CVC Implant

MedSelect GmbH

HEALTH reimagined

MedSelect®
Your partner for holistic therapy

Preparation:

- Place peripheral IV access in the arm, with infusions above it; purpose: to have access in case of RR drop after removing the catheter!
- Measure blood sugar before starting and at the end of therapy
- Apply blood pressure cuff to the arm
- Apply ECG electrodes

- Apply gel to compress
- Prepare ultrasound device
- Prepare local anesthesia: 5 ml syringe with 1 ampoule of Mecain 20 mg/ml (5 ml)
- Puncture needle for LA: disposable needle 0.50 x 60 mm (25G)
- Swabs, Kodan spray
- Surgical gown

Spread a sterile cloth on a stainless steel table and lay out the following on it:

- Put on sterile gloves (assistant)
- Sterile compresses
- 4 10 ml syringes
- 1 sterile compress with sonogel
- CVC set
- Puncture needle,
- Flush venous catheter
- Renal dish (stainless steel) with 3 swabs and disinfectant (Softasept N colored)
- 1 swab remains on the table for subsequent dry swabbing of the disinfected area

Position the patient correctly: lay them down as flat as possible, then bend their leg at a 45-degree angle so that the inguinal canal triangle is easily accessible; palpate the artery; the vein is located medially to it.

Perform sonographic imaging, then administer local anesthesia up to the vein;

DO NOT inject without first aspirating!

If blood appears, pull the needle back slightly!

When LA is ready, then

- Assistant: put on sterile gloves, flush the catheter, needle, etc. with 0.9% NaCl
- Wrap the sonography head in sterile packaging and apply gel inside and outside
- Put on sterile gloves (doctor)
- Surgically disinfect the patient, then hand over 1 dry swab for dabbing
- Then place a sterile drape over the area
- Perform venipuncture under ultrasound guidance
- Remove the syringe from the needle, insert the guide wire into the needle: it should be easy to advance from mark I to II to III and then from III to II to I, then pull the needle out over the guide wire.

Note: ALWAYS HOLD THE GUIDE WIRE! NEVER LET GO!

- Push the dilator over the guide wire to the puncture site
- Make a 1 mm incision with a small scalpel
- Gently advance the dilator into the vessel, stretch
- Pull out the dilator, hold the WIRE, then advance the CVC into the vein over the guide wire
- Secure the CVC (Tegaderm from 3M)

- Aspirate with the first syringe on the red limb; if blood comes out, inject NaCl from the syringe so that the limb is free of blood
- Do the same on the blue limb with the second syringe
- If everything is OK, toxopheresis can begin: inject heparin as specified (5000, 7500, or 10000 IU into the tube).
- Secure the blue and red legs with 2 additional plasters.
- Secure the tubes to the Rotoclix.
- Then fold over the ends of the perforated cloth to cover the catheter site. (protection).
- Finally, when disconnecting from the device (after return), rinse the leg with saline solution beforehand, leaving the syringes on the catheter.
- Have compresses, ice packs, and 2 sandbags ready.
- Remove the adhesive bandages, remove the perforated cloth, and clean the puncture site with Octenisept.

-- Have compresses ready, let the patient inhale, pull out the catheter as they exhale; apply compresses with pressure (45 degrees forward and down) for about 10 minutes
- Then apply a pressure bandage (plaster and then foil), then ice pack and 2 sandbags for 1.5-2 hours
- When the patient gets up and goes home at the end, note: they should press lightly on the bandage when walking; do not climb stairs (and if so, only on the untreated side!), do not exercise the next day; the bandage can be removed the next morning; do not lift heavy objects on the day of treatment and the day after.