in the area of NDCVA. There is no convincing evidence that specific lock solutions might have clinical advantage over saline in preventing lumen occlusion of short term, medium term or long term central venous access devices . A consensus was developed by GAVeCeLT, the Italian Group of Long Term Venous Access Devices to provide recommendations in the area of lock solutions for any type of central catheter. The results are presented as statements stemming from seven main questions discussed by the panel. Two questions were addressed to the use of anticoagulant solutions (heparin; citrate; urokinasis; rTPA; etc), 1 question was addressed to the efficacy (in terms of prevention of lumen occlusion) of normal saline lock as an alternative to anticoagulant lock, 1 question was addressed about flushing locking methodology while the remaining 3 questions were addressed to the possible role of single antimicrobial solutions and/or their combination.

10:50 (I-26)

## GAVeCeLT Consensus on PICC in Home Care

Giancarlo Scoppettuolo, MD (IT)



Results of a national consensus from GAVeCeLT on PICC Home Care will be presented. Data on this topic are lacking. The objective of the Consensus has been to identify indications and standards for insertion and management of PICCs in Home Care.

11:10 (I-27)

## The current GAVeCeLT multicenter trials

Mauro Pittiruti, MD (IT)



During this session, we will present the clinical studies that GAVeCeLT (The Italian Group of Venous Access) is currently promoting: 1) a prospective multicenter study on the effectiveness of a specific 'insertion bundle' for reducing the risk of complications associated with central line insertion in children and neonates; 2) a prospective study on the safety and efficacy of a new double lumen venous access device which combines a central line (PICC) and a peripheral line (Midline); 3) a prospective multicenter study on the complications associated with totally implantable central lines inserted in the upper arm by ultrasound guidance and intracavitary ECG guidance (PICC-ports); 4) a cohort prospective study on the safety and efficacy of cyanoacrylate glue for reducing the risk of bleeding from the exit site after PICC insertion; 5) a multicenter prospective study on the complications potentially associated with subcutaneous tunneling of PICCs.

# DAY 2: THURSDAY JUNE 23, 2016

## Session 6 Auditorium 2

10:30 (I-28)

### RESEARCH PROGRAMS ALL OVER THE WORLD

Chair: Claire Rickard, RN, PhD (AU)

#### Debate: Research programs all over the world

Samantha Keogh, RN, PhD (AU), Vineet Chopra, MD, MSc (US), Marguerite Stas, MD, PhD (BE)

From little things, big things grow. Good practice needs a good evidence base. Questions turn into research projects, which become publications and conference presentations, which lead to connections with new colleagues asking more questions. But how do you sustain momentum, motivation and most importantly money to support this ongoing spirit of research inquiry? What is it like to lead a research project in different countries, but all focussing on vascular access? What sort of research projects do we have going on now, and which ones do we need in the future, to improve patient outcomes and health system function around vascular access? This session will include experienced Vascular Access Researchers from around the globe. They will discuss different ways to foster and develop research and researchers within vascular access, including reflections on personal experiences. The presenters are excited to share their advice with beginning researchers, who might be wondering how to add research to their vascular access clinical or teaching work. Attendees who are experienced researchers will get fresh ideas and inspiration to further develop their research, as well as ideas for international collaboration. The role of research grants, publications, research ethics and governance, building a team, and getting research results into practice and guidelines will be discussed. In addition, the ways that clinicians, academics, professional organisations and industry can work together to grow the vascular access evidence base will be overviewed.

## Session 7 Auditorium 3/4

10:30 (I-29)

### VAD FOR HOME PARENTERAL NUTRITION

Chair: Paolo Cotogni, MD (IT)

#### Which VAD for long term home Parenteral Nutrition?

Paolo Cotogni, MD (IT)



Long-term VADs include tunneled-cuffed central catheters and totally implanted venous ports. The choice between tunneled catheters and ports depends on several factors, mainly related to patient's choice and compliance and the frequency of VAD use. According to many guidelines, ports should be preferred in patients who require intermittent use of the VAD, whereas tunneled-cuffed catheters should be used in patients requiring frequent or continuous access (e.g., for a HPN based on a frequency of 5 or more accesses per week). We carried out a prospective study to describe the incidence rate of catheter-related complications over a 5-years use of VADs in 669 cancer outpatients on HPN for a total of 141,052 catheter-days and to report incidence rate differences with tunneled catheters and ports. The main finding of this study was that PICCs had significantly better outcomes than tunneled catheters and were safe and durable as ports. The aim of this presentation is in informing healthcare professionals that, if accurately managed, PICCs can be safely used in patients receiving HPN, recording a low incidence of catheter-related bloodstream infections, thrombosis, and mechanical complications; a long catheter life-span; and a low probability of catheter removal because of complications.

11:00 (I-30)

#### Parenteral Nutrition in the hospitalized patient: which VAD, which policies?

Rob Dawson, DNP, MSA, APRN (US)



Parenteral nutrition has long been area of concern related to vascular device use and potential complications, the most concerning being infection. As with any clinical issue of this magnitude the best thing we can do is to view this from a patient focused, systems based perspective. Then put specific strategies in place to offer a consistent high quality of care. Each context of care may have different resources and abilities to provide the most ideal vascular access given the need for parenteral nutrition. This presentation will review the evidence for acute parenteral nutrition management and the basic areas of concern for hospital based vascular access device placement and management. System based strategies to facilitate the highest quality of care will be presented.

## Session C Auditorium 8

10:30 (I-31)



### UPDATE ON CUFFED AND/OR TUNNELED VADS

*(Simultaneous translation English – Portuguese)*  
Chair: Ton van Boxtel, RN, MSc,VA-BC (NL)

#### Tunnelling of non-cuffed PICCs

Gloria Ortiz Miluy, RN, PAN, MVA (ES)

Insert a PICC line requires a correct vein caliper that is not always available at the third middle of the arm. Based on the ZIM Method by R. Dawson, tunneling is used in order to improve the exit site and the patients comfortability. Technique and tricks will be explained during this presentation.

11:00 (I-32)



#### Insertion and removal of cuffed VADs

Andy Bodenham, FRCA, FFICM (GB)

Procedures for cuffed tunnelled catheters require surgical skills, techniques and equipment. Optimal techniques minimise complications, discomfort, scarring and catheter malfunction. I review elements of practice outside the vein, related to tunnelling, cuff anchorage and removal. There is very little evidence base to decide practices and important finer details are not well described. I describe suitable techniques and instruments to insert, retrieve and manipulate catheters. The Choice of vein entry and exit site impacts on tunnelling and cosmetic considerations and length of catheter available for vein entry. Tunnelling can be described as antegrade when from exit site to vein entry, or retrograde when in reverse. Common problems immediately after insertion include: Catheter kinking, and catheter too long/short. Anchoring cuffs. To prevent early cuff migration outwards, we place a buried absorbable "purse string" suture. Removal of devices. Catheters are easily cut and embolization to the heart is a risk. There are two main techniques: Pulling on the external catheter so cuff detaches from tissues, or catheter. A surgical cutdown to free the cuff is the usual technique.

11.30 – 12.30  
Pavilion 2

### Poster Session 1

All authors of uneven poster numbers must be present at their poster

12:00 – 12:30  
Auditorium 1

### Film festival 1

12.00 (I-33)

Peter Carr, BSc, MMedSc, PhD(C) (AU)



The WoCoVA Film Festival sessions create an opportunity to visually present clinical skills and procedures along with the patient experience relevant to vascular access. This year's Film Festivals aim to stimulate discussion and critical debate and in doing so attempt to enhance the clinical practice of vascular access and related therapies. A variety of footage from around the world is presented, including: cutting edge insertion methods to post insertion clinical care and management of central venous catheters. Furthermore, the patient experience is not absent and this is reflected in our submissions. Questions and comments from the audience members are encouraged to stimulate debate during both Film Festival sessions.

13:00-14:00  
Auditorium 1,2,3/4,8

### Satellite symposium 5,6,7,8, industry sponsored (including lunch)

# DAY 2: THURSDAY JUNE 23, 2016

14:30 – 16:00

Parallel Sessions: 8, 9, 10, D

**Session 8**  
Auditorium 1

## THE PEDIATRIC PATIENT

Chair: Massimo Lamperti, MD (AE)

14:30 (I-34)

### Vascular Access in pediatrics today: US and IC-ECG

Mauro Pittiruti, MD (IT)



The world of pediatric central venous access is rapidly changing, as new methodologies of vein visualization and tip location have dramatically reduced the risks of complications as well as the costs associated with such procedures. As recommended by most recent guidelines (including INS 2016): (1) the use of ultrasound guidance is mandatory for all central lines in all pediatric patients, including neonates – with the only exception of umbilical catheters and of small-bore epicutaneo-caval catheters (ECC) which are usually inserted in superficial veins; (2) while access to deep veins (CICC, PICC, FICC) demands ultrasound, insertion of short peripheral cannulas or ECC can be performed considering the use of NIR technology; (3) the first option as a method for tip location should be the intracavitary ECG technique, which is applicable and feasible in neonates, infants and children in 99% of cases; (4) the routine use of fluoroscopy and post-procedural chest x-ray as radiological methods for tip location should be discouraged; (5) there is a growing evidence that ultrasound should be regarded as an accurate, inexpensive and non-invasive methodology for tip navigation (ultrasound scan of central veins during catheter progression), for tip location (echocardiographic visualization of the catheter tip) and for ruling out pleural complications after central vein puncture (ultrasound scan of pleural space).

15:00 (I-35)

### PICCs as first-option central line in children

Daniele Biasucci, MD (IT)



## ABSTRACT PRESENTATIONS

15:30 (O-16)

### A road-map for improvement: point prevalence study of central venous access device use, complication and management in Australian paediatric facilities

Marie Cooke, PhD, RN (AU)

15:45

Discussion

**Session 9**  
Auditorium 2

## THE GLUE SESSION

Chair: Giancarlo Scoppettuolo (IT)

14:30 (I-36)

### Glue and PICCs

Paloma Ruiz Hernandez, RN (ES)



During the last years, sterile cianoacrylate has been used in several hospital around Europe with quite good results. Glue is a cheap and easy tool against bleeding after PICC line insertion. It allows to perform the dressing change after 7 days and reduce manipulation on the catheter exit site.

15:00 (I-37)

## Glue and ports

Ulf Teichgräber, MD, MBA (DE)



Synthetic tissue adhesive are used for cutaneous skin closure as alternative to conventional skin suture. Especially in port implantation glue became popular to close the skin incision of the port pocket after the implantation procedure. Economy of time plays nowadays an important role. With the use of glue the procedure time for port implantations can be reduced significantly. An other important aspect is the cosmetic result which is crucial to the patient. In this presentation the technique for the proper use of synthetic tissue adhesives and the work flow for port implantations will be demonstrated. In addition the value of economy time for wound closure, risk for wound infection and cosmetic results will be discussed.

## ABSTRACT PRESENTATIONS

15:30 (O-17)

### First PICC / Midline dressing after insertion: from 24 hours up to 7 days with cyanoacrylate glue

Marco Ariotti (IT)

15:45

### Discussion

## Session 10

Auditorium 3/4

## FLUSHING AND LOCKING IN 2016

Chair: Samantha Keogh, RN, PhD (AU)

14:30 (I-38)

### Flushing and Locking I.V. catheters today

Christian Dupont, RN (FR)



One of the main complications seen in peripheral and central catheters is partial or total obstruction, the prevention of which relies on efficient rinsing, flushing and locking. Yet current recommendations may not be comprehensive enough to guide practice. By looking at clinical data triangulated with rheological studies on fluid dynamics in catheters, we will see whether additional criteria should also be considered to guide best practice.

15:00 (I-39)

### How to classify catheter patency accurately? Use the CINAS!

Lieve Goossens, PhD, RN (BE)



The assessment of the catheter function is frequently performed. Therefore accurate and complete descriptions of the catheter function are needed. The CINAS-tool (Catheter Injection and Aspiration Classification) categorises the catheter function along the ability to inject and to aspirate blood. A well-function catheter is defined as a catheter which allows both an easy injection and blood aspiration whereas injection and/or aspiration through a malfunctioning catheter is difficult or impossible. The CINAS consists of nine scoring options combining three categories of functional outcome (1=easy; 2=difficult; 3=impossible). The CINAS describes a well-functioning catheter as IN1AS1 and a totally blocked catheter as IN3AS3. A fourth category is (X=unknown) allows to assess even a catheter in which only the injection or the aspiration function is known (e.g. IN1ASX). The CINAS is able to describe every catheter function assessment in clinical practice. The CINAS classification is simple, clear, cheap and helps healthcare workers to document accurately the catheter function.

