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SAMBA 2024 Annual Meeting

May 2-4, 2024

Strategies for Post-Op and Post-discharge Management



JP Ouanes, DO

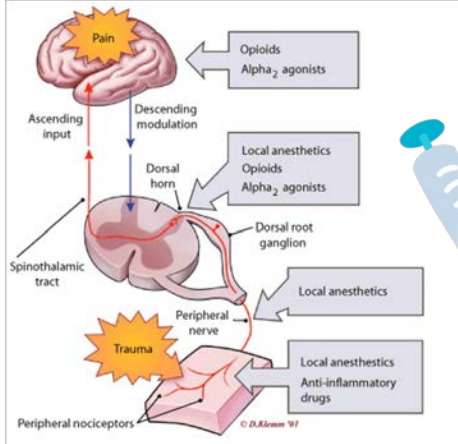
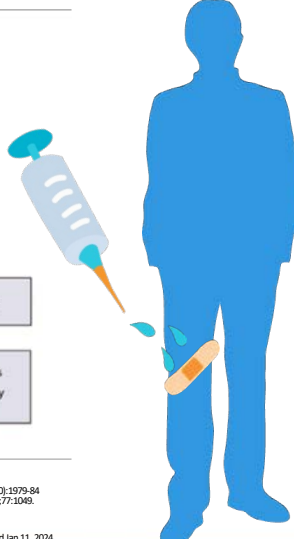
Site Director
Department of Anesthesiology and Critical Care Medicine
HSS Florida

1

Multimodal analgesia



www.SAMBAhq.org




Gottschalk A, Smith DS. New Concepts in Acute Pain Therapy: Preemptive Analgesia. Am Fam Physician. 2001 May 15;63(10):1979-84.

Kehlet H, Dahl JB. The value of "multimodal" or "balanced analgesia" in postoperative pain treatment. Anesth Analg. 1993;77:1049.

Image acquired from: [tylenol.com/products/tylenol-rapid-release-gels](https://www.tylenol.com/products/tylenol-rapid-release-gels). Accessed Feb 28, 2021.

Image acquired from: [https://www.advil.com/our-products/advil-liqui-gels-minis/](https://www.advil.com/our-products/advil-liqui-gels-minis). Accessed Feb 28, 2021.

Images: <https://infinitepack.com/products/10-lb-heavy-duty-ice-bags-with-drawstring?variant=39703918706824>. Accessed Jan 11, 2024.

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PONV Prophylaxis

Perioperative Medicine
SPECIAL ARTICLE

Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting

Tong J. Gan, MD, MBA, MHS, FRCA,* Kumar G. Belani, MBBS, MS,† Sergio Bergese, MD,‡
Frances Chung, MBBS,§ Pierre Diemunsch, MD, PhD,|| Ashraf S. Habib, MBBCh, MSc, MSc, FRCA,¶
Zhaosheng Jin, MBBS, BSc,* Anthony L. Kovac, MD,** Tricia A. Meyer, PharmD, MS, FASHP, FTSHPh††‡
Richard D. Urman, MD, MBA,††† Christian C. Apfel, MD, PhD,§§ Sabry Ayad, MD, MBA, FASA,|||¶¶
Linda Beasley, MS, RN, CPAN,† PAPAN,¶¶ Keith Candioti, MD,*** Marina Englesakis, BA (Hons),
MLIS,††† Traci L. Hedrick, MD, MSc,††† Peter Kranke, MD, MBA,§§§ Samuel Lee, CMA,|||§
Daniel Lipman, DNP, CRNA,††† Harold S. Minkowitz, MD,¶¶¶ John Morton, MD, MPH, MHA,****
and Beverly K. Philip, MD††††

Anesth Analg 2020;131:411-48

Adult PONV Rx Management

1 RISK FACTORS

- Female sex
- Younger age
- Non-smoker
- Surgery type
- History of PONV/motion sickness
- Opioid analgesia

2 RISK MITIGATION

- Minimize use of nitrous oxide, volatile anesthetics, high-dose neostigmine
- Consider regional anesthesia
- Opioid sparing/multimodal analgesia (enhanced recovery pathways)

3 RISK STRATIFICATION

- Quantify the # of risk factors to determine risk and guide anti-emetic therapy
- 1-2 Risk Factors: Give 2 agents
- > 2 Risk Factors: Give 3-4 agents

4 PROPHYLAXIS

- 5HT₃ receptor antagonists
- Antihistamines
- Propofol anesthesia
- Acupuncture
- Corticosteroids
- Dopamine antagonists
- NK-1 receptor antagonists
- Anticholinergics

5 RESCUE TREATMENT

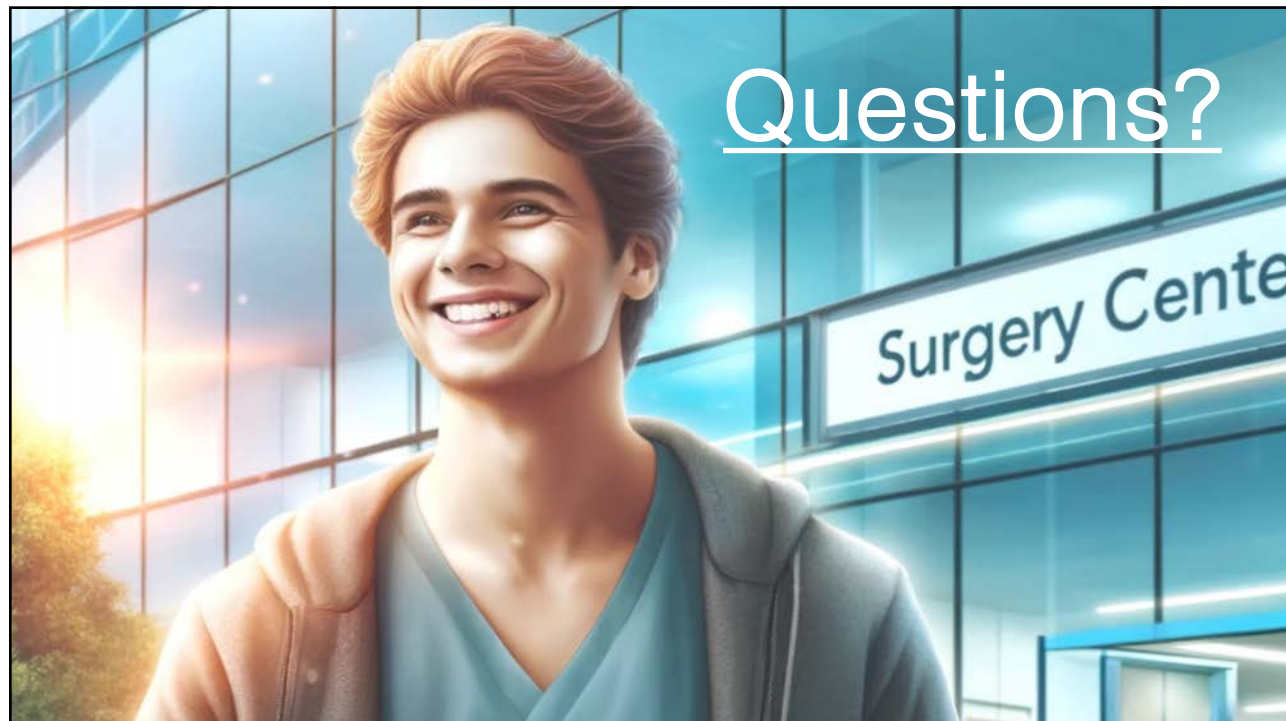
- Use anti-emetic from different class than prophylactic drug

