



NIVAS News

Summer 2016



Letter from the Editor

Welcome to the Summer NIVAS newsletter. It's been a busy year so far with the NIVAS Board representing the society at events such as the 2016 London Nurse Show in February and the Infection Prevention Society conference in June.

June was an exciting month with the first of our NIVAS study days held in Glasgow (15 June 2016). The study day comprised both theory and practical sessions aimed at all delegate skill levels, with workshops during the afternoon. Remember, the workshops are free to all NIVAS members so if you couldn't make the Glasgow study day, we are holding another study day in Manchester on the 29 September 2016 which will be the same programme as the Glasgow meeting. For more details please go to the NIVAS website (www.NIVAS.org.uk).

Also in June we had the World Congress on Vascular Access (WoCoVA). This year the conference was held in Lisbon, Portugal (22–24 June 2016) and most of the NIVAS Board attended with some of us presenting sessions. WoCoVA is held every two years and is the most international conference in our field of clinical practice. In the next NIVAS newsletter we will have a conference report from WoCoVA to update all our members about what was discussed. If you attended WoCoVA this year and would like to write an article for the NIVAS newsletter about your experience please email us at nivas@succinctcomms.com. Also, remember that you can keep up-to-date with what's going on at WoCoVA and other NIVAS news by following us on Twitter (@NIVAS_tweets).

If you would like to contribute any articles to this newsletter, however long or short, please do contact us. Finally, don't forget to renew your NIVAS membership and keep an eye on the website for all upcoming events and the latest news in the field of infusion and vascular access. Enjoy the rest of the summer!

Andrew Barton



Letter from the Chair

The NHS is currently under tremendous pressure, as outlined by a 2016 King's Fund article, which stated "The NHS faces unprecedented financial and operational challenges: deficits among NHS providers are large and growing; performance is suffering, with targets for waiting times being missed; and in all areas of the NHS staff are under pressure from rising demand alongside constrained resources".¹ In addition, at the time of writing we have deadlock between the government and the junior doctors and morale is low.

Now, more than ever, we need a voice for intravenous therapy and vascular access, and we need to self-promote a little. So much of what we do helps with financial and operating challenges – prevention of hospital admission, reducing infection, saving of bed days, outpatient parenteral antibiotic therapy (OPAT) services, nurse-led services, vessel health and preservation principals.

With this in mind, have you considered submitting a poster to your organisation's annual audit event? What about submitting a poster to a study day or conference? Have you considered writing a short article to explain or publicise your work/your department's work? You could start by writing a short piece for the next NIVAS Newsletter! There are people within NIVAS who can help you with posters and articles; please let us know if you would like to try something you haven't had the opportunity to do before.

It doesn't get much tougher in the NHS than how it is at the moment, but we are a resilient lot so let's work together and continue to make our voice heard.

Jackie Nicholson

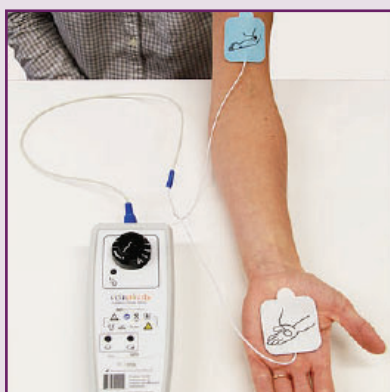
Reference 1. Ham C, McKenna H, Dunn P. Tackling the growing crisis in the NHS: an agenda for action, 7 April 2016. Available from: www.kingsfund.org.uk/publications/articles/nhs-agenda-for-action (Accessed July 2016).



New technologies in vascular access

Mixing new technology and vascular access is my personal area of interest and I am known for my willingness to trial new devices. Currently, I am trialling two new types of technology in my clinical practice.

The first piece of technology is called Veinplicity® and is manufactured by a Swiss company called Physeon. Veinplicity® is an innovative, first-in-class electrical stimulation device used as an adjunct for venepuncture and cannulation. The device utilises a specific current and wave form to safely raise and stabilise peripheral veins in the forearm to enable easy venous access. By inducing a physiological response in the peripheral venous system through two points of contact — hand palm and arm — the local blood volume is significantly increased, allowing practitioners to efficiently locate veins. According to the company, the expanded veins last for some time after application, which allows practitioners to use both hands to administer treatment and will improve a first attempt at gaining venous access. Veinplicity® is safe for use on adults and children over the age of 2 years, and can have benefits for patients who experience difficulties with peripheral venepuncture and cannulation.