## ABSTRACT PRESENTATIONS

15:30 (O-19)

### Evaluation of different flushing frequencies and volume for peripheral intravenous catheters: A pilot, factorial randomised controlled trial

Samantha Keogh, RN, PhD (AU)

15:45 (O-20)

### Blood cultures drawn from central lines versus peripheral vein: no difference in blood culture contamination rates in haematology/oncology in patients

Peter Haywood (AU)

# DAY 2: THURSDAY JUNE 23, 2016

## Session D Auditorium 8

### UPDATE ON INFECTION PREVENTION

*(simultaneous translation English – Portuguese)*

Chair: Rui Casaca, MD (PT)

14:30 (I-40)

#### PICCs over CICC in terms of infection risk

Nancy Moureau, BSN, VA-BC (US)



Many factors are used to evaluate the best central venous device for the patient including treatment, diagnosis, patient risk factors and history, hospital setting, device specific needs and history. Published evidence is often contradictory in terms of true incidence of infection from PICCs to CICC. This session will evaluate the evidence and provide recommendations for device selection and usage with the lowest risk.

15:00 (I-41)

#### Needle less connectors and infection

Marcia Ryder, PhD, MS, RN (US)



Needleless connectors provide access to vascular access devices for injection or infusion without the risk of needlestick injury to the clinician, however at the same time they provide direct access for the transfer of microorganisms to the intraluminal flow path. Results of in vitro research comparing 19 needleless connectors presented in this session demonstrate that there are significant differences in the bacterial transfer rate and biofilm formation among the these devices. What device features account for these differences? Can device design features be used to predict bacterial transfer risk? Continued research exploring the science behind these differences will be examined. The use of a low bacteria transfer connector and neutral/zero displacement connector is a critical strategy in the prevention of both CRBSI and catheter occlusion.

### ABSTRACT PRESENTATIONS

15:30 (O-21)

#### Brazilian retrospective study of peripherally inserted central catheter: 2011 -2014

Telma Silva (BR)

15:45 (O-22)

#### Decontamination of the needleless connector: an in vitro study

Julie Flynn (AU)

**16:00 – 16:30**  
Pavilion 2

**Break**

**16:30 – 18:00**

**Parallel sessions: 11, 12, 13, E**

**Session 11**  
Auditorium 1

### PERIPHERAL VENOUS ACCESS IN 2016

Chair: Nancy Moureau, BSN, VA-BC (US)

16:30 (I-42)

#### Debate: Midlines, short midlines and long peripheral cannulas

Evan Alexandrou, RN, MPH, PhD (AU), Lisa Dougherty, DClIn P (GB), Rob Dawson, DNP, MSA, APRN (US), Marcia Ryder, PhD, MS, RN (US)

This session will discuss and debate issues related to peripheral venous access including short peripheral, ultrasound guided peripheral, midline and issues associated with clinically indicated removal. The panelist will present information and accept questions for the chair and audience on these issues. Over a third of patients that present to hospital requiring a PIVC are reported to have difficult venous access, therefore, requiring multiple attempts to gain access. Multiple failed attempts to gain access can result in slightly discomfort to severe pain, delay in the commencement of treatment as well as increased risks of phlebitis, thrombosis and catheter related infection - all of which lead to premature device failure. The selection of short peripheral catheters, ultrasound guided longer peripheral catheters and midlines using ultrasound guidance can all provide an alternative approach to central venous cannulation for patients with difficult access.

## ABSTRACT PRESENTATIONS

- 17:30 (O-23) **Multicenter zero phlebitis project: multimodal strategy for preventing adverse effects related to vascular access**  
Carmen Martinez-Ortega (ES)
- 17:45 (O-24) **Recommendations concerning prevention of complications in peripherally inserted short cannulas not adopted; why?**  
Eveline Labots, RN (NL)

### Session 12 Auditorium 2

#### THE TUNNEL SESSION

Chair: Ton van Boxtel, RN, MSc,VA-BC (NL)

16:30 (I-43)

#### The technique of tunnelling

Evangelos Konstantinou, RN, MSc, PhD (GR)



Tunneling is a very important method used when placing a vascular access device. In our facility we tunnel every single device except for CICC, while Picc lines, Picc Ports, chest ports and dialysis catheters are all tunneled. It is a very easy method and can be done either by using tunnelers or by using customized methods such as a 14g PIVs for a 4 Fr Picc line. Firstly, we choose the puncture point and schedule the route to the exit site. There are no limitations as to where the exit site is and so if the patient decides that he prefers to have the exit site at the upper limb but the basilica or the brachial veins, have no sufficient diameter, then through tunneling from the preselected point a VAD can be advanced subcutaneously until the puncture point reaches even the IJV. The skin is only infiltrated with lidocaine at two sites while there is absolutely no need to infiltrate the subcutaneous tissue. The whole procedure is painless, while it secures the catheter (mostly in cases of cuffed VADs), increases patient's satisfaction and reduces dramatically the risk of infection.

17:00 (I-44)

#### The advantages of tunnelling

Giancarlo Scoppettuolo, MD (IT)



Tunnelling is a technique applied during the insertion of long and medium term central venous catheters and, less frequently, of short term, for selected cases. It has several advantages (infection prevention; better stabilization of the catheter, etc.). In this presentation the technique of tunnelling will be shown. Moreover, advantages of tunnelling will be presented.

## ABSTRACT PRESENTATIONS

- 17:30 (O-25) **Should PICC teams expand their practice and insert PIVCs in hospitalised patients?**  
Peter Carr, BSc, MMedSc, PhD(C) (AU)
- 17:45 (O-26) **How many nanoparticles enter a patient during infusion therapy?**  
Cornelia Keck (DE)

### Session 13 Auditorium 3/4

#### BUNDLES AND GUIDELINES

Chair: Gail Egan, MS, ANP (US)

16:30 (I-45)

#### Diffusion of international guidelines

Peter Carr, BSc, MMedSc, PhD(C) (AU)



"There are so many guidelines you could wall- paper your house with them" SMS received by Peter Carr. Empirical guidelines underpin local policy and influence standards of vascular access care. However, guideline writers can be selective in their assessment of evidence and can use a variety of methodologies and criteria to include as evidence. Additionally, local policy may not reflect the latest evidence and or select appropriate guideline for their healthcare providers to follow. With the use of modern media resources, the WoCoVA community has an opportunity to develop a consensus document to disseminate for the variety of care providers who insert and or manage vascular access devices. This presentation will explore the potential for more efficient use of guidelines and will offer the question; is it time for a WoCoVA guideline or consensus document?

# DAY 2: THURSDAY JUNE 23, 2016

17:00 (I-46)

## **Bundle for Insertion/Care/Removal of Peripheral Intravenous Catheters (PIVs)**

Claire Rickard, RN, PhD (AU)



'Care Bundles' involve several care practices, each with strong research evidence of effectiveness, and then 'bundling' them together so patients receive all of these. Bundles are time- and cost-effective in gaining improvements in patient outcomes, and have worked well in many situations, particularly for a CVAD insertion bundle in the ICU setting. PIVs are globally associated with high incidence of complications and failure. There is increasing readiness of institutions to focus on redesigning care practices, so as to reduce complications, and improve patient experiences and healthcare workflows. There are numerous care interventions associated with the insertion, use, and removal of PIVs, but which ones should be included in PIV bundle campaigns? While some centers have reported their own experiences, a definitive bundle has not been identified. This session will overview the evidence underlying various PIV care interventions, and highlight the strongest candidates for inclusion in bundles. Scenarios where an institution might focus on an Insertion Bundle, a PIV Use Bundle, or a combined PIV Bundle will also be discussed.

### **ABSTRACT PRESENTATIONS**

17:30 (O-27)

## **Bundled interventions for safe care of peripheral arterial catheters in adult patients: the ALICE (Arterial Line Insertion and Care) protocol**

Heather Reynolds (AU)

17:45 (O-28)

## **Comparison of compliance vs incidence of line related bacteraemia**

Corinne Cameron-Watson (GB)

## **Session E Auditorium 8**

## **UPDATE ON ULTRASOUND FOR VASCULAR ACCESS**

*(simultaneous translation English – Portuguese)*

Chair: Ken Symington, MD (US)

16:30 (I-47)

## **Debate: Axillary vein, the new standard for ultrasound guided central venipuncture**

Jack LeDonne, MD (US), Andy Bodenham, FRCA, FFICM (GB), Daniele Biasucci, MD (IT), Massimo Lamperti, MD (AE)

As moderator, I promise a lively interactive debate from a panel of world experts on the possibility of ultrasound guided Axillary vein insertion replacing subclavian vein access as preferred infra-clavicular CVC access site- as well as possibly challenging the Internal Jugular vein for access site supremacy.

How compelling are the reasons, how difficult is it to master, what has been the panelists' experience, how might it reduce complications and how might it advance the best practice of ultrasound guided vascular access are some of the questions we will be answering. Audience participation via electronic polling and questions will add to the experience.

### **ABSTRACT PRESENTATIONS**

17:30 (O-29)

## **Procedure related difficulties and complications associated to different ultrasound-guided techniques for central venous catheterisation**

Paolo Beccaria (IT)

17:45 (O-30)

## **New and Emerging Neonatal PICC Insertion Techniques**

Tricia Blaine (US), Jessica Marchetti (US)

08:30 – 10:00

Parallel sessions: 14, 15, 16, F

## Session 14

Auditorium 1

## CATHETER-RELATED THROMBOSIS

Chair: Vineet Chopra, MD, MSc (US)

08:30 (I-48)

### Prevention and Treatment of Catheter-Related Thrombosis

Gail Egan, MS, ANP (US)



Along with infection, catheter related thrombosis is a too common complication of both long and short term vascular access devices. Several factors are known to contribute to thrombosis including catheter material, nature and site of placement, venous stasis, dehydration, hypercoagulable states and sepsis. In this session, we will discuss strategies to prevent catheter related thrombosis including site & device selection and placement technique. In addition, options for assessment including ultrasound, venogram and physical exam will be reviewed. And finally, strategies for management including anticoagulation, thrombolysis and thrombectomy will be described.

09:00 (I-49)

### Evidence-based treatment of Catheter-related Thrombosis

Sergio Bertoglio, MD (IT)



Catheter related thrombosis is one of the more frequent complication of patients bearing any type of vascular access. Incidence is well known to be higher in selected group of patients (cancer patients, previous history of DVT, ICU patients, patients with congenital risk factors, etc.) and specific types of catheters with a predominance for PIVs and PICCs. Many efforts have been produced in the last decades to clearly define risk factors for CR-DVT and the activation of prophylactic actions. Recent guidelines state in a concise manner principles of pharmacological practice for the treatment of acute CR DVT that is mainly based on the use anti-coagulant compounds such as LWMH excluding for this type of complication the use of plasminogen activators. Nevertheless there is not a concise agreement on the length of this treatment even when symptoms disappear with or without vascular lumen return to normal patency. Some guidelines suggest a short period of active treatment while other suggest the persistence of an anticoagulant treatment for all the time that patients is bearing the catheter. The latest approach is mainly suggested for cancer patients with active chemotherapy where the chronic use of LWMH has demonstrated to reduce mortality and morbidity DVT related.

## ABSTRACT PRESENTATIONS

09:30 (O-31)

### Incidence of catheter related thrombosis (CRT ) after axilla approach for Mid Centrally Inserted Central Catheters (M6)

Evangelos Konstantinou, RN, MSc, PhD (GR)

09:45 (O-32)

### Thrombus with subcutaneous edema detected by ultrasonography related to peripheral intravenous catheter failure

Toshiaki Takahashi (JP)

# DAY 3: FRIDAY JUNE 24, 2016

## Session 15 Auditorium 2

### THE COCHRANE SESSION

Chair: Paolo Cotogni, MD (IT)

08:30 (I-50)

#### Cochrane documents on vascular access

Peter Carr, BSc, MMedSc, PhD(C) (AU)



Cochrane is truly a unique resource for modern healthcare, the scientific community, and for clinicians and patients. Cochrane aims to gather and summarise the best evidence from research, such as: should we use ultrasound for central venous catheter insertion?, or, should we routinely remove that peripheral cannula?, or, which parenteral access is best? A Cochrane review helps answers these questions with a pre-specified methodology and published protocol. These reviews help clinicians and patients make informed choices about treatment. A Cochrane Systematic Review represents the highest quality evidence available on specific content areas. This presentation will highlight some of the important Cochrane reviews to date.

09:00 (I-51)

#### Evidence Based Medicine: what do we need now?

Paul Blackburn, MNA, RN, VA-BC (US)



he world of vascular access is characterized today by a small group of experts and professional societies who use evidence to base decisions on the appropriate vascular access device for the patient. In practice, the vast majority of vascular access professionals have little to no knowledge of the existing evidence-based guidelines. How can we incorporate the evidence-based guidelines into general practice?

### ABSTRACT PRESENTATIONS

09:30 (O-33)

#### Dressed to impress? Improving central venous access device securement and dressing

Tricia Kleidon, RN, MS (AU)

09:45 (O-34)

#### Low-angled catheter tip placement decreased phlebitis

Hidenori Tanabe (JP)

## Session 16 Auditorium 3/4

### THE ROLE OF THE INTERVENTIONAL RADIOLOGIST

Chair: Eric Desruennes, MD (FR)

08:30 (I-52)

#### Role of interventional radiology (IR) in VAD insertion

Ken Symington, MD (US)



In the USA , an IR has been both a diagnostician of and a principal inserter of vascular access devices(VAD) as well as a treater of VAD - related complications. The presentation will focus on what an IR is and what they are responsible for in the USA. Hopefully the listener will come away with a much better understanding of Interventional as well as Diagnostic radiology- which both provide a huge contribution to the speciality of vascular access and to the service of patients.