Figure 6. Algorithm for PONV management in adults. Summary of recommendations for PONV management in adults, including risk identification, stratified prophylaxis, and treatment of established postoperative nausea and vomiting. Note that 2 antiemetics are now recommended for PONV prophylaxis in patients with 1-2 risk factors. 5-HT₃ indicates 5-hydroxytryptamine 3; PONV, postoperative nausea and vomiting. The

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Modified Aldrete Score

for ambulatory surgeries



Variable	Assessment Interpretation	Score
Activity	Able to move all extremities voluntarily or on command	2
	Able to move two extremities voluntarily or on command	1
	Unable to move extremities voluntarily or on command	0
Respiration	Able to breathe deeply and cough freely	2
	Dyspnea or limited breathing	1
	Apneic or on a mechanical ventilator	0
Circulation	Blood pressure +/- 20% or less of the preanesthetic level	2
	Blood pressure +/- 20% to 49% of the preanesthetic level	1
	Blood pressure +/- 50% or more of the preanesthetic level	0
Consciousness	Fully awake	2
	Arousable on calling	1
	Not responding	0
Oxygenation	Able to maintain O ₂ saturation >92% on room air	2
	Needs supplemental O ₂ to maintain O ₂ saturation >90%	1
	O ₂ saturation <90% even with supplemental oxygen	0

Variable	Assessment Interpretation	Score
Dressing	Dry and clean	2
	Wet but marked and not increasing	1
	A growing area of wetness	0
Pain	No pain	2
	Mild pain handled by oral medication	1
	Severe pain requiring parenteral medication	0
Ambulation	Able to stand up and walk straight	2
	Vertigo when erect	1
	Dizziness when supine	0
Fast-feeding	Able to drink fluids	2
	Nauseated	1
	Nausea and vomiting	0
Urine output	Has voided	2
	Unable to void but comfortable	1
	Unable to void and uncomfortable	0

Ding D, Idong S. Aldrete Scoring System. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2023. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/37603628>.

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Pain & PONV

Ambulation & Voiding

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PONV



Perioperative Medicine

 **SPECIAL ARTICLE**

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Anesth Analg 2020;131:411–48

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SAMBAs Clinical Practice Guidelines

2022 American Society of Anesthesiologists Practice Guidelines for Management of the Difficult Airway
Jeffrey L. Apfelbaum MD, et. al.

SAMBA supports the utilization of the ASA difficult airway algorithm in airway management when the situation arises in ambulatory sites. Updates to the algorithm in 2022 include recommendations from international anesthesiologists, updated equipment for airway management, suggestions for extubating difficult airway patients, and new infographics and algorithms.

The Use Of Pectoralis Blocks In Breast Surgery: A Practice Advisory From The Society For Ambulatory Anesthesia (SAMBA)
Alberto Ardon MD, et. al.

More institutions are utilizing pectoralis blocks for breast surgery. This could lead to a reduction in PACU opioid consumption and decrease postoperative pain scores when compared to systemic analgesics. PECTs blocks seem to be equal in comparison to a single-shot paravertebral injection regarding postoperative opioid requirements and time to rescue analgesia. Although further investigation is necessary, these blocks could be an extremely useful tool in the ambulatory setting.

SAMBA, SASM and SOCCA Collaborative Guidelines for Postoperative Management of Patients with Obstructive Sleep Apnea
Mandeep Singh, MBBS, MD, MSc, FRCP, et. al.

SAMBA, SASM and SOCCA have collaborated to investigate and provide guidelines for post-operative management in patients with OSA. Pre-operative screening and intraoperative management guidelines exist, and this project will complement and complete evidence-based perioperative recommendations for patients with OSA. Stay tuned for the publication.

Consensus Guidelines for Managing Postoperative Nausea and Vomiting (Updated in 2020)
Tong J. Gan, MD, et. al.

A systematic review of the literature was performed through 2019 to update the guidelines for managing PONV. One major update is the recommendation to administer multimodal prophylactic medications in patients with just 1 or 2 PONV risk factors. Combination therapy should be used for prophylaxis, and medication from a different class than was given prophylactically should be administered in need of rescue.

Consensus Statement on Perioperative Blood Glucose Management in Diabetic Patients Undergoing Ambulatory Surgery
Girish P. Joshi, MB, BS, MD, FFARCS, et. al.

A systematic review of the literature was performed to establish a consensus on glucose management in the ambulatory setting. It was found that evidence was lacking for strong perioperative glucose control recommendations. Based on general principles, SAMBA recommends a target glucose <180mg/dL in well-controlled diabetics and to

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PONV Rescue Tx

Patient Safety

■ SYSTEMATIC REVIEW ARTICLE

 **Rescue Treatment of Postoperative Nausea and Vomiting: A Systematic Review of Current Clinical Evidence**

Tong J. Gan, MD, MBA, MHS, FRCA,* Zhaosheng Jin, MBBS,* and Tricia A. Meyer, PharmD, MS, FASHP

Anesth Analg 2022;135:986-1000

30% FAIL

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PONV Rescue Tx

Rescue Treatment of Postoperative Nausea and Vomiting: A Systematic Review of Current Clinical Evidence

Tong J. Gan, MD, MBA, MHS, FRCA,* Zhaosheng Jin, MBBS,* and Tricia A. Meyer, PharmD, MS, FASHP
Anesth Analg 2022;135:986-1000



Use anti-emetic from different class
than prophylactic drug



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PONV Rescue Tx

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Tong J. Gan, MD, MBA, MHS, FRCA,* Zhaosheng Jin, MBBS,* and Tricia A. Meyer, PharmD, MS, FASHP
Anesth Analg 2022;135:986-1000



Combination therapy is more effective

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Clinical Evidence for Treating Postoperative Nausea and Vomiting



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Despite prophylactic perioperative treatment with antiemetics, many patients experience postoperative nausea and vomiting (PONV)



Evidence-based guidance for the treatment of PONV is needed

Analysis of 46 studies in patients with PONV

Clinical outcomes after administration of PONV prophylaxis and/or rescue medications assessed

Evidence summarized into a treatment algorithm

Recommended antiemetic algorithm in patients experiencing PONV

Dopamine antagonists E.g., Amisulpride (10 mg) and Droperidol (1-1.25 mg)	5-HT₃ antagonists E.g., Ondansetron (4 mg)	Histamine antagonists E.g., Diphenhydramine (12.5 mg)	Propofol (20 mg bolus)
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In case of failure of prophylaxis, medications from the prophylactic drug class should be excluded



Ondansetron is the drug of choice in patients who have not received prior prophylaxis



Combination therapy is more effective for PONV prophylaxis as well as rescue

Additional studies are needed to guide treatment of PONV, especially in patients who have experienced failure of prophylaxis

Rescue Treatment of Postoperative Nausea and Vomiting: A Systematic Review of Current Clinical Evidence