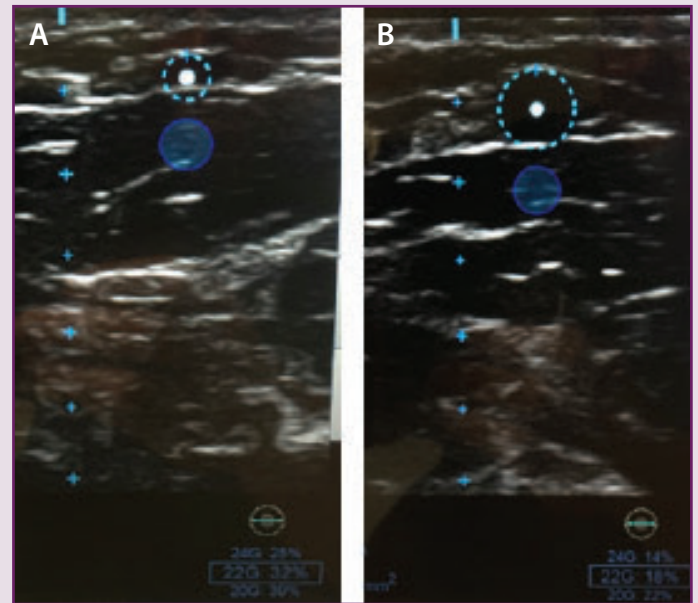


I have been trialling the device for about 3 months and can report that initial results are impressive. The device actually does what it says it does, which is raise veins and makes them more palpable, and even negates the need for a tourniquet. I have used the device to peripherally cannulate rheumatology,

immunology and haematology patients in my medical day units. I have been collecting data on the success rate of peripheral cannulation using the device as well as observing patient satisfaction — so far both measurements are good. I have used ultrasound in a small cohort of patients to measure the vessel diameter of the median cubital forearm veins, pre- and post-stimulation and in most cases the vessels increase by up to 40% — I plan on writing my findings up in a research paper. If you would like to see Veinplicity® in action, I will be bringing it to the NIVAS study days in Glasgow and Manchester.

The second device I have been trialling is the Portacator® manufactured by DenKe Medical Ltd and distributed by Pennine Healthcare. This innovative device proves that the simplest ideas can be the most effective. The Portacator® was invented and developed by the husband of a patient who has an implanted port.

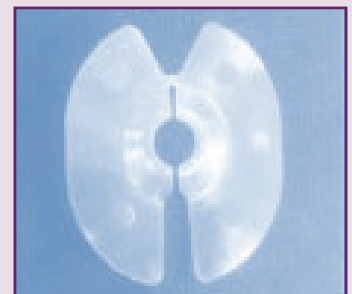
The purpose of the Portacator® is to stabilise the implanted port and help locate its centre in order to insert a Huber needle and to ensure that the first stick is successful. This is achieved by placing the Portacator® on the patient's skin, over the implanted port and applying a little downward pressure. This stabilises the position of the port ensuring that movement is minimised. There is a recessed disc in the centre of the Portacator® which the implanted port nipple fits into allowing the centre of the port to be accessed. The Portacator® has a fixed hinge on one side which



Median cubital vein (or median basilica vein) in the forearm before (A) and after (B) Veinplicity®. A 22 g peripheral cannula would occupy 32% of the vessel before, but 18% of the vessel after Veinplicity®.

allows for different-sized ports to be accessed. Once the port has been accessed, the Portacator® can be pulled apart under the Huber needle freeing it from the access area.

I have used the Portacator® in a trial on 12 patients and it has been very effective for all of them. However, the true test will be



how less experienced members of the nursing team feel using it, especially those who may have struggled to access ports in the past. A trial is underway in such a cohort of nursing team members in my organisation and initial results are similar to those seen by myself. I can see this device making a real difference in clinical practice in both the acute and community settings. The Portacator® will also be available to try at the NIVAS study days in Glasgow and Manchester, and the results of the trial will be published later this year. If you would be interested in using the Portacator® you can contact the company directly.

