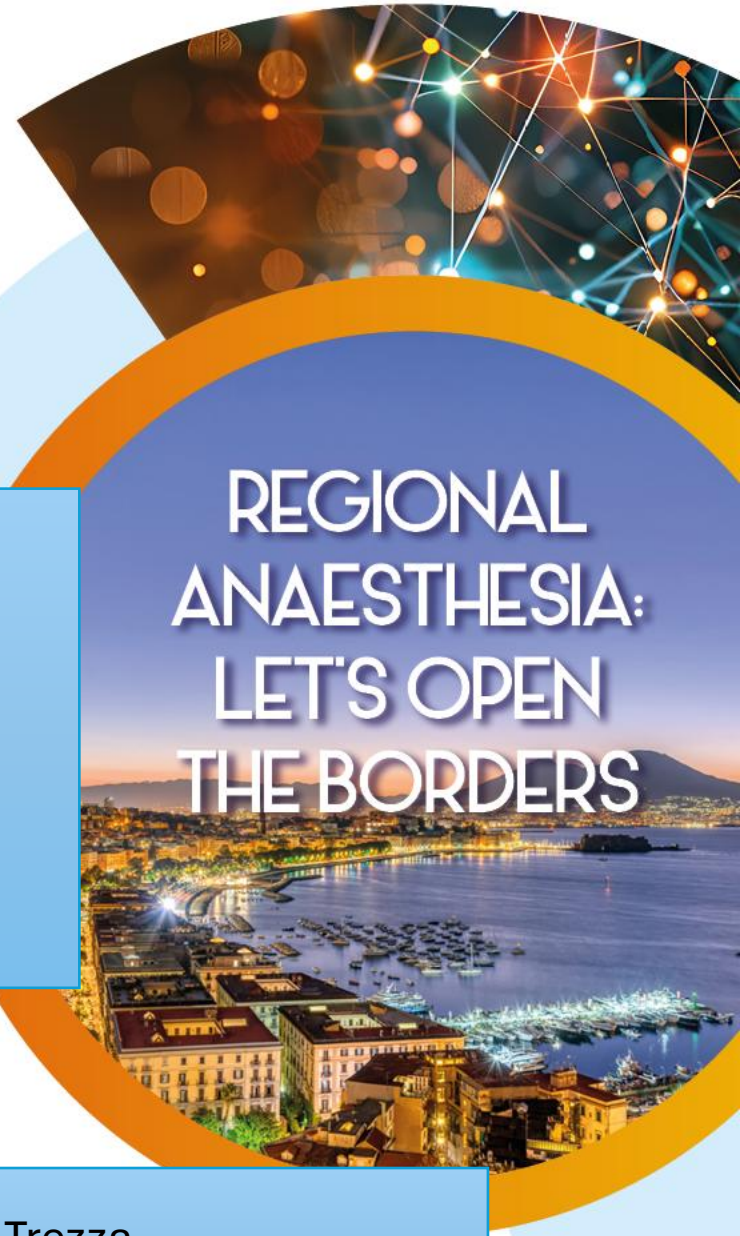
The European Society of Regional Anaesthesia & Pain Therapy
ESRA ITALIA

ESRA ITALIAN CHAPTER

13-15 NOV 2025

30° NATIONAL MEETING

Presidents:
Giuseppe Servillo, Fabrizio Fattorini



Secure & protect protocol

Carmela Trezza
Coordinatore TAV ASL Salerno

MZ EVENTS

Editorial

JVA The Journal of Vascular Access

The SIP protocol update: Eight strategies, incorporating Rapid Peripheral Vein Assessment (RaPeVA), to minimize complications associated with peripherally inserted central catheter insertion

Fabrizio Brescia[1], Mauro Pittiruti[2], Timothy R Spencer[3] and Robert B Dawson[4]

The Journal of Vascular Access
1–9

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SAGE

Table 1. The eight steps of the SIP Protocol.