Gan et al. (2022)

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Anesth Analg 2022;135:986-1000

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Clinical Evidence for Treating Postoperative Nausea and Vomiting



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Anesth Analg 2022;135:986-1000

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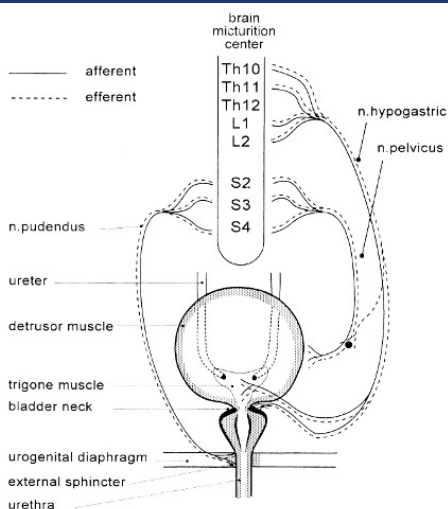
Voiding

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Postoperative Voiding



Risk factors for POUR

History of postoperative urinary retention
History of prostatic hypertrophy
High opioid utilization in the OR or PACU
Neuraxial anesthesia [unless short-acting]

The anatomy and nerve supply of the lower urinary tract.

From: Recovery of Storage and Emptying Functions of the Urinary Bladder after Spinal Anesthesia with Lidocaine and with Bupivacaine in Men *Anesthesiology*. 99:88(2):310-316.

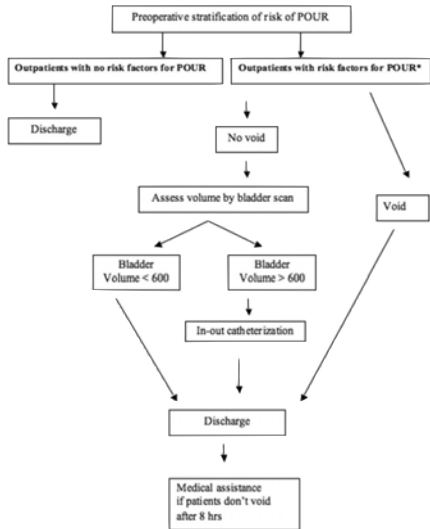
Ruhl M. *AORN J* 2009 May;89(5):871-4.
Mulroy *Anesthesiology* 2002 Aug;97(2):315-9.

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Postoperative Voiding



Bypass Voiding?

Low risk for POUR
Short acting spinal anesthesia
Fluids under 1500mL with spinal anesthesia
Bladder scan: urine volume

Anesthesiology 2009; 110:1139-57
Arthroplasty 2011;36:534G-50.

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Image generated by DALL-E (OpenAI), based on the author's input: a patient leaving the restroom with a relieved look on his face. Created on April 5, 2024.

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Clinical
Cases

PAIN

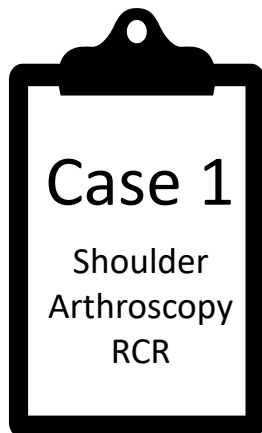
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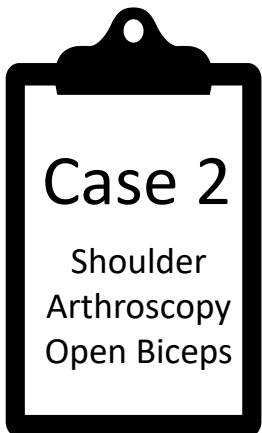
Rescue Blocks





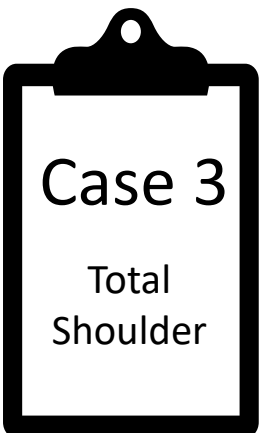
Case 1

Shoulder
Arthroscopy
RCR



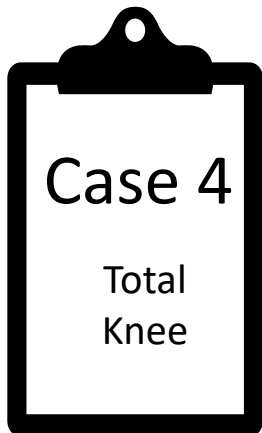
Case 2

Shoulder
Arthroscopy
Open Biceps



Case 3

Total
Shoulder



Case 4

Total
Knee

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Rescue Blocks



Pre-op block Superior Trunk

Intra-op Anesthesia

Propofol 50mcg/kg/min + 20-40mg bolus PRN

Fentanyl 50mcg

Dexamethasone 8mg, TXA 1000mg

Ondansetron 4mg, Ketorolac 15mg

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Brachial Plexus Block



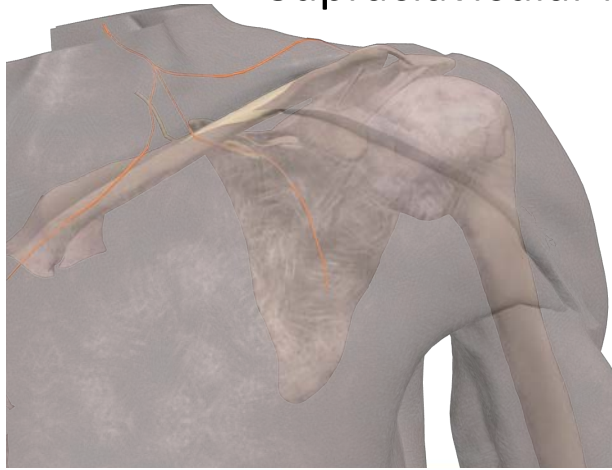
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Rescue Blocks Shoulder Sx



Supraclavicular nerves

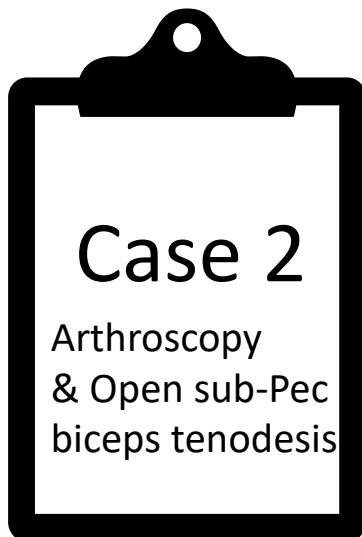


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Rescue Blocks



Pre-op block Superior Trunk

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Propofol 50mcg/kg/min + 20-40mg bolus PRN

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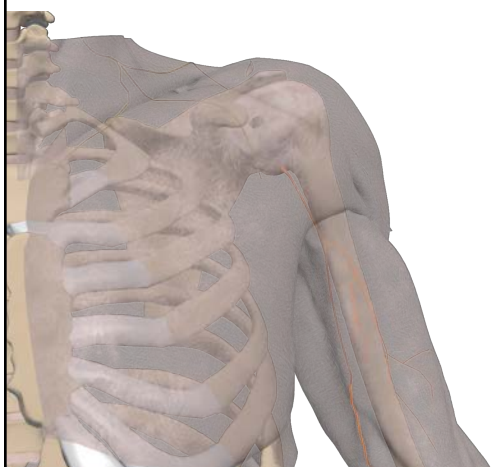
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Rescue Blocks

Intercostalbrachial / medial brachial cutaneous n.