09:00 (I-53)

#### The Interventional Radiologist and the management of complications

Ulf Teichgräber, MD, MBA (DE)



A great variety of permanent central venous access devices such as PICC lines and central venous port systems are implanted in oncology patients. There are some possible immediate, early, and late complications related to the implantation technique, care, and maintenance of chronic CVCs. Possible complications of CVCs and risk factors will be illustrated. Different interventional strategies will be shown regarding the prevention and treatment of mechanical and thrombotic complications.

## ABSTRACT PRESENTATIONS

09:30 (O-35) **In line Filtration reduces 'SIRS and organ dysfunction in pediatric intensive care patients**  
Michael Sasse (DE)

09:45 (O-36) **Advanced IV filtration technology: prevention of bacterial transfer and intraluminal biofilm formation**  
Marcia Ryder, PhD MS RN (US)

### Session F Auditorium 8

## UPDATE ON TIP NAVIGATION

*(simultaneous translation English – Portuguese)*

Chair: Tommaso Sanna, MD (IT)

08:30 (I-54) **Cost effectiveness of Tip Navigation**  
Hervé Rosay, MD (FR)



Cost effectiveness is often discussed in medicine care but the components of this topic is not always well known and available. The author describes the different elements concerning the tip navigation during CVC placement

09:00 (I-55) **Methods for Tip Navigation**  
Mauro Pittiruti, MD (IT)



While tip location methods are currently considered mandatory for any central line insertion, some uncertainties are evident in the actual role of tip navigation methods, considering that navigation may be unnecessary in many clinical situations and that it often increases the costs of the procedure. Furthermore, while many different options for tip location are virtually available (based on ultrasound or radiological visualization, ECG-based, Doppler-based, pressure-based or based on electromagnetic methods), the evidence of their effectiveness is scarce or absent in the scientific literature. In this session, all the different methodologies for tip navigation will be classified and evaluated in terms of accuracy, efficacy and cost-effectiveness.

## ABSTRACT PRESENTATIONS

09:30 (O-38) **The application and adoption of the PowerGlide® midline catheter into clinical practice**  
Andrew Barton (GB)

09:45 **Discussion**

**10:00 – 10:30**  
**Pavilion 2** **Break**

# DAY 3: FRIDAY JUNE 24, 2016

10:30 – 11:30

**Parallel sessions: VAS Session, Session 17, 18, G**

**Auditorium 1**

## VAS SESSION

Chair: Maurizio Gallieni, MD, FASN (IT)

10:30 (I-56)

### Innovation in Hemodialysis Vascular Access

Maurizio Gallieni, MD, FASN (IT)



Vascular access in dialysis patients has been defined as a critical lifeline, which can significantly change the prognosis of the individual patient. Many breakthroughs have been established in the past, such as the introduction of the external arteriovenous (AV) shunt, the AV fistula, PTFE grafts, percutaneous placement of high flow central venous catheters (CVC) for acute dialysis, tunneled CVCs, ultrasound technology, angioplasty. Still, innovation is crucial to further improve clinical care and for expanding home hemodialysis programs. In addition to materials and devices, innovation is important in training of health care personnel and patients

11:00 (I-57)

### Self-care in dialysis access

Marisa Agostinho, RN (PT)



The theory of self-care is built on the premise that a person must execute for himself or have performed himself basic human regulatory activities to maintain life and human function. Improving the level of self-care in dialysis access is an effective way to reduce mortality and treatment complications and improve quality of life of the ESDR patients. Integrated in Patient Empowerment model, the self dialysis programme began in January of 2012 with the purpose of promotion, development and follow-up actions to involve patients on dialysis in health care. Patients included in this programme acquire skills and knowledge that allow them to be autonomous in their self-care. The programme includes theoretical and practical training about different treatment topics, namely, signs and symptoms that should be taking in to account in vascular access care. Based on the principle that autonomous patients experience less pain, as well as, less associated complications on cannulation, it was also promoted self-cannulation in dialysis patients. We observed that self-care procedures tend to improve better vascular access outcomes and patients' satisfaction, since it is associated with few complications and increases self-esteem, independence, self-responsibility, treatment compliance and quality of life.

## ABSTRACT PRESENTATIONS

11:15 (O-39)

### Monitoring and detection of vascular access dysfunction in haemodialysis: Use of ecodoppler as a method of diagnosis

Paloma Ruiz Hernandez, RN (ES)

## Session 17

**Auditorium 2**

## QUALITY OF LIFE AND VASCULAR ACCESS

Chair: Sergio Bertoglio, MD (IT)

10:30 (I-60)

### Debate: Quality Of Life for patients with medium term and long term VADs

Lieve Goossens, PhD, RN (BE), Lisa Dougherty, DClIn P (GB), Roberto Biffi, MD (IT)

## Session 18

**Auditorium 3/4**

## The Neonate

Chair: Daniele Biasucci, MD (IT)

10:30 (I-61)

### Near Infra Red Technology

Geráld Boussicault, MD (FR)



Devices using the near infrared technic have been proposed to facilitate venous cannulation. The Veinsite® (VS) is a head-mounted device including a portable near infrared emitter, allowing direct vision of the skin (moving eyes downwards) and the enhanced near infrared vision of the vein in the screen of the helmet (head-up display). The goals of our studies were to describe the learning curve of the Veinsite® in operators well trained in venous cannulation in children and to evaluate the contribution of a near infrared device to cannulate peripheral veins in pediatric intensive care unit (PICU).

11:00 (I-62)

## US-guided CICC in neonates

Christian Breshan, MD, D.E.A.A., PhD (CH)



Femoral and internal jugular veins collapse by the approaching needle in neonates. This disadvantage is not true of the subclavian and brachiocephalic veins as they are fixed to the clavipectoral fascia. The major disadvantage of the infraclavicular cannulation of the subclavian vein via an US probe placed in the supraclavicular region is the invisibility of the advancing needle over a significant distance due to the US shadow of the clavicle. The author's first choice has been the IP cannulation of the longitudinally viewed brachiocephalic also via an US probe placed in the supraclavicular region. This enables the operator to observe the advancement of the inserted needle via the entire distance. The supraclavicular IP cannulation of the right brachiocephalic vein is significantly more difficult in around one third of neonates as compared to the left one. In this case the vein seems to disappear quickly behind the sternoclavicular joint on its steep caudad course to the superior vena cava which makes it invisible via a linear US probe. This can already be predicted as such by prescanning the vein if only a circular structure i.e. the initial part of the right brachiocephalic vein can be obtained.

## Session G Auditorium 8

### UPDATE ON THE MANAGEMENT OF THE EXIT SITE

*(simultaneous translation English – Portuguese)*

Chair: Claudia Luz, RN (BR)

10:30 (I-63)

### Preventing and Treating Bleeding Related Complications of Vascular Access

Gail Egan, MS, ANP (US)



This session will review bleeding complications associated with vascular access device placement and use. Prevention of these complications with image guidance, accurate technique and patient selection is critical. However, should a complication such as puncture/exit site bleeding, cardiac tamponade or hemothorax occur the clinician must be prepared to manage the clinical situation. Strategies for doing so, including imaging and site management techniques as well as pharmacologic interventions will be described.

11:00 (I-64)

### What's New In Catheter-Related Infection and Skin Antisepsis

Vineet Chopra, MD, MSc (US)



This session will review the data for the use of chlorhexidine in preventing catheter-related bloodstream infections. The session will include a review of CHG for site antisepsis, maintenance and use of CHG-impregnated dressings.

11:30 – 12:30

Pavilion 2

### Poster Session 2

All authors of even poster numbers must be present at their poster

12:00 – 12:30

Auditorium 1

### Film festival 2

12:00 (I-65)

Jack LeDonne, MD (US)



Vascular Access is a visual specialty. Verbal descriptions and diagrams and still pictures have their place in the educational process of Vascular Access. But these modes pale in comparison to a real time video of a vascular access procedure.

# DAY 3: FRIDAY JUNE 24, 2016

13:00-14:00  
Auditorium 1,8

**Satellite symposium 9,12, industry sponsored (including lunch)**

14:30 – 15:30

**Parallel sessions: NIVAS Session, Session 19, 20, H**

Auditorium 1

## **NIVAS SESSION**

Chair: Lisa Dougherty, DClIn P (GB)

14:30 (I-66)

### **AAGBI clinical guideline: safer vascular access 2016**

Andy Bodenham, FRCA, FFICM (GB)



Safe vascular access is integral to many clinical procedures, but is a frequent source of patient adverse events. Ensuring safe and effective approaches to vascular catheter insertion should be a priority for all practitioners. New technology such as ultrasound and other imaging has increased tools available. This new UK guideline supported by the UK Association of Anaesthetists (AAGBI) reviewed of current practice and literature, as well as expert opinion. This is a consensus document which provides practical advice on the safe insertion and removal of vascular access devices.

Recommendations include:

- Hospitals should establish systems to ensure patients receive effective, timely, and safe vascular access.
- All hospitals should have specific policies for insertion and removal of vascular access devices including clear documentation from insertion to removal.
- Clinicians should be proactive in provision of, training in and supervision of vascular access.
- Ultrasound should be used routinely for internal jugular central venous catheter insertion.
- The Working Party recommends its use for all other central venous access sites, but recognises evidence is, at present, limited.
- The use of ultrasound should be considered early if arterial or peripheral venous cannulation proves difficult.

Guideline free: <https://www.aagbi.org/publications/guidelines/safe-vascular-access-2016>

15:00 (I-67)

### **Vessel Health Preservation in the UK**

Tim Jackson, MBChB, MRCP, FRCA (GB)

This presentation will describe the development of the UK VHP framework and update how it is beginning to be adopted around the country, including results of assessment of its use.

**Session 19**  
Auditorium 2

## **THE MATERIALS SESSION**

Chair: Josie Stone, RN, CPNP (US)

14:30 (I-69)

### **Picking the right PICC. How does catheter material and design impact post insertion outcomes of peripherally inserted central catheters?**

Tricia Kleidon, RN, PhD (AU)



Peripherally inserted central catheters (PICCs) have evolved since their first inception in the 1960's. There is a variety of design, material and chemical differences in the PICC choice available to clinicians; including tougher polyurethane material and some with inbuilt valve technology. Although PICCs are widely considered a safe and reliable form of vascular access, they still carry a substantial post insertion risk profile. This presentation will review the current literature comparing post-insertion complications of these PICCs and present the results of a feasibility randomised controlled trial (RCT) comparing early generation polyurethane technology without a valve with latest generation endoxo impregnation in a valved catheter. This study involves 100 paediatric participants with PICCs. Using the results of this RCT the various clinical populations, chemical and mechanical characteristics of each PICC will be examined in relation to complication and failure assisting clinicians to choose the right PICC product for their patient population.

15:00 (I-70)

## Choice of Materials versus prevention of Complications

Mauro Pittiruti, MD (IT)



There is a growing awareness that a wise choice of appropriate methodologies which are both safe and accurate (such as ultrasound guidance, NIR technology, modified Seldinger technique, intracavitary ECG, echocardiography, etc.) is of paramount importance in the reduction of early and late complications associated with venous access devices. At same time, the choice of materials also plays a central role. The goal of this presentation is to show how the choice of appropriate materials (needles, guide-wires, micro-introducers, catheters, sutureless devices, transparent membranes, etc.) can make the difference in terms of incidence of early and late complications associated with venous access devices.

## Session 20

Auditorium 3/4

### THE MAGIC PAPER

Chair: Roberto Biffi, MD (IT)

14:30 (I-71)

### Debate: Open discussion on a controversial document

Vineet Chopra, MD, MSc (US), Jack LeDonne, MD (US), Antonio La Greca, MD (IT), Nancy Moureau, BSN, VA-BC (US)

Not surprisingly, use of PICCs (peripherally inserted central catheters) has grown considerably worldwide in recent years, as they offer several advantages compared with traditional central venous catheters (CVCs), including safer insertion in the arm, cost-effective and convenient placement via vascular access nursing teams, and self-care compatibility that facilitates use beyond hospitalization. In spite of that, they may lead to clinically important complications (blood stream infection and thrombosis are the most relevant), and ensuring their appropriate use is therefore vital to prevent costly and potentially fatal events. In this debate, a panel of experts will analyze methodology and results of a paper (MAGIC study), published in *Annals of Internal Medicine* on Sept. 2015, dealing with an appropriateness method (RAND/UCLA) used to validate the indications for PICC use across different patient populations (e.g. oncology, ICU, surgical oncology), aiming at improving care, safety and clinical outcomes. Strength and weakness of the document will be presented by participating experts, not having conflict of interest to be disclosed. A contribution from the audience – with comments and questions – will be encouraged and appreciated.