Step 1	*Pre-procedural evaluation*—choose most appropriate vein by systematic ultrasound examination of the veins of the arms (see the RaPeVA protocol)
Step 2	*Appropriate antiseptic technique*—adopt a strict policy of hand hygiene, skin antisepsis with 2% chlorhexidine in 70% isopropyl alcohol, and use of maximal barrier precautions
Step 3	*Choice of vein size and exit site*—evaluate the diameter of the vein so to have an ideal catheter-vein ratio (1:3 or less); place the exit site in the green zone (see Dawson's ZIM™); consider the opportunity of tunneling the catheter, if the most appropriate vein is in the yellow zone (see the RAVESTO protocol)
Step 4	*Clear identification of median nerve and brachial artery*—identify each structure before venipuncture, using ultrasound
Step 5	*Ultrasound-guided venipuncture*—access a deep vein of the arm (either basilic or brachial vein), preferably adopting the short axis/out-of-plane approach, and use of a micro-introducer kit
Step 6	*Ultrasound-based tip navigation*—assess the correct direction of the guidewire, by a supra-clavicular ultrasound scan (see the ECHOTIP protocol)
Step 7	*Intra-procedural assessment of tip location*—use intracavitary ECG and/or ultrasound (subcostal or apical view, using the "bubble test": see the ECHOTIP protocol)
Step 8	*Appropriate securement of the catheter and protection of the exit site*—use sutureless devices only; reduce the risk of bleeding and bacterial contamination using cyanoacrylate glue and semi-permeable transparent membrane dressings

Hands hygiene with hydro-alcoholic gel

2% clorhexidine in Alcohol

SHEA/IDSA/APIC Practice Recommendation

Strategies to prevent central line-associated bloodstream infections in acute-care hospitals: 2022 Update

Niccolò Buetti MD, MSc, PhD[1,2,a], Jonas Marschall MD, MSc[3,4,a], Marci Drees MD, MS[5,6], Mohamad G. Fakih MD, MPH[7], Lynn Hadaway MEd, RN, NPD-BC, CRNI[8], Lisa L. Maragakis MD, MPH[9], Elizabeth Monsees PhD, MBA, RN, CIC[10,11], Shannon Novosad MD MPH[12], Naomi P. O'Grady MD[13], Mark E. Rupp MD[14], Joshua Wolf MBBS, PhD, FRACP[15,16], Deborah Yokoe MD, MPH[17] and Leonard A. Mermel DO, ScM[18,19]

Essential practice:

Use an alcoholic chlorhexidine antiseptic for skin preparation

(*Quality of Evidence: HIGH*)

2% cHlorhexidine in Alcohol

Current recommendations:

Prefer 2% chlorhexidine in 70% IPA

Prefer one-dose disposable dispenser with known amount of antiseptic

Stabilize the catheter and protect the exit site (*SECURE & PROTECT*)

- **Prevent dislocation with SUTURLESS DEVICES**
  - **Do not use stitches: they increase the risk of infection and are less effective than suturless devices**
  - **Use Subcutaneous Anchoring Systems (SAS)** in patients with **high risk of catheter dislocation (i.e. proning, delirium)**
- **Use CYANOACRYLATE GLUE**
  - Stabilization, antibacterial, hemostatic properties
- **Use semipermeable transparent dressings**

- Non usare punti di sutura: aumentano il rischio di infezioni e sono meno efficaci dei dispositivi suturless

Usare sistemi di ancoraggio sottocutaneo in pazienti ad alto rischio di dislocazione