Primal's 3D Anatomy - Human Anatomy of the Shoulder Anatomy.tv. Accessed April 14, 2024.

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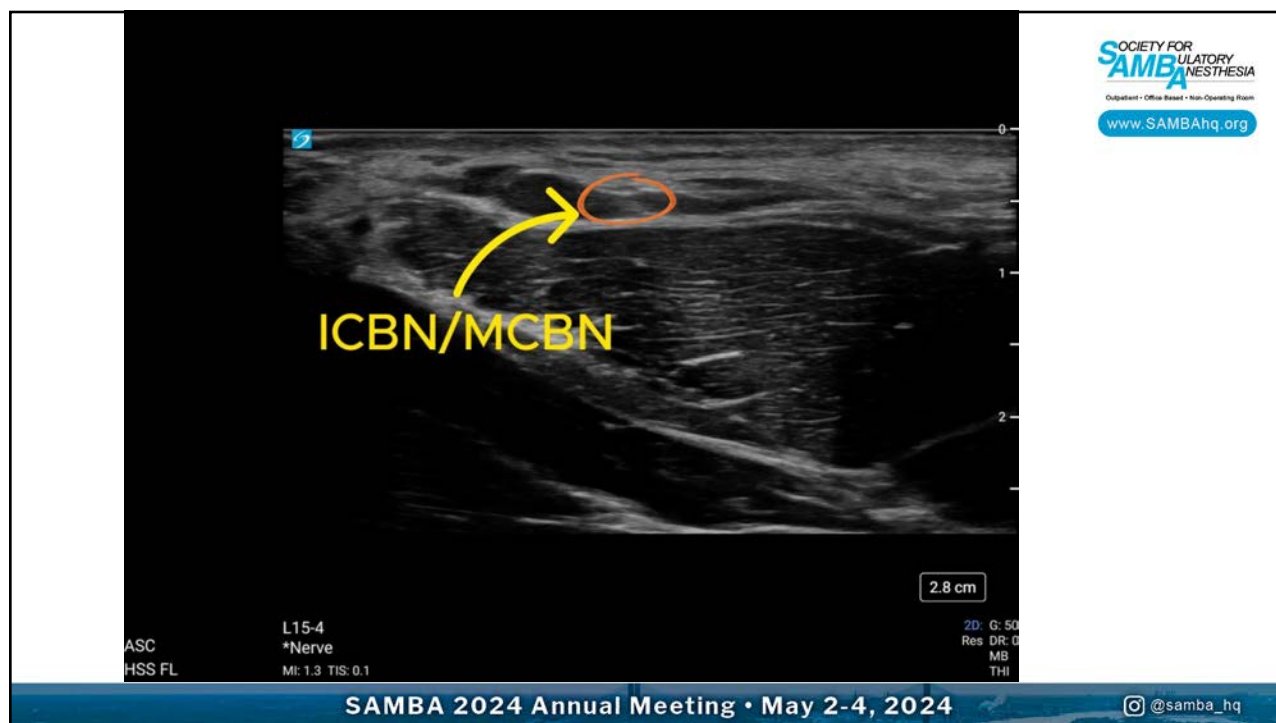
Rescue Blocks



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Ultrasound-Guided Selective Versus Conventional Block of the Medial Brachial Cutaneous and the Intercostobrachial Nerves A Randomized Clinical Trial

Philippe Magazzeni, MD,* Denis Jochum, MD,† Gabriella Iohom, MD,‡ Gérard Mekler, MD,*
Eliane Albuissou, MD, PhD,§ and Hervé Bouaziz, MD, PhD*

FIGURE 2. Transverse section of the axilla region, with the MBCN and the ICBN (original image). MBCN indicates medial antebrachial cutaneous nerve; MCN, musculocutaneous nerve; MN, median nerve; RN, radial nerve; UN, ulnar nerve.

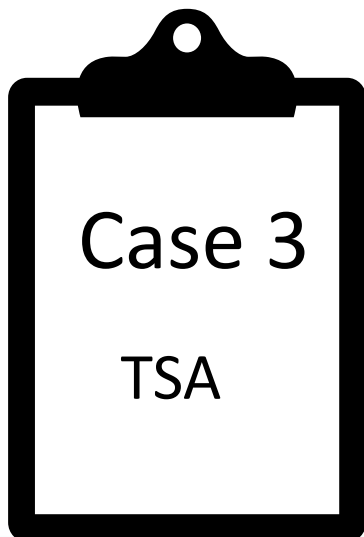
Method	Block Success
Ultrasound	88% block success
Landmark	19% block success

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Rescue Blocks



Pre-op block Interscalene Intra-op Anesthesia

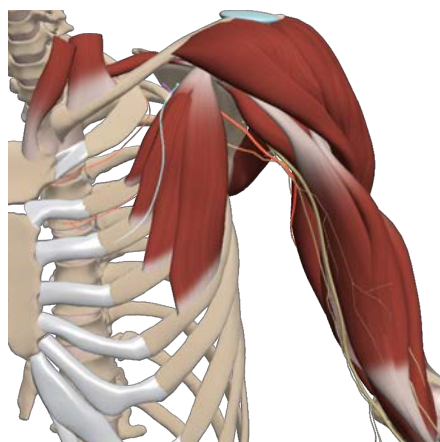
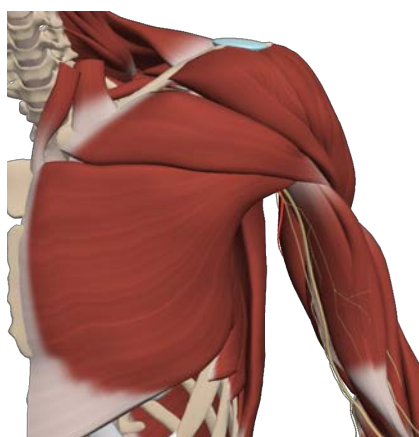
General LMA
Sevo / Propofol
Fentanyl 100mcg
Dexamethasone 8mg, TXA 1000mg
Rocuronium, Sugammadex
Ondansetron 4mg, Ketorolac 15mg

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Rescue Blocks



Primal's 3D Atlas of Human Anatomy of the Shoulder Anatomy.tv. Accessed April 14, 2024.