The world of vascular access devices is an exciting and innovative area. If you know of any new devices that you feel NIVAS members need to know about, then please get in touch with us via the website (www.NIVAS.org.uk) or by email (nivas@succinctcomms.com).

*Andrew Barton, Advanced Nurse Practitioner,
Vascular Access and IV Therapy, Frimley Health NHS Foundation
Trust, Surrey, UK*

A typical Monday in Leeds

Monday morning

This morning's vascular access list begins in the cancer wing at St James's University Hospital (SJUH). A typical list comprises: one port insertion, one port removal, one short-term apheresis catheter for sickle cell disease, two Hickman lines and one long-term apheresis (Figure). The peripheral inserted central catheter (PICC) service is provided by nurse specialists and the brachytherapy theatre suite at the hospital has two insertions and one removals list a week. It is humbling to see young people with incurable cancer; perhaps my Monday is not so bad after all.

The model of service at SJUH is one offering a high-throughput local anaesthetic service for more invasive procedures in complex and difficult patients with cancer. All patients are admitted as day cases unless already inpatients at the hospital. The service is expensive as there is a dedicated theatre suite, operator, scrub nurse, operating department practitioner, runner, porter, recovery nurse, clerk, admissions nurse, and radiographer. The department throughput in the cancer wing is approximately double that in other parallel lists outside of the cancer wing; this could be due to the fact that the other wings lack the same infrastructure investment to work as efficiently or effectively.

Challenges during my morning include patients with anxiety and needle phobia (intravenous [IV] sedation using midazolam and fentanyl solve this problem in most cases), blocked central veins, scarring from previous venous catheters (serial dilators usually work) and coagulopathic patients. Cosmetic considerations are also important to me so I try to keep incisions and catheters out of view of the patient, use buried sutures, use StatLock® devices, use ports, and take the axillary or subclavian approach rather than the jugular approach.

Monday afternoon

During my afternoon I have an anaesthetic breast list in the private sector for cosmetic and cancer work. Today I witnessed a patient suffer a severe reaction to blue dye administered for sentinel node biopsy. Approximately 15 minutes post-anaesthesia and surgery, the patient developed a marked itch, blue discoloured urticaria,

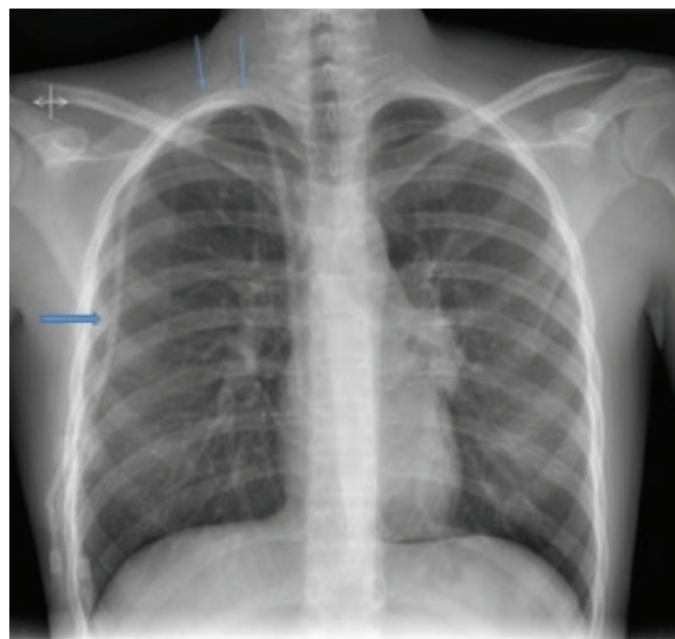


Figure: Post insertion chest X-ray showing a wide bore, long-term, cuffed tunnelled apheresis catheter inserted via the right internal jugular vein. Note the lateral exit site (large blue arrow) and the double puncture in the neck (two small blue arrows) to open up the curve of the catheter and to improve catheter function, patient comfort and cosmetic appearance.

hypotension and bradycardia. The patient responded well to IV fluids, atropine and steroids; however, I had a prefilled IV adrenaline syringe ready to administer should the need arise. This reaction provided a periodic reminder of the potentially severe adverse effects sometimes seen with drugs, antibiotics, and X-ray contrast media.