- Utilizzo di colla in cianoacrilato

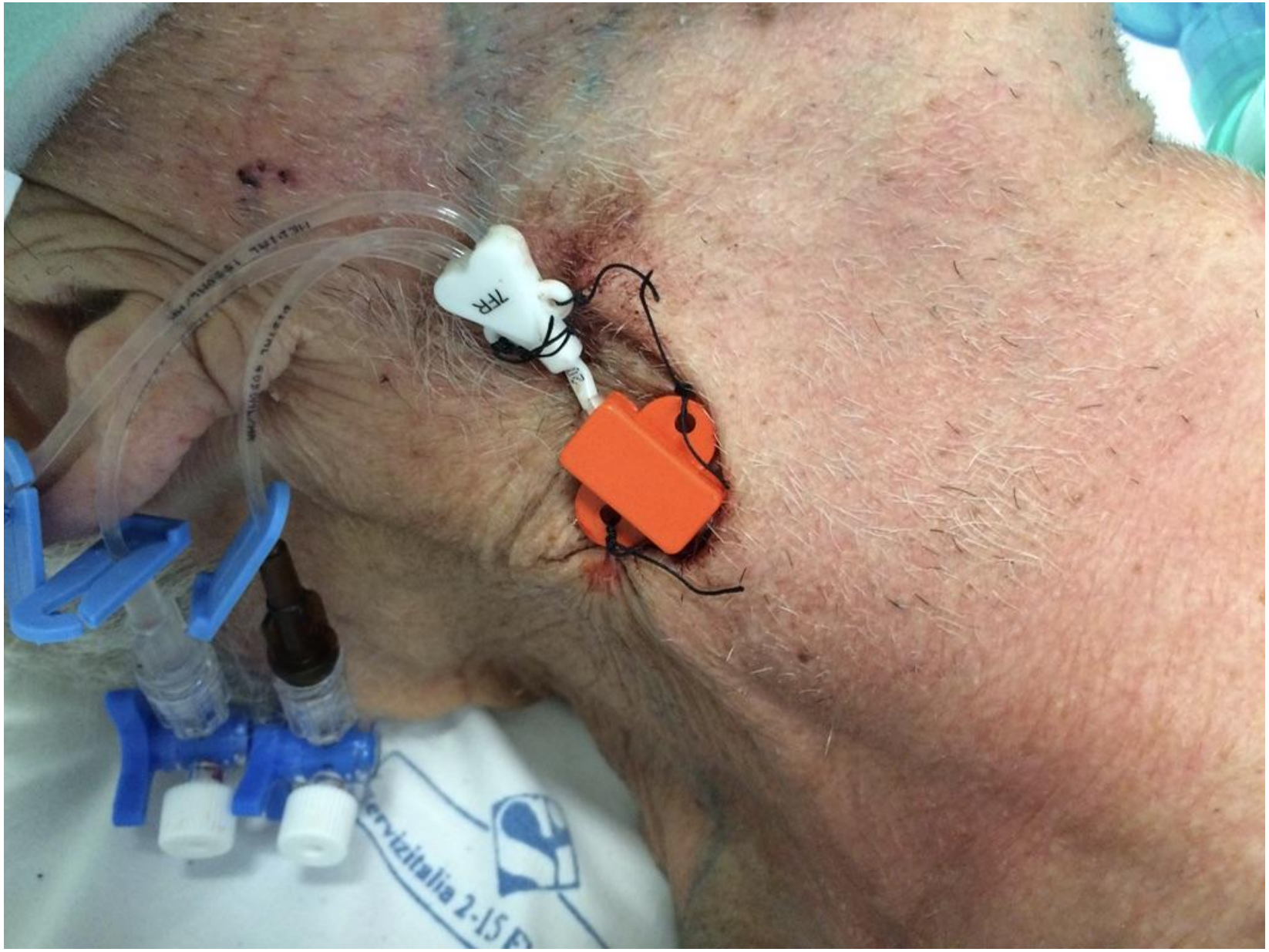
- Utilizzo di medicazioni semipermeabili trasparenti

Adhesive Securement Device - ASD

- High infection risk
- High risk of displacement
- Personnel safety concerns

- Elevato rischio infettivo
- Elevato rischio di dislocazione
- Problema di sicurezza del personale


7FR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PLEASE, AVOID SUTURES!