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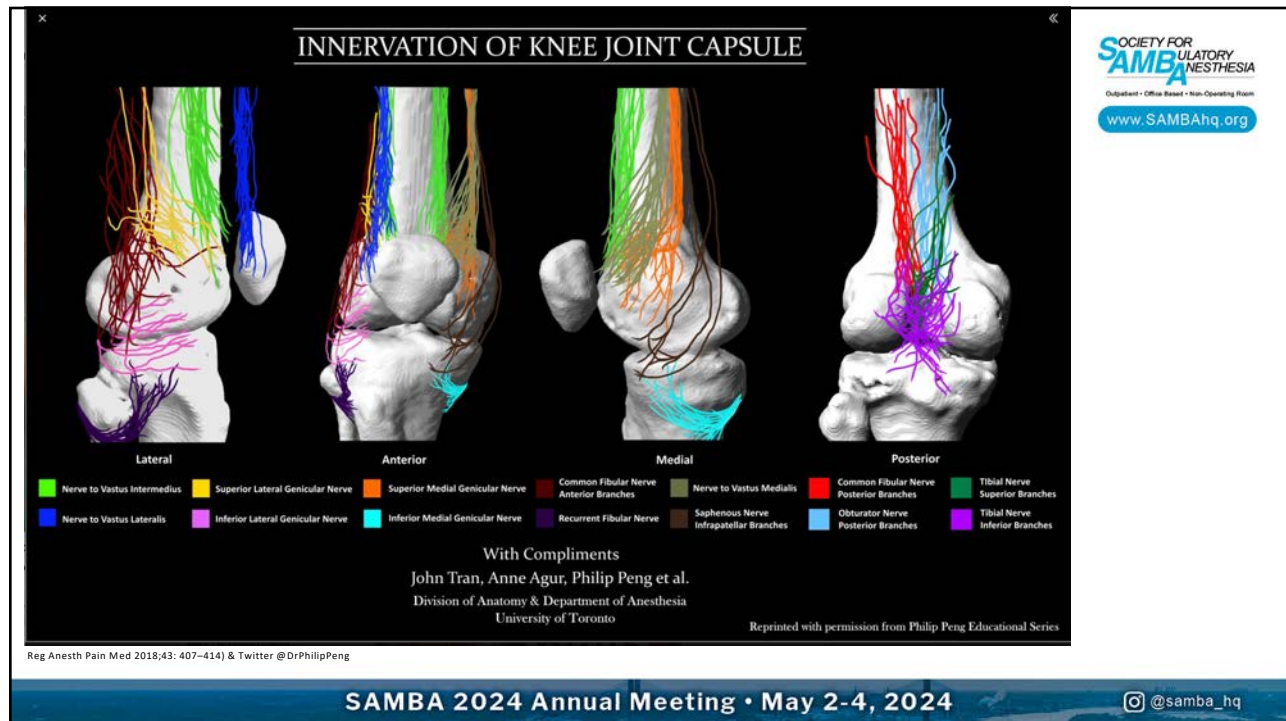
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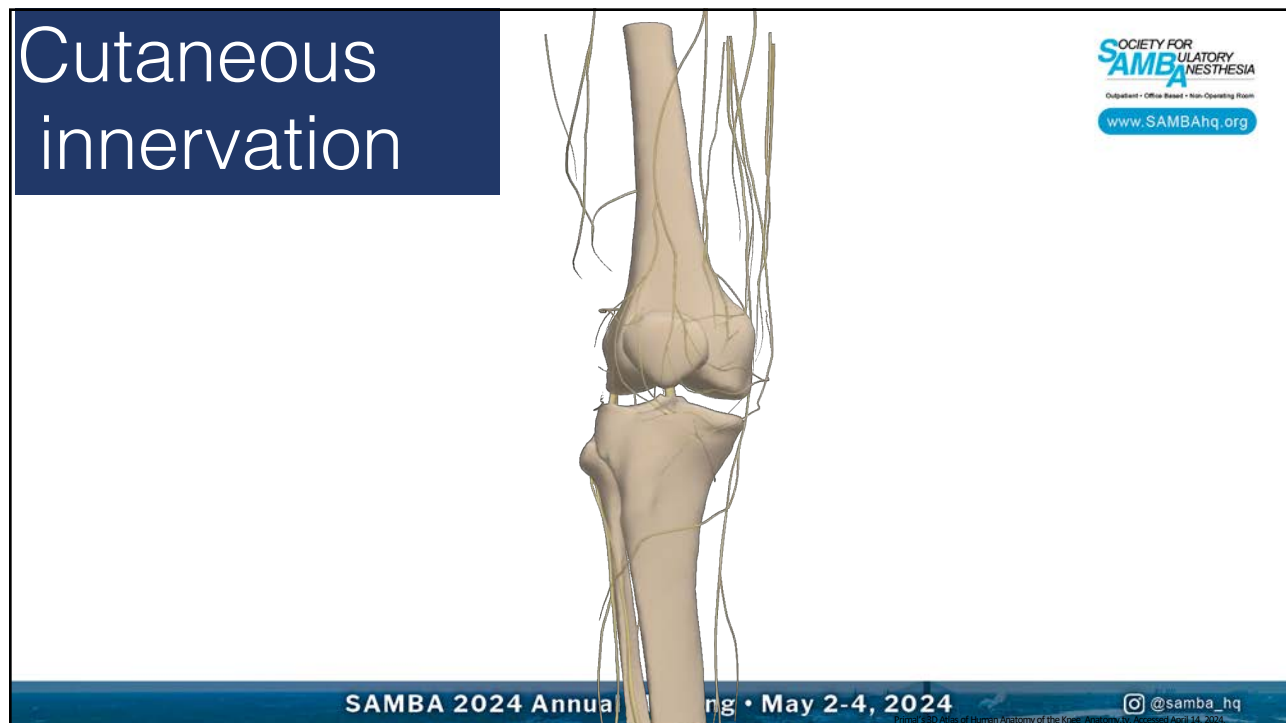
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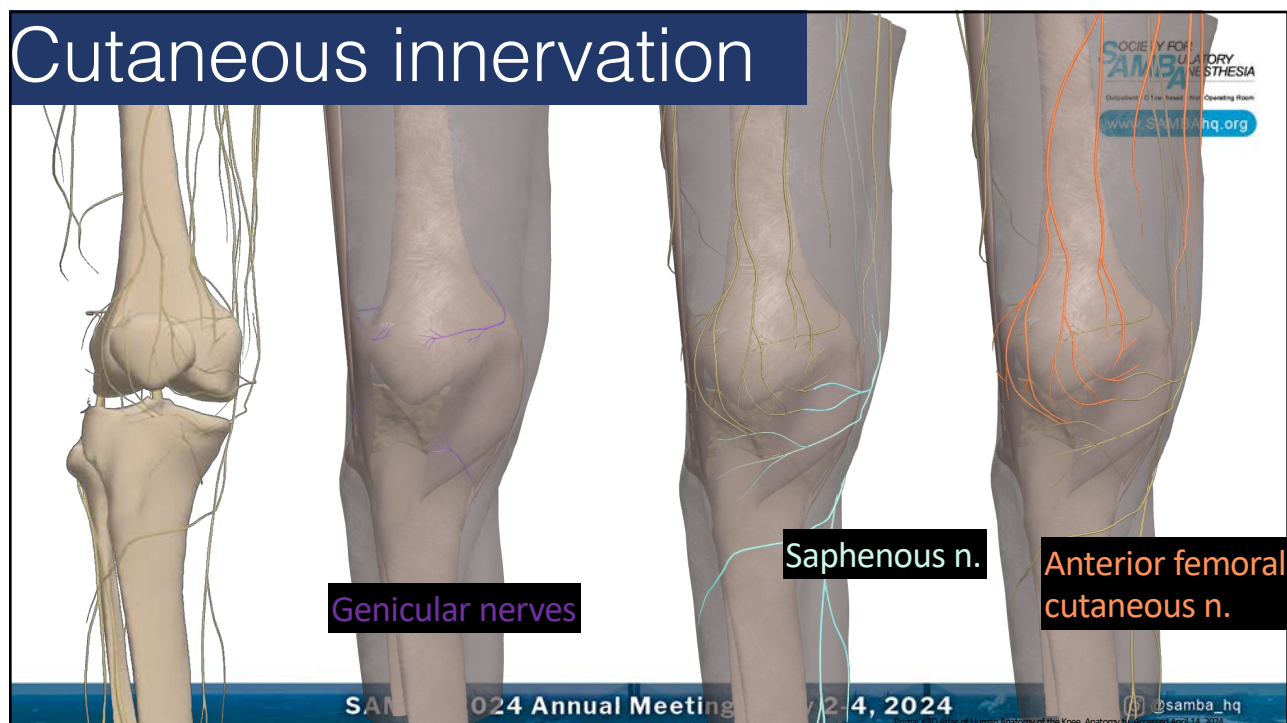