## Session H

Auditorium 8

### VAD IN BRAZIL AND PORTUGAL TODAY

*(simultaneous translation English – Portuguese)*

Chair: Paul Blackburn, MNA, RN, VA-BC (US)

14:30 (I-72)

### Venous Access in Portugal

Rui Casaca, MD (PT)



This session will cover different aspects of venous access in Portugal. We will have different presenters for the main Portuguese regions: North, Centre and South. For that we take a multidisciplinary team with doctors and nurses. It will focus not only on central access but also on peripheral lines; covering immediate and late outcomes. Teaching and investigation will also be focused mainly on US guided venous access. In the end we will announce some new projects on national level that are being prepared for long and will certainly increase quality on every aspect of venous access in Portugal.

15:00 (I-73)

### Venous Access in Brazil

Claudia Luz, RN (BR)



The health in Brazil requires many improvements in its processes because there is a very large gap between the public and private service, which often exposes the patients to preventable adverse events. The discussion in relation to the theme vascular access and infusional therapy has growing like emerging form because there is a lot of nurses motivated in search of best practices and a better experience of patients in hospital.

# DAY 3: FRIDAY JUNE 24, 2016

**15:30 – 16:30**  
**Auditorium 1**

## **Plenary session 3: The role of Vascular Teams all over the world**

Chair: Russell Nassof, JD (US)

15:30 (I-74)

### **Debate: The role of vascular teams all over the world**

Paloma Ruiz Hernandez (ES), Giancarlo Scoppettuolo, MD (IT),  
Even Alexandrou, RN, MPH, PhD (AU), Rob Dawson, DNP, MSA, APRN (US)

This debate will focus on issues pertaining to the role, credentialing, cost-benefit, and scope of services provided by vascular teams in different countries. Topics which will be discussed include competency requirements and team membership, how to develop and sustain a vascular team in the face of cost cutting, team identification (i.e. why what you call your team is important) and availability, and scope of services provided. Within these topics we will identify similarities and differences across Spain, the UK and Italy along with the USA.

16:15

### **Closing**

Ton van Boxtel, RN, MSc,VA-BC (NL)



# POSTERS

All poster panels are situated in the Exhibition hall, Pavilion 2 of the congress center. The poster exhibition is open to all participants during the entire congress.

The numbers on the poster panels correspond with the poster numbers in the program book and the app.

All authors of uneven poster numbers must be present at their poster on Thursday June 23, from 11:30 to 12:30.

All authors of even poster numbers must be present at their poster on Friday June 24, from 11:30 to 12:30.

No	Title of Poster Abstract	Author
P001	17-year experience of implantable venous port usage at children and adolescence: experience of 2 Russian institutes	Maxim Rykov (RU)
P002	Catheter-related infections and thrombosis in children with cancer	Maxim Rykov (RU)
P003	Preparing for the Next Pandemic: Lessons Learned from Ebola Virus Disease for Vascular Access	John Hudson Garrett (US)
P005	The patients experience of long term vascular access	Linda Kelly (GB)
P006	Not acceptable: post-insertion complications of paediatric central venous access devices	Amanda Ullman (AU)
P007	Extravasations due to the incomplete fracture of Groshong silicone catheter of power port-a-cath after CT examination	Jiri Charvat (CZ)
P008	Thrombotic complications of midline catheter	Jiri Charvat (CZ)
P009	PICC or port in oncology?	Viktor Manasek (CZ)
P010	Advances in cancer chemotherapy patients PICC central catheter-related bloodstream infection risk factors and prevention	Yang Wang (CN)
P011	30 days antimicrobial efficacy of non-leaching central venous catheters	Joerg Bruenke (GR)
P012	Microbiological contamination of a positive- and a neutral-displacement needleless intravascular access device in clinical use	Anna Casey (GB)
P013	Blood clearance of peripheral IV catheters with adequate flushing technique	Joerg Bruenke (GR)
P014	An overview of peripherally inserted central venous catheter-associated bloodstream infections in a private hospital in Brazil	Daiane Cais (BR)
P015	A comparison of peripherally inserted central venous catheter and other central line-associated bloodstream infections rates in a private Brazilian hospital	Daiane Cais (BR)
P016	The effect of implementation of an adult's hospital-wide vascular access team on central line-associated bloodstream infections.	Raquel Cechinel (BR)
P017	Independent review team versus standard infection preventionist for CLABSI diagnosis: a systematic review of diagnostic error	Emily Larsen (AU)
P018	Chlorhexidine/silver sulfadiazine impregnated catheters associated with decrease central line-associated bloodstream infection in critically ill patients.	Ricardo Zimmerman (BR)
P019	Blood transfusion via intraosseous access: a pre-clinical study	Diana Montez (US)
P020	Case Report: Epidermolysis bullosa using a PICC line	Telma Silva (BR)
P021	Peripherally inserted central catheter-related upper extremity venous thrombosis in Oncology patients: a prospective study based on Doppler ultrasonograph	Guorong Wang (CN)
P022	Safety and efficiency of Peripheral Inserted Central Catheter (PICC) use for intravenous continual infusion of 5-fluoruracil in outpatients	Maria Antonia Cubero (ES)
P023	Port Insertion:Tunneled Vs Non Tunneled	Tom Petry (US)
P024	Tunneled central venous catheter replacement through the existing tunnel without using a guide-wire - method review (video) with case report	Mirza Atic (BA)
P025	Creating native arteriovenous fistula for haemodialysis: without age limit	Tamara Jemcov (RS)
P026	Predictors of reintervention after a primary intervention in a vascular access: more work is needed	Alice Lanca Baptista (PT)
P027	Risk factors of thrombosis in Peripherally inserted central catheters in oncologic patients. Experience of single center	Breno Moreno-de Gusmão (BR)

# POSTERS

No	Title of Poster Abstract	Author
P029	Challenging vascular access situations	Nadine Nakazawa (US)
P030	Pathogenesis of arm lymphedema and implications for vascular access device selection	Nadine Nakazawa (US)
P032	Vascular Access Device; are we getting the right lines in?	James Bitmead (GB)
P033	Reducing bloodstream infections with chlorhexidine gel IV dressing	James Bitmead (GB)
P034	PICC and Venous Thromboembolism: Hospital's case report from Sao Paulo – Brazil	Vanderlei Pupin (BR)
P035	Comparative study of four puncture methods for insertion of peripherally Inserted Central Catheter (PICC)	Carlos Oliveira (BR)
P036	Novel approach to disinfection of needleless access sites prior to use	John Hudson Garrett (US)
P037	Emerging infectious diseases: clinical impacts to vascular access	John Hudson Garrett (US)
P038	Decontamination of the needleless connector: a descriptive review of current literature	Julie Flynn (AU)
P039	Cost-effectiveness of safety engineered peripheral catheters with an integrated stabilization platform under the perspective of hospitals in Brazil	Luciana Mensor (BR)
P042	Audit of 1000 cases of Groshong tip port-a-cath using novel technique under local anesthesia	Somashekhar Sampige Prasannakumar (IN)
P043	Venous peripheral lines in the pediatric patient: long vs short	Nerea Ruiz (ES)
P044	Closing of the incision line with histoacryl after placement of Implantable Venous Access Port	Tae-Seok Seo (KR)
P045	Establishment of PICC insertion for infants at one university hospital in Japan	Ryo Shiotsuki (JP)
P046	Identifying risk factors for peripheral intravenous catheter failure from a prospective cohort study of 1000 patients.	Nicole Marsh (AU)
P047	Microbial biofilms associated with intravascular catheter related bloodstream infections in intensive care units	Li Zhang (AU)
P048	The effect of using intra-theal intubation sheath to make a skin expansion on preventing post insertion blood oozing	Yang Wang (CN)
P049	Superior success rate of intracavitary electrocardiogram guidance versus anatomical landmark for peripherally inserted central catheter placement in cancer patients (EGG Study)	Ling Yuan (CN)
P050	Experiences using the sherlock tip confirmation system for peripherally inserted central catheters	Thais Santolim (BR)
P051	Application of quality indicators from the nursing staff for evaluating the security in infusion therapy procedures	Vanessa Cristina Dias (BR)
P052	Effect of different implantable vascular accesses type on cancer patients psychological distress	Sergio Bertoglio (IT)
P053	Midline catheter ultrasound-guided implanted in hospitalized patients	Maria Montealegre (ES)
P054	The use of management tools in the analysis of problems related to intravenous therapy	Thais Santolim (BR)
P055	Picc insertion with tunneling on arm without the need for extra opening: report of three cases	Fabio Espirito Santo (BR)
P056	Peripherally Inserted Central Catheter Associated Complications: A remarkably low incidence of major complications in a nurse-led vascular access program	Sheryl McDiarmid (CA)
P057	A clinical prediction rule to improve PIVC first attempt success. The Vascular Access Decisions in the Emergency Room (VADER) study	Heike Habrecht (GR)
P059	Standardized central venous access insertion education: measuring practice, change and limitations	Timothy Spencer (AU)
P060	Low approach internal jugular central venous catheters: optimizing catheter performance and patient experience	Timothy Spencer (AU)
P061	Swine study shows no intramedullary effects of power-injected contrast media using intraosseous access	Timothy Spencer (AU)
P062		Tatiana Puga (US)



# POSTERS

No	Title of Poster Abstract	Author
P063	PICC insertion via femoral vein at mid-thigh for patients with superior vena cava syndrome	Linfang Zhao (CN)
P064	Experience with sidewise implanted chest port systems: efficacy and implantation technique	Saskia Romankiewicz GR)
P065	INCATIV Platform: a new management tool to evaluate the care and maintenance of IV catheters. A pilot study	Sonia Casanova-Vivas (ES)
P066	Are there savings to be made by introducing an advanced securement peripheral I.V. dressing into an acute NHS trust?	Barbara Day (GB)
P067	"SkINvasion": An in vitro model for transcutaneous exit site infections for the analysis of bacterial invasion through the skin	Eveline Sowa-Söhle (GR)
P068	The influence of a peripheral intravenous catheter on the vein and subcutaneous tissue	Ryoko Murayama (JP)
P069	Impact of showerpatch availability for patients with intravenous catheters (ISIC): a randomized crossover study	Martine Jérôme (BE)
P070	Role Play in the development of Communication Skills in obtaining informed consent for the Peripheral Inserted Central Catheter	Christina Klippel (BR)
P071	Effective interventions to reduce bloodstream infections in a hemodialysis unit in Brazil - the challenge continues	Renata Lobo (BR)
P072	Fibrin sheath formation and the relationship to infection; Isotope identified sheaths - a predictive factor of infection?	Steve Hill (GB)
P073	Subcutaneous hydration	Fran Concklin (US)
P074	Subcutaneous injection/infusion via flexible catheter	Fran Concklin (US)
P075	An international survey of cannula and circuit access practices regarding infection prevention and securement in extracorporeal membrane oxygenation	Amanda Corley (AU)
P076	An investigation into the ability of a dual-antimicrobial silicone adhesive securement dressing to prevent microbial re-growth	Amanda Grande (CA)
P077	An in vitro evaluation of the antimicrobial activity of a dual-antimicrobial clear silicone adhesive securement dressing	Amanda Grande (CA)
P078	Performance of a dual antimicrobial silicone adhesive securement dressing using a human repeat patch study	Amanda Grande (CA)
P079	Passive disinfection port protector: effect on reduction of catheter-related bloodstream infection	Roy Ventura (GB)
P080	Securing Peripherally Inserted Central Catheters, results of the SecuAstaP study: a Randomized Controlled Trial comparing SecurAcath® and StatLock®	Christel Janssens(BE)
P082	PICC migration – a problem of the past!	Dympna McParlan (IE)
P084	Baby-ports: why not?	Ugo Graziano (IT)
P085	A day in the life of a peripheral IV catheter: the patient journey	Shelley Gallagher (CA)
P086	The first experience in Russia with implantable venous port systems in the treatment of children with orphan diseases	Maxim Rykov (RU)
P087	Nurse led bedside PICC insertion service: transition from acute regional to university teaching hospital incorporating real time ecg tip confirmation	Leanne Ruegg (AU)
P089	Long term use of non-tunnelled central venous catheters in cancer patients: a retrospective cohort study	Lovisa Ehrencrona (SE)
P090	Psychological aspects of intravenous treatment in oncology and permanent venous access devices tolerance	Viktor Manasek (CZ)
P091	Adoption of ECG guided CVC tip location on Intensive Care in the UK	Matt Jones (GB)
P092	Effect observation of automatic reset method in PICC tip in the jugular and contralateral subclavian vein	Wenfeng Chen (CN)
P093	Safety in vascular care of highly complex patients	Victoria Armenteros-Yeguas (ES)
P094	Ultrasound and fluoroscopy guided right internal jugular central venous catheter insertion in hemodialysis patients without routine chest radiographs	Shahrzad Arya (IR)