Integrated Securement Device - ISD

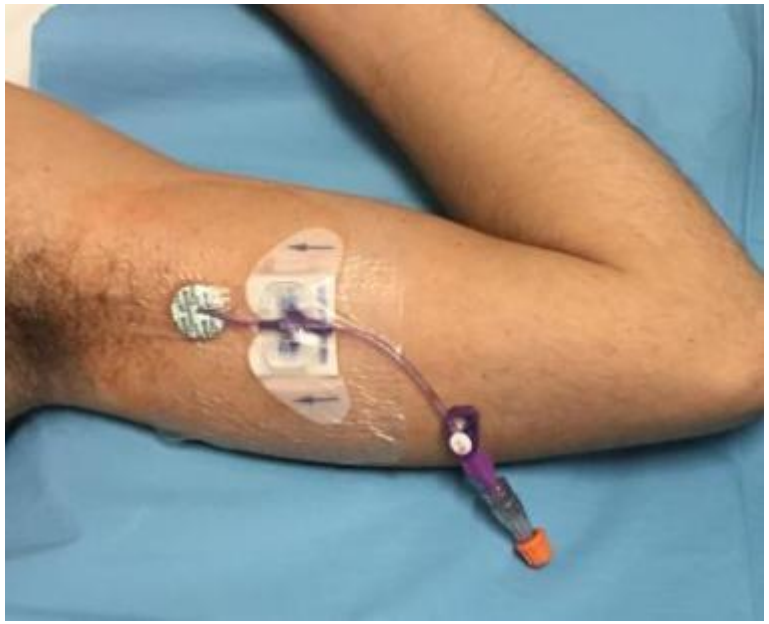
Stabilization systems

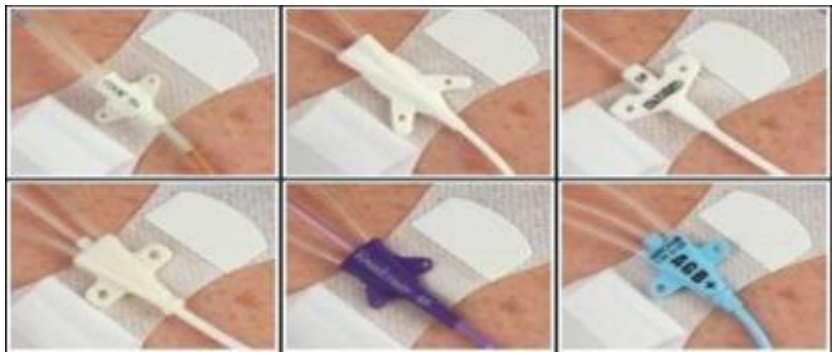
Adhesive Securement Device - ASD

- Weekly change of the fixation system
- Mobilization of the device due to reduced adhesion
- Strong adhesives may require the use of specific solvents to remove residue
- Piston-like in-and-out movement
- Risk of partial dislocation during dressing and AESD changes
- Local skin irritation during changes, repositioning in a different area

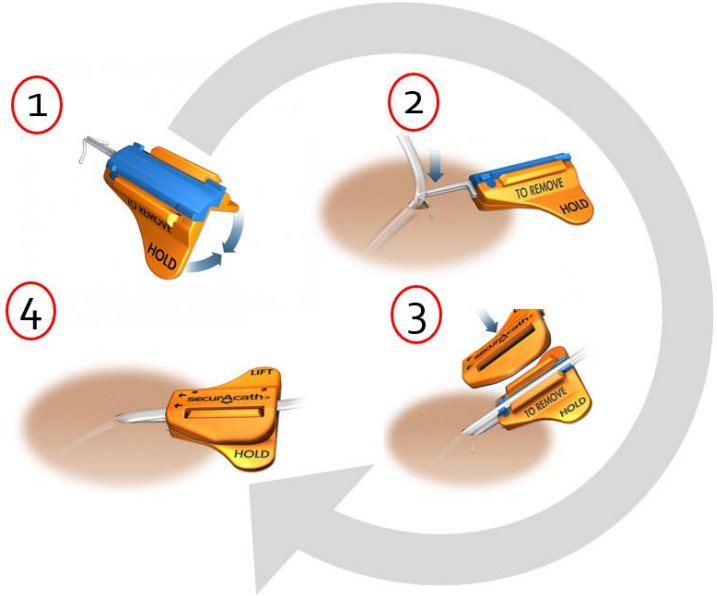
- Cambio settimanale della sistema di fissaggio
- Mobilizzazione del dispositivo da ridotta di adesività
- Adesivi forti possono richiede l'uso di solventi specifici per la rimozione dei residui
- Movimento «a pistone» in and out
- Durante il cambio della medicazione e del AESD rischio di dislocazione parziale
- Irritazione cutanea locale durante i cambi, riposizionamento in una zona differente