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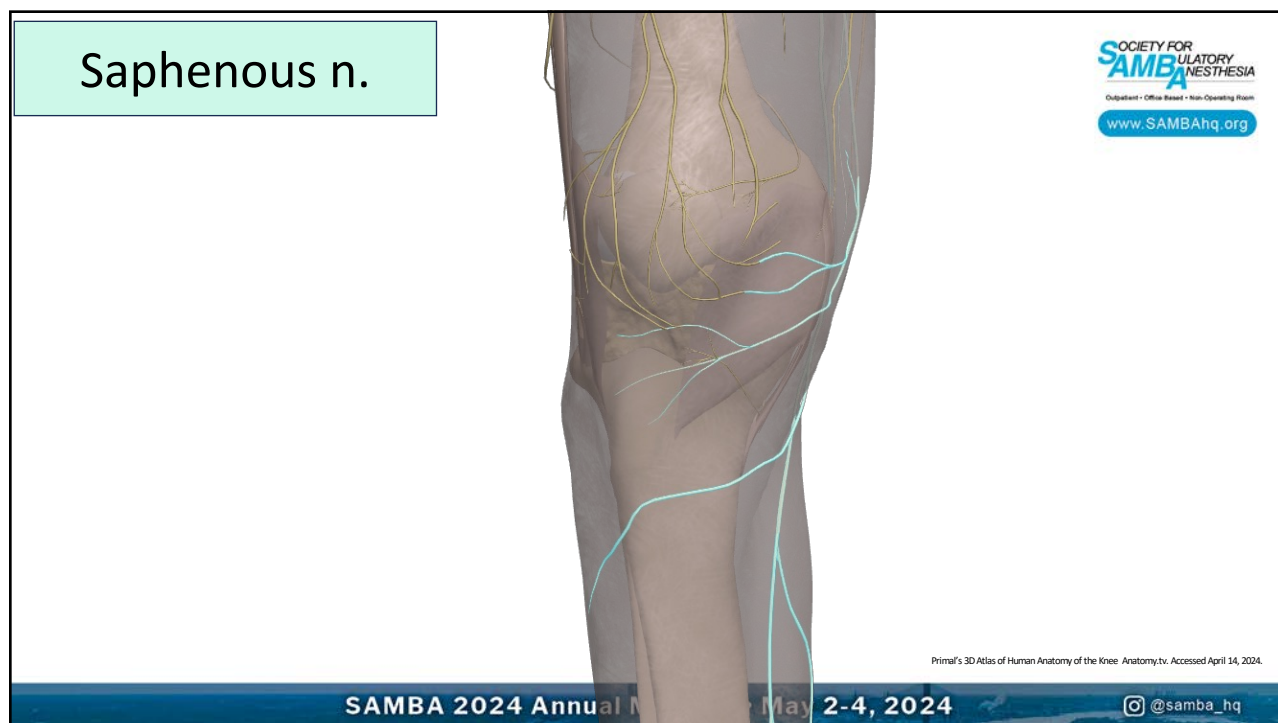