# POSTERS

No	Title of Poster Abstract	Author
P095	Ultrasound-guided infraclavicular axillary vein cannulation for central venous access in cancer patients	Ling Guo (CN)
P096	Medical and surgical patients' experiences of peripheral IV insertion: a qualitative study	Emily Larsen (AU)
P097	Infusion flow rates and insertion success through the sternum using a multi-site intraosseous device	Thomas Philbeck (US)
P098	Intraosseous catheter dwell-time appears safe for up to 48 hours: a preliminary report	Chris Davlantes (US)
P099	The use of ultrasound techniques by nurses for difficult peripheral venous access in emergency department	Juan José Martínez-Moreno (ES)
P100	Catheter PICC use in newborn intensive care unit in public pediatric hospital of northeast of Brazil: 2014-2015	Ana Valeska Silva (BR)
P101	The role of a surveillance program for successfully introducing PICC catheters: A 2-year observational study in an academic hospital	Elia Lo Priore (CH)
P102	Contribution of a new teaching tool for safe placement and removal of Adhesive Sutureless Securement Devices (ASSDs) for PICC-Lines	Christian Dupont (FR)
P103	Impact of the creation of a short-term central venous catheter (CVC) follow up and improvement multidisciplinary team	Eva Alonso (ES)
P104	Evaluation the insertion of peripheral catheters for venous access group of a public hospital pediatric reference of northeastern Brazil	Auricelia Andrade (BR)
P105	The implementation time of the catheter and its changes in neonatal care	Monique Ferreira (BR)
P106	Cessation of routine CXR in ECG guided PICC placement - a lesson in changing practice and minds	Fiona Gillanders (AU)
P107	Negative aspects of central venous catheterizations in pediatric oncology: Shocking Asia. Part II	Maxim Rykov (RU)
P108	The Value of Professional Board Certification in Vascular Access	John Hudson Garrett (US)
P109	Understanding levels research and evidence when making practice decisions	Angela Grosklags (US)
P110	Central-line associated bloodstream infections in non-ICU inpatient: A 1-year analysis of a private hospital in South Brazil	Janaina Flor (BR)
P111	The Catheter Team and "D day of care": action that prioritize the safe use of catheters in hospital in Brazil	Janaina Flor (BR)
P112	Peripherally Inserted Central Catheter (PICC) team implementation in a private hospital in south Brazil	Janaina Flor (BR)
P113	The identification of the pathways of the venous catheter as securely in assisting the patient in a hospital in Brazil	Janaina Flor (BR)
P114	Importance of knowledge in the development of competences for the use of the peripherally inserted central catheter - PICC	Luciene Braga (BR)
P115	Validation of nursing interventions for the prevention of Peripherally Inserted Central Catheters (PICC) obstruction in newborns	Luciene Braga (BR)
P116	Implementation of vascular access medical team as a way to reach best assistance in a general hospital São Paulo, Brazil	Fabio Espirito Santo (BR)
P117	Types of vascular access in mental health environment, special considerations for professionals	Julio De la Torre-Montero (ES)
P118	Effective strategy to keep the peripherally inserted central catheters patency	Telma Silva (BR)
P119	Economic impact of peripherally inserted central catheter chemical cleaning	Telma Silva (BR)
P120	Training and implementation of PICC team of the Hospital Sírio Libanês - 2011	Telma Silva (BR)
P121	Analysis of Central Venous Catheter checklist	Dilya Bikkulova (RU)
P122	Peripherally Inserted Central Catheters in pediatric oncology patient in a tertiary care setting in Brazil: new perspective for line insertions	Kelly Mesquita (BR)
P123	Medical adhesive-related skin injury in oncology pediatric patient with peripherally inserted central catheters: a case series	Daiane Veçossi (BR)



# POSTERS

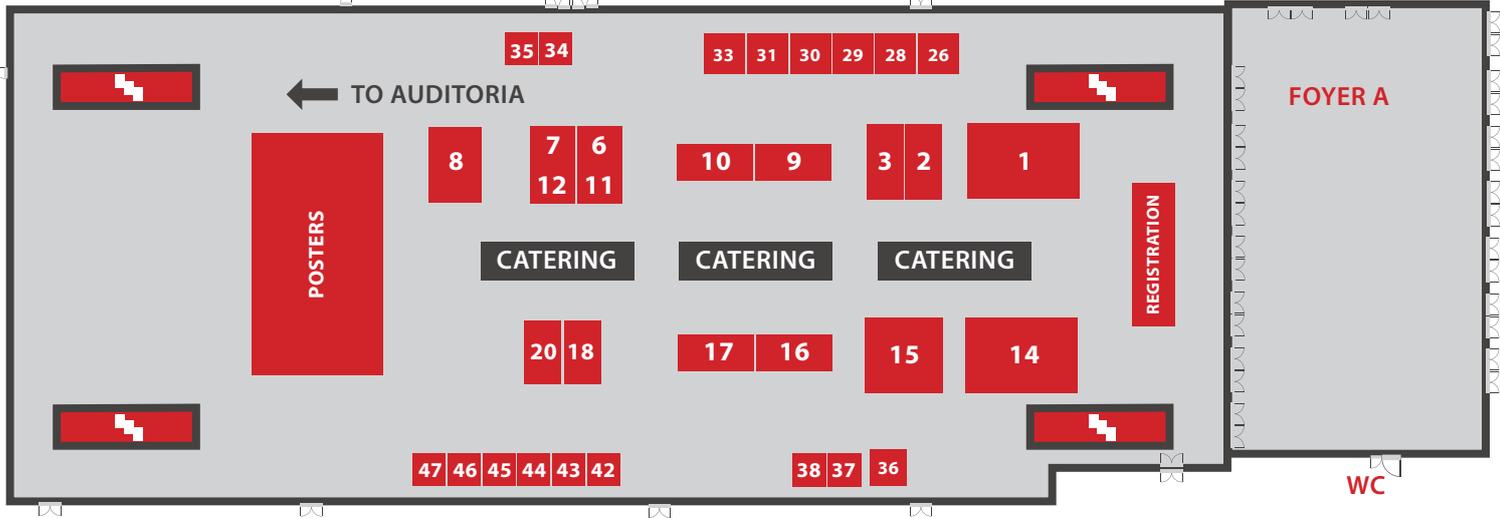
No	Title of Poster Abstract	Author
P124	The laws of physics for maintenance CVC	Dilya Bikkulova (RU)
P125	Central Venous Access Device Site Care and Dressing Change Competency: an experience in Southern Brazil	Daniela Nunes (BR)
P126	Successful control of infection of dialysis catheters in intensive care unit	Janja Perme (SI)
P127	The Beware of vascular access in children with cancer: the playful and the educational process	Kelly Mesquita (BR)
P128	A prospective study of placement and confirmation of PICC's tip position using a magnetic tracking and electrographic method	Hervé Rosay (FR)
P129	Improvement of patient safety access – Aggregation of CVC insertion and license system at CVC center - follow-up report	Jun Oda (JP)
P130	Bi-directional needless devices to prevent intraluminal occlusion in peripherally inserted central catheters	Jan Hitchcock (GB)
P131	Medical adhesive related skin injury (MARS) – implementing a prevention and treatment algorithm	Jan Hitchcock (GB)
P132	Use and outcome analysis of Ultrasound aided Peripherally Inserted Central Catheters (PICC) insertions in tertiary oncological set-up	Radheshyam Naik (IN)

# MAP LISBON CONGRESS CENTER

## FLOORPLAN PAVILION 2

FOYER B

FOYER A



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## DAY 1: WEDNESDAY JUNE 22, 2016

	AUDITORIUM 1	AUDITORIUM 2	AUDITORIUM 3/4	AUDITORIUM 8 (English/ Portuguese)	PAVILION 2
09:30 - 10:00	Opening				Industrial Exhibition
10:00 - 11:00	Keynote address				
11:00 - 12:30	<b>Plenary session 1:</b> Infection prevention: a worldwide perspective				
12:30 - 13:00					
13:00 - 14:00	<b>Satellite Symposium 1</b> Industry sponsored including lunch	<b>Satellite Symposium 2</b> Industry sponsored including lunch	<b>Satellite Symposium 3</b> Industry sponsored including lunch	<b>Satellite Symposium 4</b> Industry sponsored including lunch	
14:00 - 14:30					
14:30 - 16:00	<b>Australian Session</b>	<b>Session 1:</b> VAD and chemotherapy	<b>Session 2:</b> EBM in Vascular Access	<b>Session A:</b> Update on tip location	
16:00 - 16:30					Break
16:30 - 18:00	<b>Session 3:</b> The new frontiers of ultrasound for Vascular Access	<b>Session 4:</b> The future of infection prevention	<b>Session 5:</b> Securement - the state of the art	<b>Session B:</b> Update on totally implanted Venous Access Devices	
18.00 - 19.30					Welcome Reception

## DAY 2: THURSDAY JUNE 23, 2016

	AUDITORIUM 1	AUDITORIUM 2	AUDITORIUM 3/4	AUDITORIUM 8 (English/ Portuguese)	PAVILION 2
08:30 - 10:00	<b>Plenary session 2:</b> Vascular Access in the World				Industrial exhibition
10:00 - 10:30					Break
10:30 - 11:30	<b>GAVeCeLT Session</b>	<b>Session 6:</b> Research programs all over the world	<b>Session 7:</b> VAD for Home parenteral nutrition	<b>Session C:</b> Update on cuffed and/or tunneled VADs	
11:30 - 12:00					Poster session 1
12:00 - 12:30	Film festival 1				
12:30 - 13:00					
13:00 - 14:00	<b>Satellite Symposium 5 Industry sponsored including lunch</b>	<b>Satellite Symposium 6 Industry sponsored including lunch</b>	<b>Satellite Symposium 7 Industry sponsored including lunch</b>	<b>Satellite Symposium 8 Industry sponsored including lunch</b>	
14:00 - 14:30					
14:30 - 16:00	<b>Session 8:</b> The pediatric patient	<b>Session 9:</b> The glue session	<b>Session 10:</b> Flushing and locking in 2016	<b>Session D:</b> Update on infection prevention	
16:00 - 16:30					Break
16:30 - 18:00	<b>Session 11:</b> Peripheral Venous Access in 2016	<b>Session 12:</b> The tunnel session	<b>Session 13:</b> Bundles and guidelines	<b>Session E:</b> Update on ultrasound for Vascular Access	

## DAY 3: FRIDAY JUNE 24, 2016

	AUDITORIUM 1	AUDITORIUM 2	AUDITORIUM 3/4	AUDITORIUM 8 (English/ Portuguese)	PAVILION 2
08:30 - 10:00	<b>Session 14:</b> Catheter-related Thrombosis	<b>Session 15:</b> The Cochrane session	<b>Session 16:</b> The role of the interventional radiologist	<b>Session F:</b> Update on Tip Navigation	Industrial exhibition
10:00 - 10:30					
10:30 - 11:30	<b>VAS Session</b>	<b>Session 17:</b> Quality Of Life and Vascular Access	<b>Session 18:</b> The neonate	<b>Session G:</b> Update on the management of the exit site	Poster session 2
11:30 - 12:00					
12:00 - 12:30	Film festival 2				
12:30 - 13:00					
13:00 - 14:00	<b>Satellite Symposium 9 Industry sponsored including lunch</b>			<b>Satellite Symposium 12 Industry sponsored including lunch</b>	
14:00 - 14:30					
14:30 - 15:30	<b>NIVAS Session</b>	<b>Session 19:</b> The materials session	<b>Session 20:</b> The Magic paper	<b>Session H:</b> VAD in Brazil and in Portugal today	
15:30 - 16:15	<b>Plenary session 3:</b> The role of vascular teams all over the world				
16:15 - 16:30	<b>Closing Remarks</b>				