Adhesive Securement Device - ASD





Subcutaneous anchor securement system (SASS)



Subcutaneous anchor securement system (SASS)

- does not require periodic replacements
- piston movement in and out reset
- anchoring not influenced by the characteristics of the skin
- safer and more effective 360° medication

Vantaggi

1. Non necessita di sostituzioni periodiche
2. Movimento «a pistone» in and out azzerato
3. Ancoraggio non influenzato dalle caratteristiche della cute
4. Medicazione più sicura, più efficace… 360°

British Journal of Nursing, VOL. 31, NO. 8 | Venous Access Securement

Ten years of clinical experience with cyanoacrylate glue for venous access in a 1300-bed university hospital

Mauro Pittiruti, Maria Giuseppina Annetta, Bruno Marche, Vito D'Andrea, Giancarlo Scoppettuolo

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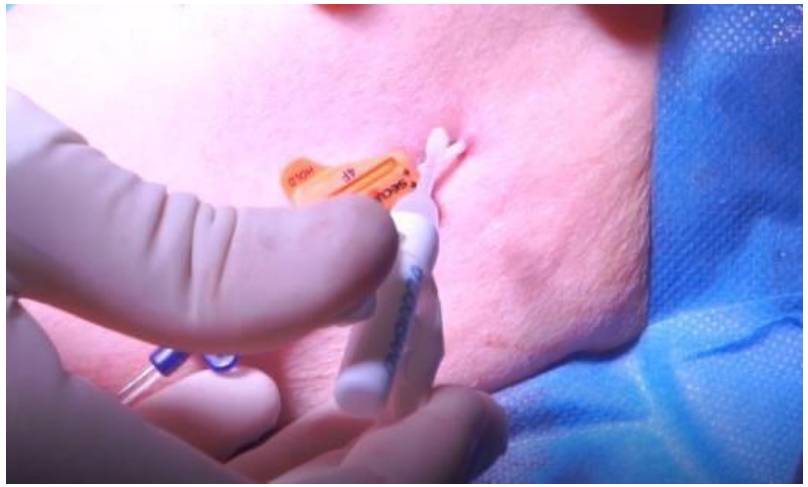


SAS & colla

- Stabilization
- Hemostasis
- Antimicrobial barrier

- Stabilizzazione
- Emostasi
- Barriera antimicrobica

Cyanoacrilate glue

Property

Attività antibatterica – mancanza di acqua necessaria per la replicazione batterica

Antibacterial activity – lack of water necessary for bacterial replication

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Antibacterial effect and proposed mechanism of action of a topical surgical adhesive

Daniel Prince PhD *, Zankhna Solanki MS, Remy Varughese BS, Jozef Mastej BS, Derek Prince MS

CONCLUSIONS

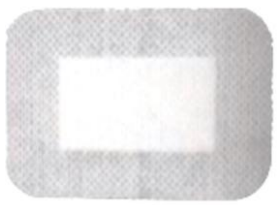
In addition to being a surgical adhesive used to close approximated wounds, 2-octyl cyanoacrylate rapidly kills bacteria known to cause nosocomial infection. The antibacterial effect is explained by the fact that by diffusion cells lose water essential for life.