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Cutaneous innervation



35



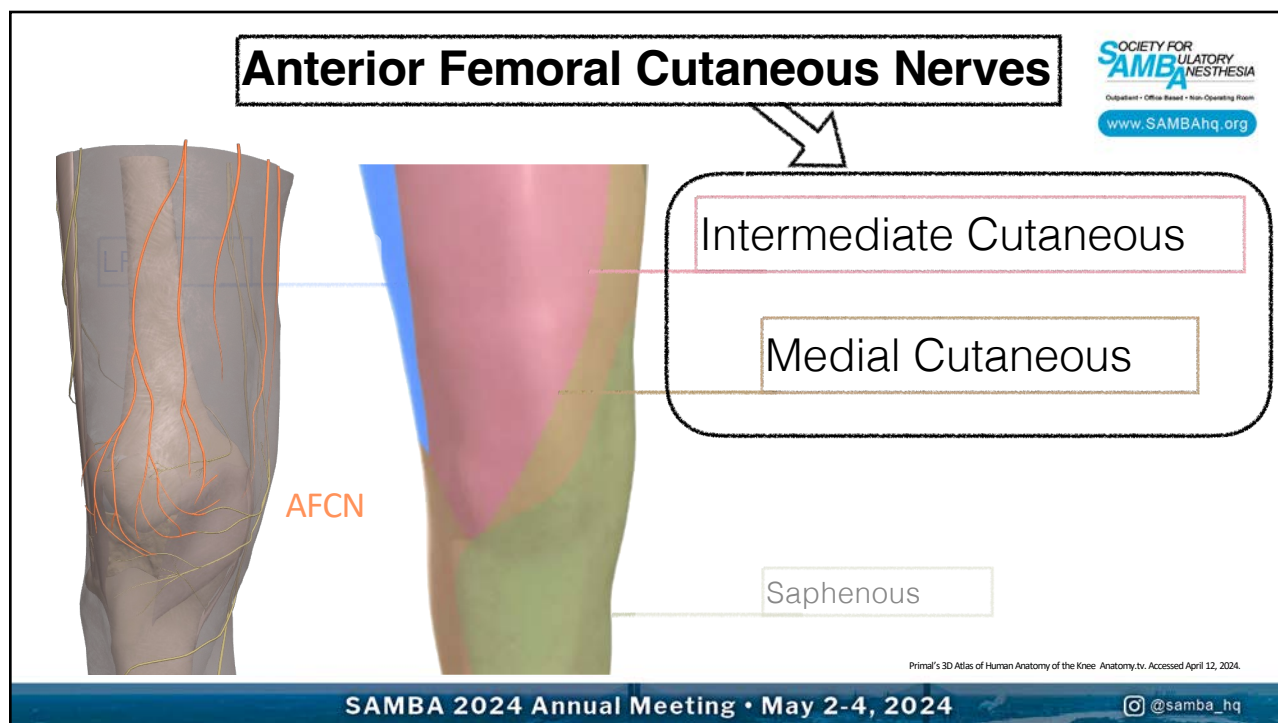
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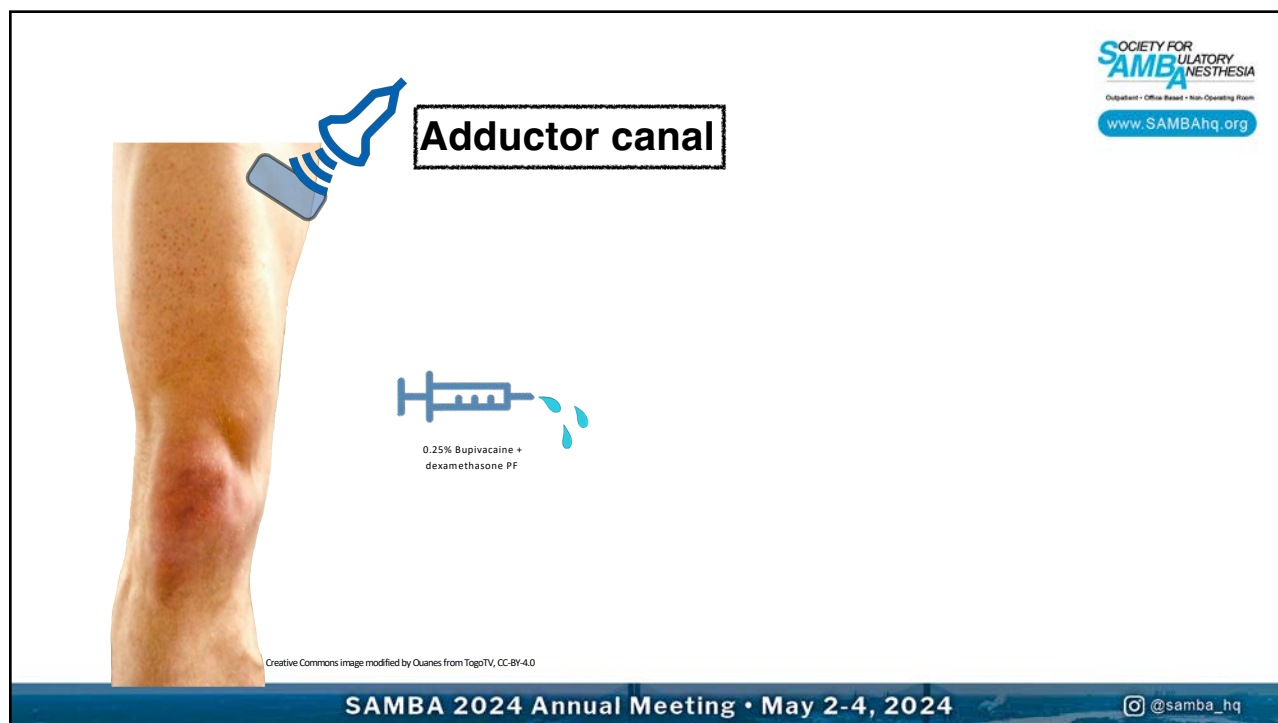
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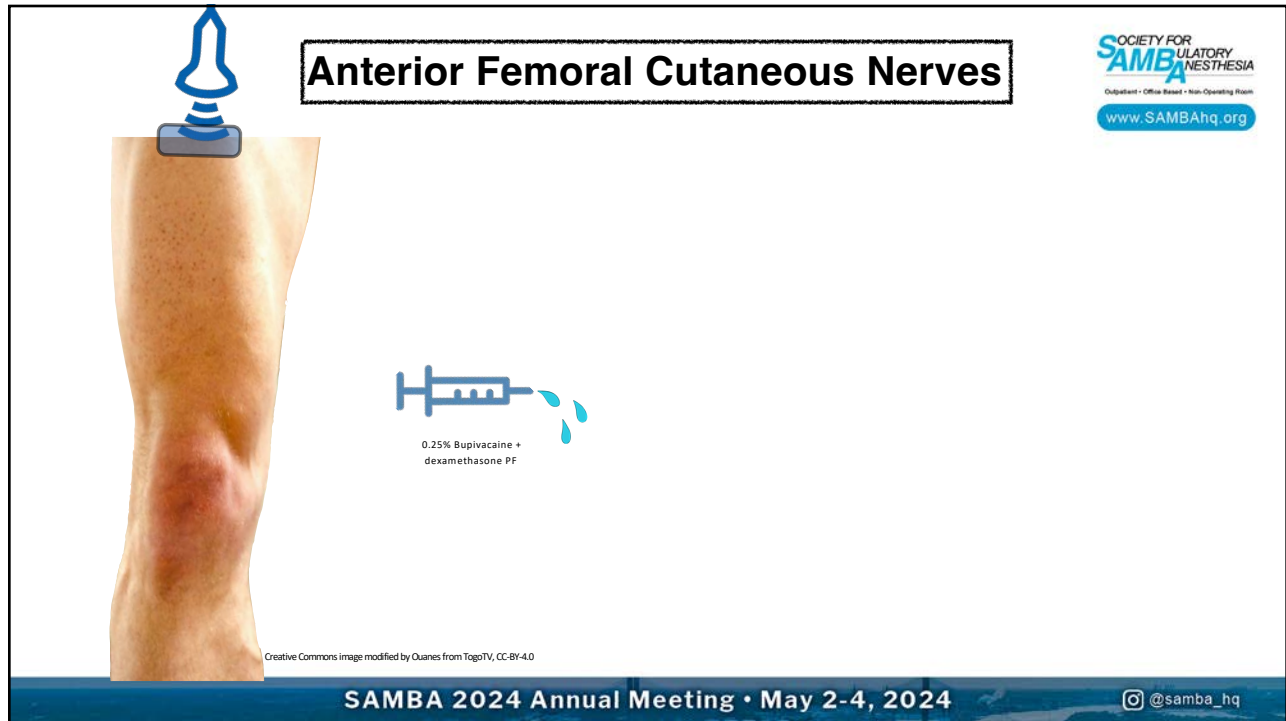
38



39



40



Anterior Femoral Cutaneous Nerves

0.25% Bupivacaine +
dexamethasone PF

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The diagram illustrates the anatomical location of the Anterior Femoral Cutaneous Nerves on a human leg. A blue icon of a nerve is shown at the top, with a blue line indicating its path down the leg. A syringe icon is shown injecting a solution into the leg, with the text '0.25% Bupivacaine + dexamethasone PF' below it. The SAMBA logo and website information are in the top right corner. The footer contains the meeting information and social media handle.

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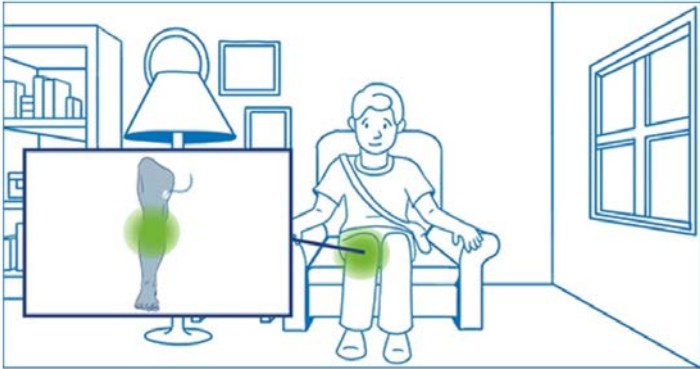
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The intraoperative photograph shows a surgical site on a patient's leg. A gloved hand is holding a surgical instrument, likely a scalpel, over the incision site. The leg is draped with blue sterile drapes. The SAMBA logo and website information are in the top right corner. The footer contains the meeting information and social media handle.