Dr Andrew Bodenham, Consultant in Anaesthesia and Intensive Care Medicine, The Leeds Teaching Hospitals NHS Trust, Leeds, UK

The 2016 London Nurse Show

NIVAS was, once again, invited to take part in the 2016 London Nurse Show (23–24 February 2016) hosted at Alexandra Palace, London. The London Nurse Show is an established and important event for registered nurses and is organised by the *British Journal of Nursing*. The main aim of the London Nurse Show is to provide free clinical updates for areas of nursing such as wound care, urinary catheterisation and intravenous therapy.

This year, the NIVAS Board was invited to deliver an interactive, evidence-based workshop with the objective of providing delegates with an understanding of vascular access devices (VADs), such as catheters and cannulas, which they may come across in clinical practice. The workshop also allowed delegates to familiarise

themselves with the care and maintenance required of these VADs in order to ensure they deliver best practice. Time was also spent considering the risks and benefits of VADs and how to troubleshoot any issues when using them. During the interactive workshops, delegates were given the opportunity to practice inserting peripheral cannulas by palpation and the use of vein viewers on medical manikins, and they could practice dressing a VAD. Also during the workshop, delegates had the opportunity to ask questions of their peers and the NIVAS Board. Overall, the workshop was evaluated well by the delegates who attended it.

Nicola York, Clinical Nurse Manager Vascular Access and Nutrition, Oxford University Hospitals NHS Foundation Trust, Oxford, UK

FREE to NIVAS
members



DON'T FORGET TO REGISTER

NIVAS Study Day 2016

Vascular Access in Clinical Practice

Thursday 29 September 2016
The Christie Education Centre, Manchester

From peripheral cannulation to long term vascular access this event will benefit all levels of clinician skill in the insertion, use and maintenance of vascular access devices in clinical practice. The study day will cover current and advanced practices in peripheral cannulation using vein location technology such as ultrasound and infrared and varieties of PICC insertion technique.

For those already inserting central venous access devices there will be a focus on cosmetic considerations, the use of local anaesthetic and sedation, tunnelling techniques and port placement. There will be an opportunity to participate in practical workshops and taught theory sessions.

This study day is aimed at healthcare professionals or clinicians who are involved with vascular access devices in clinical practice.

Attendance is free of charge to NIVAS members and £70 plus VAT to non-members.
(Membership of NIVAS is valid for 12 months and costs only £25 – to join or renew your membership, please visit www.nivas.org.uk/join)

To register and for more information please visit:
www.nivas.org.uk



Introducing Marie Woodley – the newest member of the NIVAS Board

I was a qualified nurse for 25 years and a Sister in Orthopaedics when I decided to become an Intravenous (IV) Therapy Nurse Specialist. Since 2002, I have been involved in the field of IV therapy and outpatient parenteral antibiotic therapy (OPAT). I began my IV Therapy Nurse Specialist career by working in the acute patient care sector to help establish the OPAT service at Wexham Park Hospital alongside other East Berkshire community services. During this time I also attended training sessions at Oxford on the administration of peripherally inserted central catheter (PICC) lines using landmark techniques for that time, which were key to the service development at Wexham Park Hospital. This role also encompassed developing training in IV therapy within Frimley Health NHS Foundation Trust and supporting nurses within Wexham Park Hospital and the Buckinghamshire community. The OPAT service grew substantially over the next few years and eventually had two members of staff. During this time I also began training other staff members on how to insert PICCs and midlines for the OPAT service using the landmark techniques I was trained in; ultrasound technology was just coming into fashion.

In 2005 I left my role at Wexham Park Hospital and moved to Aylesbury for a change in direction as I spent a year providing clinical support to student nurses for the local health authority (as it was known at the time).

I returned to the field of IV therapy and OPAT in 2007 in a community role within Buckinghamshire to help develop a countywide OPAT service. This role involved working with the local acute hospital for OPAT service needs, and developing IV training and competencies for all community areas. During this time, a 6 month OPAT pilot was conducted on working as an integrated service with a newly recruited team of nurses. The pilot was very successful, but unfortunately the OPAT service was not approved to continue at the time by the Buckinghamshire Healthcare NHS Trust.