# PROGRAM FACULTY

Name		Title	Faculty	Page
Marisa	Agostinho	RN	PT The Portuguese NephroCare dialysis center	23
Evan	Alexandrou	RN, MPH, PhD	AU Western Sydney University	5, 17, 27
Sergio	Bertoglio	MD	IT University of Genova	6, 8, 12, 20, 23
Daniele Guerino	Biasucci	MD	IT Catholic University of the Sacred Heart - Rome	7, 15, 19, 23
Roberto	Biffi	MD	IT European Institute of Oncology	4, 12, 23, 26
Paul	Blackburn	MNA, RN, VA-BC	US Bard Access Systems	6, 21, 26
Andrew	Bodenham	FRCA, FFICM	GB Leeds General Infirmary	6, 14, 19, 25
Gérald	Boussicault	MD	FR Centre Hospitalier Universitaire Angers	23
Christian	Breschan	MD, D.E.A.A., PhD	AT Klinikum Klagenfurt	
Daphne	Broadhurst	BScN, RN, CVAA(c)	CA Medical Pharmacies Group Limited	4
Pete	Carr	BSc, MMedSc, PhD(C)	AU The University of Western Australia	14, 18, 21
Rui	Casaca	MD	PT IPOLFG	17, 26
Vineet	Chopra	MD, MSc	US University of Michigan	13, 20, 24, 26
Marie	Cooke	PhD, RN	AU Griffith Universtiy	5
Paolo	Cotogni	MSc.	IT University of Turin	13, 21
Robert	Dawson	DNP, MSA, APRN	US Vascular Access Consultants, LLC	7, 13, 17
Eric	Desruennes	MD	FR Gustave Roussy	6, 10, 21
Lisa	Dougherty	DClin P	GB The Royal Marsden NHS Foundation Trust	17, 23, 25
Christian	Dupont	RN	FR Cochin Hospital	9, 16
Gail	Egan	MS, ANP	US Sutter Medical Group	18, 20, 24
Philippe	Eggimann	MD	CH University Hospital of Lausanne	4
Maurizio	Gallieni	MD, FASN	IT University of Milano	23
Godelieve	Goossens	PhD, RN	BE University Hopsital Leuven	9, 16, 23
Tim	Jackson	MBChB, MRCP, FRCA	GB Calderdale & Huddersfield NHS Foundation Trust	25
Samantha	Keogh	RN, PhD	AU Griffith University	4, 13, 16
Tricia	Kleidon	RN, MS	AU Lady Cilento Children's Hospital	21, 25
Kathy	Kokotis	RN, BS, NBA	US Bard Access Systems	12
Evangelos	Konstantinou	RN, MSc, PhD	GR National and Kapodistrian University of Athens	5, 18, 20
Irene	Kriegel	MD	FR Institut curie	9, 10
Antonio	La Greca	MD	IT A. Gemelli" Hospital - Catholic University"	26
Massimo	Lamperti	MD	AE Cleveland Clinic Abu Dhabi	6, 11, 14, 19
Jack	LeDonne	MD	US Vascular Access Consultants	19, 24, 26
Claudia	Luz	RN	BR Hospital Israelita Albert Einstein	24, 26
Shiori	Matsuhashi	RN	JP JCHO Takanawa hospital	11
Nancy	Moureau	BSN, VA-BC	US PICC Excellence, Inc	17, 26
Russell	Nassof	JD	US RiskNomics	8, 11, 27
Gloria	Ortiz Miluy	RN, PAN, MVA	ES Hospital Clínico San Carlos	14
Mauro	Pittiruti	MD	IT Catholic University Hospital	8, 12, 15, 22, 26
Claire	Rickard	RN, PhD	AU Griffith University	13, 19
Hervé	Rosay	MD	FR Leon Berard Center	5, 22
Paloma	Ruiz Hernández	RN	ES GruMAV	15, 23, 27
Marcia	Ryder	PhD, MS, RN	US Ryder Science, Inc.	17, 22
Maxim	Rykov	MD	RU Institute of Pediatric Oncology and Hematology N.N. Blokhin	11
Tommaso	Sanna	MD	IT Fondazione Policlinico Gemelli	7, 22
Giancarlo	Scoppettuolo	MD	IT Fondazione Policlinico Universitario A. Gemelli	4, 6, 8, 12, 15, 18, 27
Marguerite	Stas	MD, PhD	BE UZ Leuven	5, 6, 9, 13, 20
Josie	Stone	RN, CPNP	US Josie Stone Consulting LLC	9, 11, 26
Kenneth	Symington	MD	US Mount Carmel Hospital	6, 19, 21
Ulf	Teichgräber	MD, MBA	DE University Hospital Jena	7, 16, 21
Ton	Van Boxtel	RN, MSc, VA-BC	NL Infusion Innovations	11, 14, 18, 27
Ricardo	Zimerman	MD	BR Santa Casa de Misericórdia de Porto Alegre	4, 8



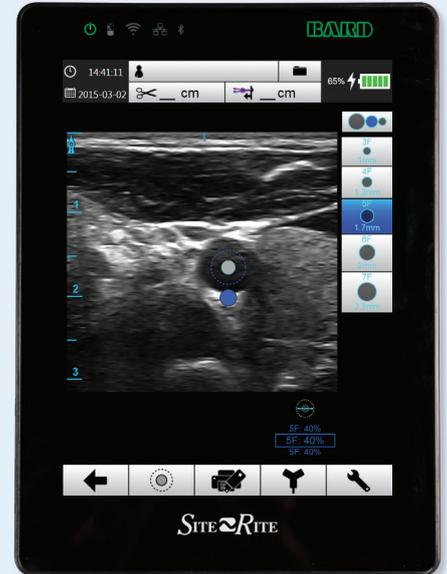
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- Visualise** catheter location during PICC placement
- Visualise** final catheter tip position

NICE recommends using SHERLOCK 3CG<sup>™</sup> Tip Confirmation System from C. R. Bard to help with positioning Peripherally Inserted Central Catheters in Veins.

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PLEASE CONSULT PRODUCT LABELS AND INSERTS FOR ANY INDICATIONS, CONTRAINDICATIONS, HAZARDS, WARNINGS, CAUTIONS AND INSTRUCTIONS FOR USE.

Reference: 1. <http://www.nice.org.uk/guidance/mtg24>

Any alterations of cardiac rhythms that change the presentation of the p-wave limit the use of ECG tip confirmation technology.

In these instances, confirm PICC tip location using an alternative method.

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ACCESS SYSTEMS

# SPONSORED SATELLITE SYMPOSIA

## DAY 1: WEDNESDAY JUNE 22, 2016

13:00 - 14:00  
Auditorium 1



PICC related challenges and their solutions

**description:** This satellite symposium offers the healthcare professionals an opportunity to develop their understanding of PICC related thrombosis and to find solutions to prevent it. Clinicians from different disciplines and various countries will talk about their hospital experiences with the various catheter related challenges and their strategy to reduce complications like, thrombosis and infection. The New BioFlo Technology and clinical outcomes with the BioFlo PICC will be presented.

13:00 – 13:05  
**Introduction**  
Jet Buurman (NL)

13:05 – 13:20  
**New catheter technologies to reduce the risk of Catheter related UEDVT & Infections, a insight in the risk of catheter related thrombosis and the strategy to prevent it.**  
Dr. Ivar Bruaset (NL)

13:25 – 13:40  
**PICCs & BioFlo, our success story.**  
Mr. Leon Wijt (NL)

13:45 – 14:00  
**Outcomes Related to Vascular Access: A multi-faceted approach to reduce complications.**  
Ms. Sheryl Mcdiarmid (CA)

13:00 - 14:00  
Auditorium 2



**Optimising Vascular Access - Improving outcomes for peripheral vascular access in oncology and chemotherapy administration**

**description:** The insertion of peripheral catheters is the most widely used invasive procedures in the acute care setting. With the increase of people living with cancer and having on going treatment this symposium addresses specifically the needs of this fast growing patient group. Many cancer patients represent a challenging subset from a clinical and psychological point of view which can impact and make peripheral vascular access challenging. This satellite symposium aims to look briefly at our current situation and what it changing around Europe. But more importantly, it will discuss the future and what best practice will look like - is standardised care appropriate for this patient pathology? We urge everyone involved in oncology to attend to hear new ideas, have their chance to debate the future and understand what we can do for this important growing patient population.

13:00 - 13:05  
**Chairman Welcome and Introduction**  
Prof. Sergio Bertoglio - Department of Surgery, University of Genova and IRCCS San Martino – IST National Cancer Institute, (IT)

13:05 - 13:15  
**PIVC utilisation in oncology**  
Lisa Dougherty - Nurse Consultant IV Therapy at The Royal Marsden Hospital NHS Foundation Trust, (GB)

13:15 - 13:25  
**What is happening / changing?**  
Ton van Boxtel - Trainer and Consultant in Infusion Technology, The Netherlands and President of WoCoVA

13:25 - 13:35  
**The Future and best practice - how to achieve / implement**  
Lieve Goossens - Clinical Nurse Specialist in Long-Term Venous Access, University Hospitals in Leuven, (BE)

13:35 - 13:40  
**Summing up**  
Professor Sergio Bertoglio

13:40 - 14:00  
**Question session**  
With panel led by Chairman

# SPONSORED SATELLITE SYMPOSIA

## DAY 1: WEDNESDAY JUNE 22, 2016

**13:00 - 14:00**    **Reducing Infection Risk at all Access Points**  
**Auditorium 3/4**    Chair: Dr. Philippe Eggimann



13:00 - 13:05    **Welcome by chairman**  
Dr. Philippe Eggimann

13:05 - 13:20    **The importance of insertion site protection**  
Excellence in antimicrobial protection at the insertion recognized by Epic3 and NICE guidance  
James Bitmead, RN

13:20 - 13:35    **To stitch or not to stitch?**  
French experiences with a novel all in one sutureless fixation device for central venous access devices  
Dr. Olivier Mimos, PhD

13:35 - 13:50    **The other end of the line**  
A nurse friendly disinfection approach that is fast, convenient, effective and auditable  
Corinne Cameron-Watson, RN

13:50 - 14:00    **Summary by chairman**  
Dr. Philippe Eggimann

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**13:00 - 14:00**    **Peripherally Inserted Central Catheters: Evidence-based Decisions**  
**Auditorium 8**    Chair: Prof. Baudolino Mussa



description:    As there is no one catheter type recommended for all patients and situations, several factors are involved in VAD decision-making. Such factors can include, but are not limited to, therapy duration, vein availability, and potential device-related complications. Several studies have reported improved outcomes, such as fewer devices, reduced wait times, and shorter length of stay with use of more formalized VAD assessment processes. Peripherally inserted central catheter (PICC) use is a key driver of the growing VAD market, with several factors related to the increasing use of PICCs, including advances in PICC technology and the use of specialized nursing teams for placement. Continued efforts to reduce catheter complications are anticipated to further support market growth of PICCs. Evidence increasingly supports the growing use and role of PICCs in more vulnerable patient populations such as oncology and critical care.

### **Introduction**

Kelly Powers, Staff VP

### **Appropriate use of vascular access devices (PIVS, Midlines, PICCS, CICC, PORTS)**

Prof. Ulf Teichgräber, MBA

### **Patient Selection**

Hervé Rosay, MD

### **Overview guidelines for the prevention of vascular access device related complications**

Massimo Pietro Lamperti, MD

### **Cost effective implementation of a dedicated vascular access team**

Mairy Jussara de Almeida Poltronieri, RN



# SPONSORED SATELLITE SYMPOSIA

## DAY 2: THURSDAY JUNE 23, 2016

13:00 - 14:00  
Auditorium 1

**Closed IV Catheters: Can a multi access septum help reducing blood stream infections?**

**B | BRAUN**  
SHARING EXPERTISE

description:

Placing a peripheral IV catheter is associated with several adverse events, which could result in increased expenses and less effectiveness for hospitals. Considering patients with PIVCs, these complications could set back the healing procedure, worsen the health condition, or could even cause death. Fortunately, more and more hospitals are trying to reduce the risk of catheter-related complications by using innovative and appropriate devices.

B. Braun's Introcan Safety® 3 was developed to increase the indwell-time, reduce catheter related complications and make the process of IV placement effective and with reduced (clean up) costs.

**1) Blood Clearance of Peripheral IV Catheters with Adequate Flushing Technique**

Dr. Jörg Brünke, Managing Director, QualityLabs BT GmbH.

**2) Risk reduction of catheter related bloodstream infections (CRBSI): multi-access blood control catheters as a microbial barrier**

Jürgen Gebel, Sapuna Kuriakose and Martin Exner, Institute for Hygiene and Public Health, University-Clinics of Bonn.

13:00 - 14:00  
Auditorium 2

**Significant interventions in the reduction of catheter related infections: what's new?**



**BD**

Advancing the  
world of health

description:

Catheter Related Infections are a critical complication of intravascular access devices. While there may be debate as to the true incidence of these infections, there is a consensus that they increase patient morbidity and mortality, necessitate prolonged hospitalisation with additional treatment and constitute a substantial economic burden to hospitals and healthcare organisations. It is now well recognised that the source of microorganisms may be intra-luminal or extra-luminal and that both must be taken into account when implementing preventative measures and bundles. In light of robust, recently published data, this symposium will offer a unique opportunity to discuss the significance of skin antisepsis and of careful selection of needleless connectors in the reduction of catheter related infections.

13:00 - 13:10

**Chairman Welcome and Introduction**

Prof. Tom Elliott - Consultant Clinical Microbiologist, University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital Birmingham, (GB)

13:10 - 13:30

**Reduction in extraluminal catheter related infections: skin antisepsis**

Prof. Olivier Mimoz - Professor of Anaesthesiology & Critical Care Medicine and Head of Emergency Department, University Hospital of Poitiers, Poitiers, (FR)

13:30 - 13:50

**Reduction of intraluminal needleless connector contamination: a positive-displacement device**

Dr Anna Casey - Clinical Research Scientist, Department of Clinical Microbiology, University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital Birmingham, (GB)

13:50 - 14:00

**Question session**

With panel led by Chairman

# SPONSORED SATELLITE SYMPOSIA

## DAY 2: THURSDAY JUNE 23, 2016

**13:00 - 14:00**    **Needleless Connectors:  
Auditorium 3/4 The Science Behind Bacterial Transfer!**  
Dr. Marcia Ryder, PhD, MS, RN



**description:** CRBSI and catheter occlusion associated with needleless connectors remains a significant concern even after 20+ years of their existence. In this session, results of research comparing bacterial transfer rate and biofilm formation in 16 needleless connectors is presented. This study demonstrates that there are significant differences in the potential for biofilm formation and bacterial transfer among the connectors and catheters. But, what accounts for these differences? Is it the design of the connector internal components? Is it the surface area of the flow-path? Is it flow-path residual volume? Is it the flow velocity within the connector flow path? The answers to these questions will be explored in this session. The results of these studies may become increasingly important for PIV catheters that remain in place greater than 96 hours under the clinically indicated site change standard. It is time to rethink our strategies for CRBSI prevention.

