During the catheter placement time hypomolar solution was given to the 1st group, isoosmolar solution to the 2nd group. All of the catheters had single lumen. A cutdown technique was used in all catheters and the basilic vein was used in all instances. Totally, 60 catheters were placed on the right side (indication for CVP) and 40 on the left side (indication for TPN). The total number of catheter days was 1412, for an average catheter placement time of 14 days. All catheter sites were cleaned daily with iodine solution and dressed with sterile packs and all infusion tubes were changed aseptically every day.

Intraoperative complications were not observed. When removed, catheter tips were placed in a sterile container and taken immediately to the microbiology laboratory for plating. 15 cases of catheter related sepsis were found (15%). Catheter sepsis was diagnosed when clinical symptoms (38°C fever and signs of sepsis) resolved after removal of the catheter in 15 patients. 7 patients had continuing signs of infection despite removal of the catheter. This group had negative catheter tips cultures. In 60 patients, catheter-related sepsis (placed for CVP measurement) was confirmed in 18% (n = 11) while in the other group (placed for TPN) the sepsis rate was 10% (n = 4 [p < 0.05]).

The isolated microorganisms from the catheter tips were as follows: 5x staphylococcus epidermidis, 3x staphylococcus aureus, 3x pseudomonas aeruginosa, 2x e. coli, once enterobacter and once candida albicans.

Discussion

The percutaneous catheter placement (technically easier and faster) has a higher complication rate compared with the cutdown method (2). Due to this reason we performed a cutdown technique in all cases and had no intraoperative complications.

It's widely believed that the risk of infection is higher for central catheters than peripheral plastic catheters and the risk of infection is smaller in TPN than for CVP measurement, chemotherapy or vascular access (1, 2). In addition, the risk of catheter sepsis increases when the catheter is used for a longer period (1, 3).

In most studies staphylococcus epidermidis is the most common organism causing catheter sepsis and the catheter-related sepsis occurs in about 5.5 to 33% (1-4). In our study the overall catheter-related sepsis comprised 15%, and the most common organism causing catheter-related sepsis was staphylococcus epidermidis (5-15).

In 60 patients (catheters placed for CVP measurement) the catheter-sepsis rate was 18%, while in 40 patients (catheters placed for TPN measurement) the catheter related sepsis rate was 10%. The difference was found to be significant (p < 0.05).

As a result of this study it is concluded that catheter related sepsis rate is more frequent using catheter for central venous pressure measurement than placed for total parenteral nutrition.

Literature


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Perikardverschluß nach A.-mammaria-interna-Bypass


Pericardial Closure After Internal Mammary Artery Coronary Bypass

Summary: Mammary artery coronary graft shortening occurs due to body-size or inadequate vessel size, lung herniation in pulmonary emphysema and intra- or postoperative sigh breathing. To overcome this problem the free left cut edge of the pericardium is stitched to the retrosternal pericard. The use of one stitch only minimizes lung inflation limitation. Additional pericardial incisions are described, which prevent the graft from angulating around the edge of the pericardium and enables the surgeon to protect the heart and venous bypass grafts from suction tubes and sternal wound infection.

Einleitung

In der neueren Literatur wird dem A.-mammaria-Bypass eine längere Funktionstüchtigkeit als dem Venenbypass zugeschrieben. Die emphysematische Lungenblähung, insbesondere bei tiefen Atmungszuständen, und ein durch Körpergröße oder Gefäßgröße bedingtes kurzes A.-mammaria-Perpendikel limitieren die chirurgische Indikationsbreite.
that catheter related sepsis rate is more significant. The rate was 10%, while in 40 patients the related sepsis was staphylococcus epidermidis.

In most studies staphylococcus epidermidis is the most common organism causing catheter-related sepsis. In our study the overall catheter-related sepsis comprised 15%, and the most common organism causing catheter sepsis and the catheter-related sepsis occurs in about 5.5 to 33%.

In 60 patients (catheters placed for total parenteral nutrition: TPN) the sepsis rate was 10% (n = 4 [p < 0.05]). In 40 patients (catheters placed for TPN) the sepsis rate was 18%, while in the other group the placed catheters had no intraoperative complications. As a result of this study it is concluded that catheter related sepsis and the catheter-related sepsis occurs in about 5.5 to 33% (1-5).

In our study the overall catheter-related sepsis was confirmed in 18% (n = 11) after removal of the catheter in 15 patients. The percutaneous catheter placement technique was used in all catheters and the basilic vein was used in all instances.

Discussion

The percutaneous catheter placement technique (technically easier and faster) has a higher complication rate compared with the cutdown method (2). Due to this reason we performed a cutdown technique in all cases.

Catheter sepsis was diagnosed when clinical symptoms (38 °C fever and signs of sepsis) resolved after removal of the catheter. This group had negative cultures and had no intraoperative complications.

When removed, catheter tips were placed in a sterile plastic container and taken immediately to the microbiology laboratory for plating. Totally, 60 catheters were placed on the right side (indication for CVP) and 40 on the left side (indication for CVP measurement) was 18% (n = 11). In our study the overall catheter-related sepsis was 15%, and the most common organism causing catheter sepsis and the catheter-related sepsis occurs in about 5.5 to 33% (1-5).

As a result of this study it is concluded that catheter related sepsis and the catheter-related sepsis occurs in about 5.5 to 33% (1-5).