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Take-Home Nerve Block Catheter: Improving Pain Relief After Surgery

By the Department of Anesthesiology, Critical Care & Pain Management




https://www.hss.edu/conditions_take-home-nerve-block-catheter.asp#who

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Continuous Peripheral Nerve Blocks: A Review of the Published Evidence

Brian M. Ilfeld, MD, MS Anesth Analg 2017;124:308-35

Regional Anesthesia and Acute Pain Medicine
Section Editor: **Richard Brull**
■ NARRATIVE REVIEW ARTICLE

Continuous Peripheral Nerve Blocks: An Update of the Published Evidence and Comparison With Novel, Alternative Analgesic Modalities

Brian M. Ilfeld, MD, MS Anesth Analg 2011;113:904-25

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Home Nerve Catheters



Complications

- Epidural placement
- Catastrophic intrathecal

- Horner's
- Hoarseness
- Dyspnea
- Respiratory Distress

Infusion

- Dislodgement
- Leakage
- Pump malfunction

Removal

- Catheter retention
- Infection [$<1\%$]

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Home Nerve Catheters



General considerations

- Patient Selection
- Patient and Caregiver Education
- Securing the Perineurial Catheter & setting up the equipment
- Follow up care [phone calls, availability emergency services]
- Catheter removal
- Cost

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Home Nerve Catheters

Exclusion Criteria for Continuous Peripheral Nerve Block at Home.

Criteria	Rationale	Examples
Cognitive dysfunction	Difficulty in pain assessment and diagnosis of complication	Multi-infarct dementia, Alzheimer disease, psychiatric disorder
Unreliability	May not or will not follow instructions, unable to follow instructions	Psychiatric disorder, language barrier and no translator available, patient without phone
Lack of home support system	Potential lack of care in case of emergency, perhaps more likely to have complications	Patients living alone, patients caring for a dependent spouse, pediatric patients with unreliable parents
Baseline ambulation difficulty	Increased possibility of trauma from falling	Patient with severe rheumatoid arthritis, history of hemiparesis from stroke, history of weakness from preexisting neuropathies or myopathies
Significant organ dysfunction	Changes in pathophysiology that increased the likelihood of neurologic or cardiac toxicity	History of heart failure with resultant increased perfusion to vital organs, decrease drug or active metabolite clearance during continuous infusion

Greengrass RA, Nielsen KC. Management of peripheral nerve block catheters at home. Int Anesthesiol Clin 2005;43:79-87.

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Education

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Take-Home Nerve Block Catheter: Improving Pain Relief After Surgery

By the Department of Anesthesiology, Critical Care & Pain Management



In many patients who undergo orthopedic procedures, the surgeon may recommend they wear a take-home nerve block catheter for a brief time to help manage their postsurgical pain.

These devices can help patients leave the hospital sooner, reduce the need for opioids, and facilitate quicker recovery of movement and function of the part of the body where surgery was performed.

- What is a nerve block catheter?
- How does it catheter work?
- Where is it located on the body?
- Who is a good candidate?
- What kind of pain medicine is used?
- What are the benefits?
- Caring for your catheter at home
- When can I resume driving or exercising?
- Can I still do physical therapy?
- What are the possible side effects?
- What are the risks?

What is a nerve block catheter?

A nerve block catheter, sometimes called a "peripheral nerve block catheter" or a "perineural catheter," is a safe and effective way of reducing pain after you have had surgery. This wearable catheter is a thin tube that is inserted under your skin after surgery to deliver numbing medicine around your nerves. The medicine generally lasts about two to four days, depending on your type of surgery and the medicine chosen by your anesthesiologist.

https://www.hss.edu/conditions_take-home-nerve-block-catheter.asp#who

HSS Caring for a Nerve Block Catheter at Home

From an accredited US hospital



HSS Removing a Nerve Block Catheter

From an accredited US hospital



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Education



For videos and additional information, visit hss.edu/NerveBlockCatheter or scan the QR code below:



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Perineural Catheter Tips & Tricks

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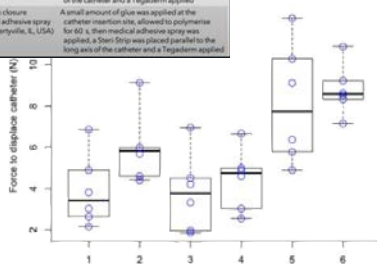
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Comparison of perineural catheter fixation methods: a volunteer study

A. H. Kumar, D. B. MacLeod, K. R. Kumar, N. Ray, J. Gadsden

Method	Fixation method description	Tagaderm dressing was placed over catheter insertion site
1	Transparent film dressing (Tagaderm™ CHG Chlorhexidine Glucuronate / Saccharin Dressing, 3M Health Care, St. Paul, MN, USA) alone	
2	Transparent film dressing + 2-cyanoacrylate (SwiftSet™ Topical Skin Adhesive, Covidien™, Denver, UK) at insertion site	A small amount of glue was applied at the catheter insertion site, allowed to polymerize for 60 s, then a Tagaderm applied
3	Transparent film dressing + 2-cyanoacrylate + reinforced skin closure strips (Skin-Snap™, 3M Health Care) placed parallel to long axis of catheter	A small amount of glue was applied at the catheter insertion site, allowed to polymerize for 60 s, then a Skin-Snap was placed parallel to the long axis of the catheter, and a Tagaderm applied
4	Transparent film dressing + 2-cyanoacrylate + reinforced skin closure strips (Skin-Snap™) placed perpendicular to long axis of catheter	A small amount of glue was applied at the catheter insertion site, allowed to polymerize for 60 s, then a Skin-Snap was placed perpendicular to the long axis of the catheter and a Tagaderm applied
5	Transparent film dressing + 2-cyanoacrylate + skin closure strips placed parallel to long axis of catheter + topical benzoin (Compound Tincture of Benzoin USP 10%, Professional Disposables International, Inc., Changeburg, NY, USA) spread in a 12 cm by 14 cm area around the insertion site	A small amount of glue was applied at the catheter insertion site, allowed to polymerize for 60 s, then topical benzoin was applied, a Skin-Snap was placed parallel to the long axis of the catheter and a Tagaderm applied
6	Transparent film dressing + 2-cyanoacrylate + skin closure strips placed parallel to long axis of catheter + medical adhesive spray (Adaptic™ Medical Adhesive, Hollister Incorporated, Libertyville, IL, USA) in a 12 cm by 14 cm area around the insertion site	A small amount of glue was applied at the catheter insertion site, allowed to polymerize for 60 s, then medical adhesive spray was applied, a Skin-Snap was placed parallel to the long axis of the catheter and a Tagaderm applied





youtube.be/UCk2X12bT07h1-b5WqSasdtF5BLDz



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Questions?

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