**Learning Objectives:**

At the end of this presentation the clinician will be able to:

1. Describe the pathophysiology and impact of intraluminal biofilm as the major source of CRBSI
2. Identify the critical design features associated with infection risks of needleless connectors and peripheral IV blood control catheters.
3. Understand the concepts of surface area, volume, and flow velocity in relation to biofilm formation and bacterial transfer risk.

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**13:00 - 14:00**    **The Missing Link in Vascular Access**  
**Auditorium 8**



**description:** This session will focus on the unique properties of third generation chlorhexidine coated catheters, both PICC and JACC (Jugular Axillo-Subclavian Central Catheter), which are recognized to be antithrombogenic and antimicrobial. In addition, the session will discuss the indications for these catheters when determining the most appropriate device - the missing link in vascular access.

**13:00**            **Chlorag<sup>+</sup>ard Technology**  
Jim Lacy, BSN, RN, VABC

**13:10**            **Chlorhexidine coated PICCs: their place in a device decision algorithm**  
Mauro Pittiruti, MD

**13:25**            **A new concept in VADs – JACC: a fit between CICC and PICC**  
Massimo Lamperti, MD

**13:40**            **Questions and discussion**



# SPONSORED SATELLITE SYMPOSIA

## DAY 3: FRIDAY JUNE 24, 2016

**13:00 - 14:00**  
**Auditorium 1**    **Improving Patient Outcomes Through Evidence Based Product Selection**  
Russel Nassof, Esq | Executive Vice President, RiskNomics

**ETHICON<sup>®</sup>**  
**BIOPATCH<sup>®</sup> Products**  
*Protect All Lines. Protect All Lives.<sup>™</sup>*

**description:**    This program will underscore the critical importance of understanding the components of classifying a product as evidence based and why selection of products which meet the evidence based criteria will result in improved patient outcomes, cost savings, and risk/liability minimization. After attending this program the next time someone asks you to change products you will feel confident and knowledgeable in responding, "Show me the Data".

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**13:00 - 14:00**  
**Auditorium 8**    **New understandings in IV filtration relevant to patient care**  
Chair: Prof. Mauro Pittiruti, MD, Italy

 **PALL** Medical

**description:**    Infusion management relevant to patient care around the world is based on scientific evidence that is continually evolving based on new insights from an interdisciplinary research framework including the immune system, the inflammatory response, the presence of precipitates and nanoparticles, aggregation of proteins and the development of biofilm formation. The objective of the symposium is to highlight the findings of this research and explain the potential role of bedside filtration that clinically impacts the health of patients by avoiding drug incompatibilities, or influencing drug effectiveness, and preventing biofilm formation or nanotoxicity. Several key speakers from the US, Germany and Spain will present their data and discuss the impact on the future of infusion management including new guidelines relevant for all health care providers.

**Clinical Benefits of Inline filtration**

Michael Sasse, Germany

**Particle and endotoxin effects**

Armin Braun, Germany

**Nanoparticles in infusion regimes**

Cornelia Keck, Germany

**Macroparticles in infusion regimes**

Markus Lanker, Germany

**Aggregates in parenteral nutrition**

Pilar Gomis, Spain

**Prevention of biofilm formation**

Marcia Ryder, USA

**INS Guideline on filtration**

Josie Stone, USA

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# GOLD SPONSORS



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Description:

3M Science has allowed for unique innovations that give you what you need to secure and protect every I.V. catheter—from insertion to removal. Our broad portfolio makes it easy for you to choose and use the right products: from transparent barrier films and securement devices, to antimicrobial dressings and disinfecting caps. We can help you deliver compassionate care with evidence-based products to protect patient and clinician safety, help prevent the risks of costly complications, and improve patient satisfaction. Join us at the 3M stand #17 to find out more about Reducing Infection Risk at all Access Points!

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Company:



Description:

Bard Access Systems, Inc. is an innovator and market leader in vascular access devices. Bard Access Systems creates products that have a positive impact on people's lives. We develop, manufacture and distribute medical devices used by an array of practitioners in the process of gaining access to the cardiovascular system for the purpose of delivering chemotherapy, blood products, antibiotics, drugs or nutrition. Our products also deliver oncology treatments for the detection, treatment and management of various cancers.

Company:



Description:

BD is a global medical technology company that is advancing the world of health. BD leads in patient and health care worker safety, the company provides innovative solutions that help advance the diagnosis of infectious disease and cancer, improve medication management and promote infection prevention. BD partners with organizations around the world to address some of the most challenging global health issues, working in close collaboration with customers to help enhance outcomes, lower health care delivery costs, increase efficiencies, improve health care safety and expand access to health. For more information, please visit us at booth number 14.

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Company:

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## BRONZE SPONSORS



Company:

 **angiodynamics**

Description:

AngioDynamics Inc. is a leading provider of innovative, minimally invasive medical devices used by professional healthcare providers for vascular access, surgery, peripheral vascular disease and oncology. AngioDynamics' diverse product lines include market-leading ablation systems, fluid management systems, vascular access products, angiographic products and accessories, angioplasty products, drainage products, thrombolytic products and venous products. More information is available at [www.AngioDynamics.com](http://www.AngioDynamics.com).

Company:

**B | BRAUN**

Description:

With over 55,000 employees in 64 countries, B. Braun is one of the world's leading manufacturers of medical devices and pharmaceutical products and services. Through constructive dialog, B. Braun develops high quality product systems and services that are both evolving and progressive - and in turn improves people's health around the world.

Company:

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Description:

Ethicon BIOPATCH Products. BIOPATCH® is the ONLY protective disk with a cleared indication and PROVEN to reduce the incidence of catheter-related bloodstream infections (CRBSIs), local infections and skin colonization in patients with central venous and arterial catheters. Its efficacy is supported by over a dozen randomized controlled trials.

# BRONZE SPONSORS



Company:



Description:

Learn about the substantial role that the design of your needlefree intravenous connectors plays in your ability to limit healthcare-acquired bloodstream infections. Disinfection before access is paramount to prevention of microbial ingress but compliance is often poor. Selection of a needleless connector with low potential for bacterial transfer minimizes this risk. ICU Medical provides industry preferred needlefree technology that has been chosen by clinicians and infection control professionals twice as often as any other. The patented technology in ICU Medical's complete line of needlefree IV connectors has been clinically proven to provide an effective barrier against bacterial transfer and colonization.

Company:



Description:

Pall Corporation is a global leader in high-tech filtration, separation, and purification technologies in the Life Sciences and Industrial markets worldwide. Pall Medical develops, manufactures and distributes advanced medical technologies and services to help reduce costs, improve outcomes, control and prevent infections, and minimize healthcare associated complications, affecting people and equipment. Pall Medical offers a broad range of specifically engineered products for applications such as drug delivery, intravenous fluid therapy, water filtration, and respiratory care, which are often a patient's last line of defense from dangerous pathogens.

For reducing CRBSIs –

**36** **0**

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**BioFlo**

**angiodynamics**

\* The reduction in thrombus accumulation (based on platelet count) is supported by acute in-vitro testing. Pre-clinical in-vitro evaluations do not necessarily predict clinical performance with respect to thrombus formation.  
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An Exclusive Presentation by Marcia Ryder, PhD, MS, RN  
"Needleless Connectors: The Science Behind Bacterial Transfer!"  
June 23 | 1:00 pm | Auditoriums 3 & 4

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PAVILION 2

**WoCoVA**  
4th World Congress on Vascular Access

# EXHIBITORS

Company:

## AcúVista

Description:

AcuVista Ultrasound is a new European company that develops and produces a new generation of ultrasound equipment with intuitive and easy-to-learn interface, designed to fit any OR and ICU. Ultrasound scanner AcuVista Grace is specially designed for guidance and point-of-care ultrasound procedures including but not limited to: Needle Placement, Vascular Access, Port Placement, Interstitial Application, Intravascular Guidance, Endovenous Laser Photocoagulation, Foam Sclerotherapy, Synovial Fluid Injection.  
[www.acuvista.eu](http://www.acuvista.eu) [info@acuvista.eu](mailto:info@acuvista.eu)

Company:



Description:

A global pioneer in medical devices, Cook Medical is committed to creating innovative products and technologies that benefit millions of patients worldwide. For vascular access, Cook offers an array of products and solutions for a wide range of procedures, including antimicrobial-impregnated Cook Spectrum® CVCs, power-injectable Turbo-Ject® PICCs, implantable Vital-Port® ports, and long-term silicone catheters. Rely on Cook Medical for the vascular access tools you need to provide the best possible patient care.

Company:



Description:

Cair LGL, your French partner in health and safety, by your side to improve your practices in infusion, oncology and nutrition, because healthcare professionals' and patients' safety is high on the agenda. Come to meet us on booth 7 to discover NeutraClear, the Smallest Transparent and Neutral needleless connector.

Company:



Description:

Gem S.r.l. is Italian firm established in 1994 produces (under Glubran brand) and distributes all over the world synthetic glues: Glubran 2 for Surgical and Endovascular use and Glubran Tiss 2 to treat skin wounds. It also manufactures and supplies application devices suitable for the use of these glues: Dispensing Tips; Catheters for Laparoscopy; Drop Control Devices; Spray Devices; 1ml Luer lock syringes and Vascular Closure Devices specific for femoral accesses. All Glubran products are CE marked.

Company:

## Geistlich

Pharma

Description:

The Swiss family owned company Geistlich Pharma develops and produces pharmaceutical and medicinal products since 1851 with a worldwide distribution and provides valuable assistance in solving medical problems. Products such as the antimicrobial catheter lock solution TauroSept® for the prevention and treatment of CRBSIs, originate from the company's own research facilities in central Switzerland. [www.geistlich-medical.com](http://www.geistlich-medical.com)

# EXHIBITORS

Company:



Description: The Limbo Waterproof Protector allows patients with a PICC line or midline to shower or bath in confidence, restoring quality of life and reducing the risk of infection. Limbos are 100% waterproof, easy to use and non constrictive. They are also popular for keeping casts and dressings dry too. Available on prescription in the UK and around the world. We are looking for new international distributors.

Company:



Description: Medcomp® is the premier developer and manufacturer of cutting-edge vascular access devices that meet and exceed the clinical demands of today's medical specialties, particularly in the fields of interventional medicine, dialysis and oncology. Medcomp's engineering and applications expertise provides products for hemodialysis, peritoneal dialysis, oncology ports and PICCs/CVCs whose progressive designs accommodate advances in medicine and whose quality anticipates the requirements of our professional clients and the patients they serve. Currently one of the world's largest manufacturers of dialysis and centrally terminating venous catheters, Medcomp is, and always has been, on the cutting edge of new vascular access device technologies.

Company:



Description: pfm medical ag is a leading German medical technology company. The family owned business with 500 employees worldwide has generated 95.4 million euros revenue in 2015. pfm medical provides a wide range of products and services in the medical application fields of infusion, histotechnology, cardiovascular technologies and surgery.

Company:



Description: Plan1Health develops and manufactures drug delivery systems since over 20 years and specifically PORT systems, PICC lines for central access and MID lines for peripheral infusions. We're partnering clinical expertise with industrial technology, matching the Users' needs, the technical and functional requirements, the long term performance of implantable materials and making our medical systems aligned with the users' and market expectations, supported by a complete product range. Passion for innovation and focus on quality is our driver to develop and improve product, manufacturing process and service to customers for being recognized and trusted as preferred partner by healthcare Professionals.  
[www.p1h.it](http://www.p1h.it)

Company:



Description: The SecurAcath Subcutaneous Engineered Stabilization Device (ESD) 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 ESD that meets the 2016 Infusion Therapy Standards of Practice. The SecurAcath lasts the life of the line and can dramatically decrease catheter dislodgement and migration, decrease catheter replacement costs, prevent medical adhesive-related skin injury (MARS), eliminate suture needle stick risk, prevent therapy interruption, improve vessel health and preservation, reduce catheter complications and lower total cost of patient care. SecurAcath – For the Life of the Line.

# EXHIBITORS

Company:



Description:

Skipper Medical is an Italian company engaged in the research, development and commercialization of new technologies that can increase the safety of medical and surgical procedures, supporting the performance of the health professionals and advancing the quality of patient care.

