MACOVA 2020

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When Vascular Access Doesn’t go to Plan

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Outline of the case

- 77year old female
- Inpatient for many months
  - Original colonic resection, slow recovery
  - Developed ischaemic leg – required bypass surgery
  - Frail, COPD, heart failure, intermittently confused
- Referred for CVC to permit TPN
- Pleasant lady, readily agreeable to CVC placement
- DNACPR in place (unusual for her consultant!)

What would you do?

- Proceed with insertion as requested?
- Decline/defer to someone else?
- Insert a different VAD (eg: PICC?)

CVC insertion

- Verbal consent
- Patient breathless while lying flat
- Standard technique
  - US guided – axillary SCV
- Valsalva to make vein more prominent
- Well tolerated, no apparent complications

- I then went on holiday for 2 weeks!

On my return....

- Can I have a word, Dr Jackson”
- Patient had deteriorated during the night
- Died
- Autopsy – 1.5l haemothorax on same side as line inserted
- Clot adherent to brachiocephalic vein

- Cause of death : haemothorax

How would you feel now?

- I killed this poor lady
- She was high risk, these things happen
- The procedure was fine, there must be another explanation
- I’m never doing this kind of thing again!!
- All of the above!!!!

Outcome – Coroner's Inquest

- Long & drawn out case
- Family very unhappy about a lot of things, but not the insertion
- Being the local 'expert' protected me from any criticism
- Aftercare was heavily criticised
- Probable cause – dilator stretched fragile vein into tearing

- Only change in my practice – written consent for CVAD insertions