In 2009 I moved to Watford General Hospital as an IV Therapy Nurse Specialist. My role comprised teaching and education,

PICC line insertion services for inpatients/oncology services, review of policies and guidelines, equipment changes, and OPAT development. This role was very varied and was more managerial than clinical at the start. It was very rewarding to start a robust OPAT service, to see the development of both staff and the services offered, and to work with colleagues within the West Hertfordshire Hospitals NHS Trust.

I returned to Buckinghamshire Healthcare NHS Trust in 2009 as an IV Therapy Nurse Specialist and OPAT lead in order to reinstate the OPAT service started in 2007. We were a team of 4 for a year, but now are a team of 3 offering a 7-day service for IV therapy and OPAT support to Buckinghamshire Healthcare NHS Trust hospitals. We no longer insert PICC lines due to a lack of capacity, but a business case is being developed to look at this provision within the Trust.

I am continuing my studies for an MSc in Advanced Clinical Practice (Advanced Nurse Practitioner) and over the past few years I have completed my advanced history taking and assessment, along with a Level 7 non-medical prescribing course, which have improved service flow and ensured timely prescribing.

I am passionate about IV therapy and OPAT service development, and how the delivery of services could be advanced without causing additional service burden in the community. I am very proud of my achievements in developing, supporting, and running IV therapy and OPAT services in different settings. I am very excited to join the NIVAS Board and share my knowledge and experience, and hopefully help, in some way, towards the future of IV therapy and OPAT service development.

*Marie Woodley, IV Therapy Nurse Specialist and OPAT Lead,
Buckinghamshire Healthcare NHS Trust, Amersham, UK*

Call for articles

If you have any news items, reports, conferences or anything
that you're just proud of, contact NIVAS at

NIVAS@succinctcomms.com
and mark your correspondence 'Newsletter'

The Fourth World Congress on Vascular Access (WoCoVA)



This year saw the return of WoCoVA (22–24 June 2016) which was hosted in Lisbon, Portugal. The venue was amazing and Lisbon is a beautiful city! The programme was full of interesting lectures and research covering all things vascular access. This year three NIVAS board members were speakers: me, Dr Andy Bodenham (Consultant Anaesthetist, The Leeds Teaching Hospitals NHS Trust) and Dr Tim Jackson (Consultant Anaesthetist, Calderdale & Huddersfield NHS Foundation Trust).

For me, the main highlight of the congress was the WoCoVA Film Festival, which was hosted by Peter Carr (Assistant Professor in Emergency Medicine, University of Western Australia). This created the opportunity to visually present clinical skills and procedures, along with the patient experience relevant to vascular access. Other highlights were presentations about central venous catheters and peripherally inserted central catheter (PICC) tip locations, the best approach for accessing blood vessels and new techniques. One thing that did catch my eye this year was the increased use of 'skin glue' or tissue adhesive, to use its correct clinical name. This has been used in Europe with great success to control bleeding at the puncture site and stabilise the PICC. Although a securement device is still required to support the PICC, the use of tissue adhesive reduces the need to change the dressing after 24 hours. Currently, there is limited research as to

the cost-effectiveness of using tissue adhesive, but this could be an alternative to impregnated patches of gel dressings because the tissue adhesive also closes the dermatotomy and prevents infection in the PICC exit site.

Overall, WoCoVA was a great success and NIVAS was represented in the exhibition hall. I spoke to delegates from around the world about our UK society and I managed to get some international interest from delegates from Sweden, China and Australia. The British Journal of Nursing, who were next to NIVAS in the exhibition hall, asked me to remind our members that if they wanted to write-up anything they heard at WoCoVA or any other conference, or in their clinical practice they would be welcome to submit an article for publication via the *British Journal of Nursing* website (<http://www.magonlinelibrary.com/toc/bjon/current>).

WoCoVA has announced the date and location of the next meeting — Copenhagen, Denmark, 20–22 June 2018 — mark it in your calendars and book your places!

Andrew Barton, Advanced Nurse Practitioner, Vascular Access and IV Therapy, Frimley Health NHS Foundation Trust, Surrey, UK

Thank you to our NIVAS Corporate Members



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