Company:



Description:

At Smiths Medical, we are passionate about improving and saving the lives of patients through high quality, innovative medical devices and services. We are a leading global supplier of specialty medical devices, consumables and equipment for world's healthcare markets. Specializing in medication delivery, vital care and safety devices, our products are found in hospital, emergency, home and specialty care environments and are used during critical and intensive care, surgery, post-operative care and for support in managing chronic illness.

Company:



Description:

auroPharm GmbH is specialized in antimicrobial medical devices and offers a safe and effective technology for locking central venous access devices (catheters and ports). TauroLock™, a non-antibiotic lock solution, is capable of dramatically reducing catheter related blood stream infections (CRBSI) is free of side-effects. TauroLock™ is highly effective in eradicating bacteria and fungi and has been successfully tested on more than five hundred organisms, including multiresistant forms such as MRSA and VRE. It is to be used in dialysis, oncology, intensive care and parenteral nutrition. To improve catheter patency TauroLock™ products contain 4% citrate and in addition heparin or urokinase.

Company:



Description:

TIDI Products is a leading US manufacturer of single-use Infection Prevention Products, with products such as Eye & Face Protection, Patient Capes/Gowns, Table Barriers, Drapes, Isolation Gowns, Hi-Risk Gloves and PPE Storage. Over 80% of our products are made in the USA. TIDI Products now also manufactures Grip-Lok(R) securement devices for catheters, lines and tubes. Grip-Lok(R) is designed to hold patient catheters in place to prevent unnecessary line pulls, improve patient care, and reduce hospital costs. Grip-Lok(R) is also available with hydrocolloid adhesive for neonatal and sensitive skin patients. All Grip-Lok(R) products are proudly made in the USA.

Company:



Description:

Veinsite® by Vuetek Scientific® is a hands-free, wearable vein finder that displays veins suitable for vascular access. Veinsite utilizes a patented LCD technology to detect veins, valves, and bifurcations not visible to the naked eye and enables efficient panning of the patient with simple head movement. Veinsite is intended to aid clinicians in reducing IV starts, unnecessary central lines and hospital costs; while improving efficiency and patient satisfaction.

Company:



Description:

Vygon designs, manufactures and markets high-tech single-use medical devices for health care professionals in hospital and private or independent practitioners, offering a wide range of products in a number of clinical specialties: neonatology, adult and pediatric critical care, anesthesia, oncology, long term vascular access, emergency, cardiovascular, surgery and home care.

# WOCOVA APP

## Downloading the WoCoVA 2016 app

Go to the app store and download the WoCoVA 2016 app. After you registered for the conference, use your personal e-mail address as username and the general password **WoCoVA16** to login.



As soon as your logged in, the app will ask you to create a new password. Should you be registered by a sponsor or other employee without communicating your e-mail address, you will not be known as an attendee in the app yet. Just contact the organization and supply them with your personal e-mail address and they will make sure you can enter the app asap. When using an Android device, please tap the 3 lines in the left upper corner to see the menu. Scroll down to see all the options. Some are self-explanatory; others are mentioned below.

- Program:** The complete schedule with session details, speakers, presentations and my notes
- Presentations:** Oral & poster abstracts, lectures invited speakers and presentations
- Maps & schedule:** Interactive map of the exhibition with links to the exhibitors. Block schedule per day with links to the corresponding sessions.
- Exhibitors:** Divided in categories with booth numbers and link to the exhibition map
- My Profile:** Enables you to control which information is shown to fellow attendees, sponsors, etc.
- Messaging:** Enables you to message other participants in app
- Photo Gallery:** Enables you to make pictures and share them in the app
- My schedule:** Select the sessions you wish to attend by clicking the star and they will appear in your personalized schedule.
- My briefcase:** Enable you to send documents and notes to other devices.
- What's on:** Shows you what is the next session coming up.

Further to more hidden options:

- When you slide the logo on the bottom of the screen up, you will see the latest news items.
- During sessions you can join polls or ask the speaker questions using an interactive feature. To join this option, please go to program and tap on the session you are attending.

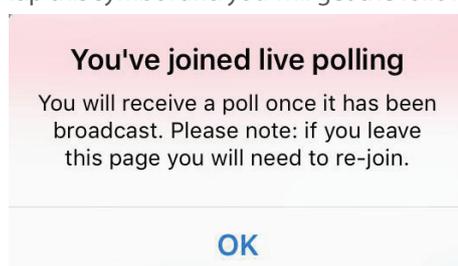


If the interactive feature is used in this session, you will see the following symbol in the upper right corner on an Android device:



Or, when using an iPhone or iPad you will see this symbol on the bottom right:

Tap this symbol and you will get the following message.



Please click "ok". The symbol will change from a white background to a red background.

# WOCOVA APP

Besides live polling you also have the opportunity to ask questions (after you joined). Go to the red bar (see below) and tap on "Share your thoughts". Then on the white bar Questions and remarked (the 2nd picture) and lastly you can tap the envelope (Android) or the pencil (iOS, see last picture) to start writing a question or remarks.



*Share your thoughts*



Questions & remarks



**Tap the compose icon to create your post**

Start the discussion

When the session ends, please tap the interactive symbol again to log out. Repeat these actions with every single session you attend which has the interactive feature.



# UNDERSTANDING YOUR NEEDS, FULFILLING YOUR EXPECTATIONS.

## THE B. BRAUN PATIENT ACCESS PORTFOLIO

Vascular access is a complex task which can be stressful and may lead to several complications. Understanding your needs, B. Braun offers a large and easy to use vascular access portfolio, with the maximum level of safety for you and for your patient.

For more Information and product details see:  
[www.safeinfusiontherapy.com](http://www.safeinfusiontherapy.com)



# CITY AND TRAVEL INFORMATION



## About Lisbon

Lisbon, Portugal's capital, lies on the north bank of the Tagus Estuary, on the European Atlantic coast. Lisbon has approximately 600.000 inhabitants, which increases towards 1.9 million if one includes the various satellite towns (Greater Lisbon). Greater Lisbon has an area of approximately 1.000 km<sup>2</sup>. This makes Lisbon the largest city of Portugal. Furthermore, Lisbon is one of the oldest cities in the world, and the second oldest city in Europe. The city is predating other modern European capitals such as London, Paris and Rome by hundreds of years. Lisbon is easily accessible by air and train from all major European cities. The international airport is only 20 minutes from downtown. Explore Lisbon's colourful quarters, like Baixa, Chiado, Alfama, Bairro Alto by taking the famous old yellow tram. The city is rich of architecture; Romanesque, Gothic, Manueline, Baroque, Modern and Postmodern constructions can be found all over Lisbon. Furthermore, several museums are worth visiting during your stay in Lisbon. The most famous ones are the Museu Nacional de Arte Antiga (Ancient Art), the Museu Nacional do Traje e da Moda (Costume and Fashion), the Museu da Electricidade (Electricity), the Museu Nacional dos Coches (National Coach Museum), the Museum of Pharmacy, the National Museum of Natural History and Science, Museum of the Orient, The Museu do Teatro Romano (Roman Theatre), and the Lisbon City Museum.

## Public transport

### Metro (Subway/Underground)

Lisbon's metro (subway or underground) is modern, clean, and efficient. It runs from 6:30AM to 1:00AM, and many of its stations are decorated with contemporary art, making it a tourist attraction in itself.

#### Some stops to note:

**Cais do Sodre:** For trains to Cascais and Estoril, trams for Belem, and ferries to the Monument to Christ.

**Rossio:** For trains to Sintra.

**Sao Sebastiao:** For the Gulbenkian Museum.

**Jardim Zoologico:** For the Sete Rios bus terminal for express buses to all over Portugal.

**Colegio Militar-Luz:** For the Colombo shopping mall and the Benfica stadium.

**Oriente:** For national and international trains, city buses, and all the Parque das Nações attractions.

### Taxi

To reach attractions outside the center or to get around late at night (after 1AM when the metro closes), take a taxi. It should not cost more than 10 euros to go between anywhere within the city and the center (Baixa).



- A Lisboa Congress Centre**  
Praça das Indústrias  
1300-307 Lisboa
- 1 Hotel Vila Galé Opera 4\***  
Travessa Conde da Ponte, 141  
1300-141 Lisboa
- 2 Hotel Jerónimos 8 4\***  
Rua dos Jerónimos, 8  
1400-211 Lisboa
- 3 Hotel Marquês De Pombal 4\***  
Avenida da Liberdade, 243  
1250-143 Lisboa
- 4 Hotel SANA Lisboa 4\***  
Av. Fontes Pereira de Melo, 8  
1069-310 Lisboa
- 5 Hotel Tivoli Jardim 4\***  
Rua Júlio César Machado, 7/9  
1250-135 Lisboa
- 6 Hotel Turim Europa 4\***  
Rua São Sebastião da Pedreira, 19  
1050-206 Lisboa
- 7 Hotel Borges 3\***  
Rua Garrett, 108  
1200-205 Lisboa

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# Join our Lunch Symposium The Missing Link in Vascular Access



June 23, 2016  
13:00 – 14:00  
Auditorium 8

Lunch will be provided  
Visit us at Booth #15

**Chlorag<sup>+</sup>ard Technology**  
Jim Lacy, BSN, RN, VABC

**Chlorhexidine coated PICCs: their place in a device decision algorithm**  
Mauro Pittiruti, MD

**A new concept in VADs – JACC: a fit between CICC and PICC**  
Massimo Lamperti, MD

**Questions and discussion**



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# GENERAL CONGRESS INFORMATION

## Climate

Summer in Portugal is very sunny, hot and relatively dry. It is the perfect time to visit and see all that the city has to offer. The average temperature in June during the day reaches 20°C or about 60°F, but average highs are 23°C (that's about 74°F). At night the lows average 16°C (about 61°F).

## Communication

For international calls to Lisbon, dial the international code +351 and the correspondent's number (without the 0).

## Credit Cards

Major credit cards including American Express, Diners Club, Visa and Mastercard are accepted throughout Portugal at hotels, shops and restaurants.

## Currency & Banking

The currency in Portugal is the Euro (€). Credit cards are accepted at most restaurants and shops.

## Electricity

Standard power supply in Portugal is 220-240V/50Hz (two-pole socketoutlet).

## Language

Portuguese is Latin in origin and the third most widely spoken European language in the world. It is the mother tongue of about 200 million people. Portuguese is the official language in several countries: Angola, Cape Verde, Guinea-Bissau, Mozambique, São Tomé e Príncipe in Africa, and Brazil in South America. In Portugal itself a considerable number of people can understand and communicate in foreign languages.

## Mobile phones

As a courtesy to speakers and other delegates, we request that all mobile phones and pagers are turned off before entering the meetings.

## No Smoking Policy

Smoking is not permitted in Portugal in any indoor public areas including bars and restaurants or on any means of public transportation.

## Registration/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 Lisboa Congress Centre.

**The opening hours of the registration desk are as follows:**

Tuesday	21 June 2016	15.00 - 18.00 hrs.
Wednesday	22 June 2016	08.00 - 18.30 hrs.
Thursday	23 June 2016	08.00 - 18.30 hrs.
Friday	24 June 2016	08.00 - 17.00 hrs.

# GENERAL CONGRESS INFORMATION



## Safety

Lisbon is considered a very safe city but you should take normal, sensible precautions to avoid mugging, bag snatching and pick pocketing. You should be extra vigilant at airports and railway stations. Do not leave valuables unattended. Most shops and all major taxi companies accept credit and debit cards, so there is no need to carry a lot of cash.

## Time Difference

Portugal is in the Western European Time Zone. In the summer the time zone is: GMT/UTC +1

## Tipping

There is no service charge added to hotel and restaurant bills. Tipping for special superior service at restaurants is appreciated (10-15%).

## WIFI access

Username: Wocova 2016  
Password: woco16

## Socials

### Welcome reception

The welcome reception will take place on Wednesday June 22 from 18:00h till 19:30h at the exhibition. During this reception everyone will be warmly welcomed. There are drinks and small bites and time to network and visit the exhibition.

# GENERAL CONGRESS INFORMATION



## The Venue

Lisbon Congress Center is located near the Tagus river near the historic buildings of Belém quarter, Lisbon Congress Center is an inviting space for anyone wishing to hold congresses, conferences, meetings, exhibitions and other events.

Address: Praça das Indústrias | 1300-307 Lisboa - Portugal

Tel: +(351) 213601400

## Congress secretariat



Congress Care  
P.O. Box 440  
5201 AK's-Hertogenbosch  
The Netherlands  
WoCoVA16@congresscare.com

## Colophon

### WoCoVA

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Lisbon, Portugal, June 2016  
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### Editors

Jacoline Zilverentant  
Ton van Boxtel

### Graphic Design

Rinse Lenderink

### Contact

P.O.Box 675  
3720 AR Bilthoven  
The Netherlands  
Phone: +31 6 12 05 38 80  
E-mail: [info@wocova.com](mailto:info@wocova.com)  
[www.wocova.com](http://www.wocova.com)

### Photography

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... to removal



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WoCoVA  
P.O.Box 675  
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Praça das Indústrias  
1300-307 Lisboa  
Portugal  
Phone: +(351) 213601400



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