



Introducing securAcath®, the New Superhero of Catheter Securement

Protecting pediatric patients for the life of the line

Reduces risk of catheter-related infections

University of Arkansas for Medical Sciences (UAMS) analyzed 7,779 patients over four years of Central Line Associated Bloodstream Infection (CLABSI) data.

Adhesive devices had a 288% increase in risk of CLABSI compared to securAcath.1

Decreases catheter migration and dislodgements

- Prevents catheter movement and thus reduces risk of phlebitis, thrombosis and infection²
- securAcath clinical data publications show very low dislodgement rates of 0-1.6%3-7
- Dislodgement rates of 7 12% have been reported with adhesive securement devices⁸⁻¹¹

Lowers total cost of patient care

- Decreased catheter replacement costs
- > PICC replacement cost is approximately \$500 at bedside, \$1000 in IR¹¹, \$1200 in pediatrics¹²
- Dressing change can be done 3-5 minutes faster
- Eliminates costly suture needle stick risk

FOLD

Effective in a wide range of applications

securAcath has demonstrated its effectiveness at securing catheters in a variety of applications including tunnelled and non-tunnelled venous catheters, external ventricular or spinal CSF drains, chest and other general drains in babies as young as 32 weeks.¹³



SUPPLIED CAT









CSF VENTRICULAR

IJ TUNNELLED

NON TUNNELLED

Adoption of SecurAcath in paediatric neurosurgery is an egg of Columbus. It is effective and safe in children and even in premature babies. Indeed, the subcutaneous securement eliminated the risk of dislodgment of CSF external drainages, either ventricular or spinal, and significantly reduced the risk of secondary infection, allowing a proper disinfection of the exit site.

Consequently, our department completely abandoned sutures and other methods of securement and techniques to secure CSF drainages to the skin.

Dr. Paolo Frassanito - Neurosurgeon, MD, PhD Pediatric Neurosurgery

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SNAP



Code	Size	Qty/box
400130	3 F	10
400140	4 F	10
400110	5 F	10
400150	6 F	10
400120	7 F	10
400160	8 F	10
400180	10 F	10
400200	12 F	10

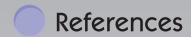
Further information on securAcath®:

- Not made with natural latex
- MRI compatible under conditions (see instructions for use)

** https://www.nice.org.uk/guidance/mtg34/chapter/1 Recommendations







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- 3. McParlan et al, "Intravascular catheter migration: A cross-sectional and healtheconomic comparison of adhesive and subcutaneous engineered stabilisation devices for intravascular device securement." Journal of Vascular Access (2020) Jan;21(1):33-38.
- 4. Pittiruti, et al. "Clinical experience of a subcutaneously anchored sutureless system for securing central venous catheters." British Journal of Nursing (2019) Jan 24;28(2):S4-14.
- 5. Zerla et al. "Evaluating Safety, Efficacy, and Cost-Effectiveness of PICC Securement by Subcutaneously Anchored Stabilization Device." Journal of Vascular Access 18.3 (2017):238-242.
- 6. Dolcino et al. "Potential Role of a Subcutaneously Anchored Securement Device inPreventing Dislodgement of Tunnelled-Cuffed Central Venous Devices in Pediatric Patients." Journal of Vascular Access 18.6 (2017):540-545.
- 7. Hughes, Meinir Elen. "Reducing PICC migrations and improving patient outcomes." British Journal of Nursing 23:Sup1, (2014): S12-S18.
- 8. Paquet, F. et al. "Impact of arm selection on the incidence of PICC complications: results of a randomized controlled trial," JVA (2017) 18(5),408-414.
- 9. Gibson, C. et al. "Peripherally Inserted Central Catheters: Use at a Tertiary Care pediatric Center," JVIR (2013) 24, 1323-133.
- 10. Le Royer, C. et al. "Prospective follow-up of complications related to peripherally inserted central catheters", Médecine et Maladies Infectieuses (2013) 43, 350-355.
- 11. Yamamoto, Alvin J., et al. "Sutureless securement device reduces complications of peripherally inserted central venous catheters." Journal of Vascular and Interventional Radiology 13.1 (2002): 77-81
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- 13. Rodriguez Perez, et al, Subcutaneously Anchored Sutureless Device for Securement of Chest Tubes in Neonate with Pleural Effusion: Three Case Reports Case Reports in Paediatrics, March 2020)

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INTRAVASCULAR THERAPIES

For further information, please contact: marketingbenelux@vygon.com

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