Membrane trasparenti
Dressing

RACCOMANDAZIONI GAVeCeLT 2021
PER LA INDICAZIONE, L'IMPIANTO E LA GESTIONE
DEI DISPOSITIVI PER ACCESSO VENOSO
a cura di Mauro Pittiruti e Giancarlo Scoppettuolo

Il sito di emergenza di un catetere venoso deve essere coperto e protetto con una medicazione semipermeabile trasparente, preferibilmente ad alta traspirabilità (alto MVTR)

Medicazioni semipermeabili trasparenti



Medicazioni assorbenti garzate

- Insertion site protection
- Antimicrobial barrier
- Prevention of skin damage
- Device protection

- protezione il sito d'inserzione
- barriera antimicrobica
- prevenzione danni cutanei
- protezione del dispositivo

TRASPARENT DRESSING

MOISTURE VAPOR TRASMISSION RATE

Original research article

JVA The Journal of Vascular Access

Comparing test methods for moisture-vapor transmission rate (MVTR) for vascular access transparent semipermeable dressings

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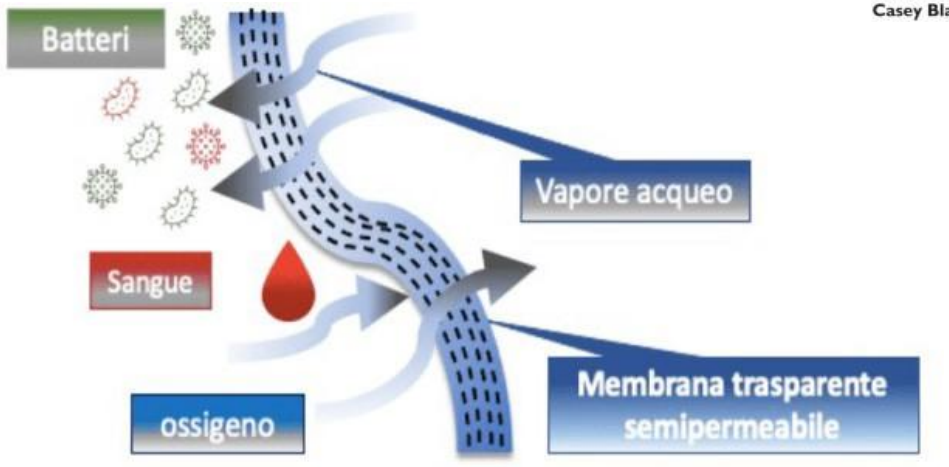
Paul Bainbridge[1], Paul Browning[2], Stéphanie F Bernatchez[3], Casey Blaser[3] and Guido Hitschmann[1]



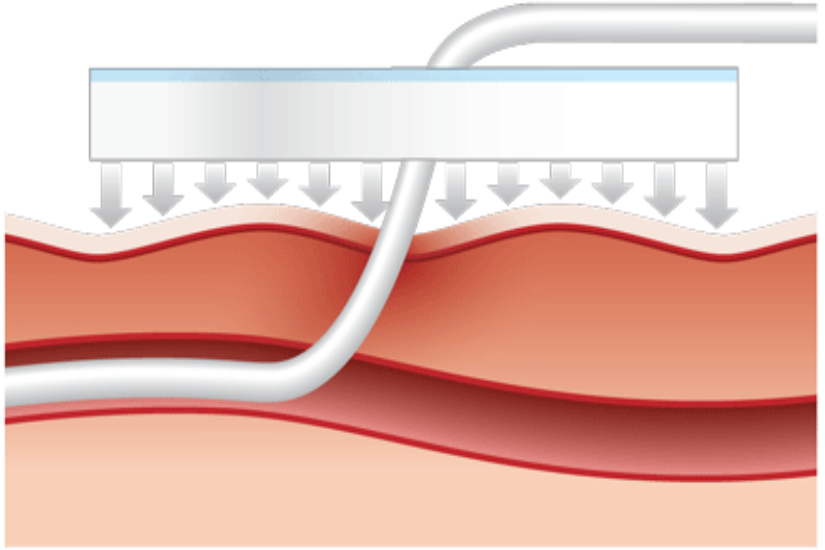
Il valore che esprime il tasso di traspirabilità al vapore acqueo è detto MVTR (Moisture Vapor Trasmission Rate) e si misura in g/m²/die

MVTR elevato

- Greater breathability
- Less humidity
- Reduced risk of infection

- Maggiore traspirabilità
- Minore umidità
- Minore rischio infettivo

Protectiv disk with CHG



Continuous release of CHG provides 360° protection for 7 days — for ongoing antisepsis between dressing changes

Grazie!