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WoCoVA 2010

1st World Congress on Vascular Access

Amsterdam RAI June 16th - 18th 2010

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1st World Congress on Vascular Access
June 16th - 18th 2010, RAI Amsterdam

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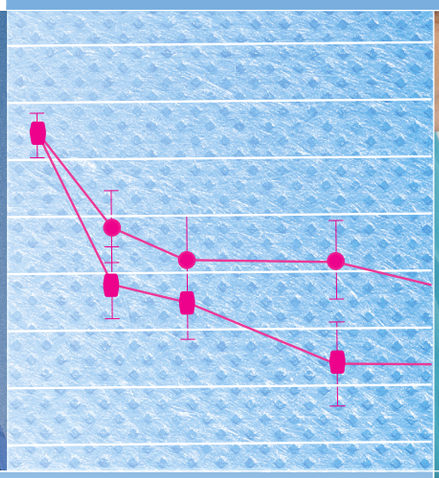

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Visit us on our stand # B01 and book time for our Lunch Symposium:
"Getting to Zero CR-BSIs: Recent Successful Strategies"
Dr. Maki (USA), Dr. Ponssen (The Netherlands) and Dr. Scopettuollo (Italy)
Thursday 17th June, 12:30-14:00 in room D.201/D.202

3M Health Care, Carl-Schurz-Str. 1, D-41453 Neuss Germany
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Foreword local organizing committee

Dear colleagues,

The WoCoVA organizing committee welcomes you to the 1st World Congress on Vascular Access in the lively city of Amsterdam.

After a long period of preparation between the Association for Vascular Access (AVA) and national societies from many countries across the world, we are very excited to present you with an excellent program combining top level of experts with the most current topics on vascular access. The program offers you a variety of oral sessions and poster presentations, hands-on workshops and a range of satellite symposia that will help you increase the quality of your every day practice.

The large exhibition with the latest product novelties that will be open during all three days of the congress will certainly give you ideas to achieve your goals on infection prevention and patient quality of care.

Be sure to make the most of this conference, not only by following lectures, taking part in discussions and meeting new friends and colleagues, but also by discovering the wonderful city of Amsterdam. A city rich in history, culture, architecture and entertainment. Take your time to see all of what this beautiful city has to offer.
This first time meeting is a challenge for all of us to determine best practices in vascular access and to strive to have worldwide consensus on infection prevention and the use of ultrasound for central venous access.

We invite you to share your ideas and suggestions to improve this and future WoCoVA meetings. Please enjoy the event and we thank you for you contribution and participation.

WoCoVA 2010
Ton van Boxtel
Jacoline Zilverentant
Renilde Huizenga

Day 1, June 16th 2010, Wednesday
Peripherally Inserted Central Catheters

Location	Time	Activity	Speaker
ELICIUM 2	09.00 - 09.15	Opening Session	Pamela Haylock PhD, RN (USA) **chair**
	09.15 - 10.00	AVA - WoCoVA Keynote presentation	Sean Berenholtz MD, MHS, FCCM (USA)
	10.00 - 12.15	**PICC indications and techniques**	Josie Stone RN, PNP (USA) **chair**
	10.00 - 10.25	Accessing vascular access needs	Lynn Hadaway M.Ed, RN, BC, CRNI (USA)

Description: Many types of vascular access devices provide patients with the best opportunity to receive the device that meets their needs, however, numerous choices can be confusing. To achieve good clinical and financial outcomes, the goal is choosing the device with the greatest likelihood of reaching end of therapy with the minimal number of devices used. This presentation will examine the published literature on clinical outcomes with the various types of vascular access devices; explore clinical criteria for necessary for making this decision; discuss the roles of each healthcare provider; and review the financial considerations for this critical decision.

10.25 - 10.50 Ultrasound guidance as the standard of insertion — Ton van Boxtel RN, MSc (NL)

Description: The use of ultrasound (US) is a perfect tool to visualise tissue structures in a non invasive way. Ultrasound for vascular access is still in its infancy and is asking for a different approach of decision making and learning. Coming from the interventional radiology we now see an increased use of ultrasound at the bedside. With the availability of portable, cheaper equipment, we see an increase of use of ultrasound for all types of venous access. Objectives: 1 overview of veins that can be accessed with support of US, 2 techniques for non invasive US procedures will be presented, 3 results of professional use of US will be discussed.

10.50 - 11.15 Advanced insertion techniques for PICC's — Nancy Moureau RN, BSN, CRNI, CPUI (USA)

Description: Vascular access insertion practices have evolved from simple puncture with a steel needle to more advanced integrated systems. Peripherally inserted central catheters (PICCs) began use in the 1960s with improvements over the last 50 years. Now, facilitating multiple advanced functions such as pressure injection, central venous pressure monitoring and administration of all medications and solutions, PICCs have gained in popularity and usage with placement over 3 million worldwide. Insertion techniques for PICCs began with through the needle access of a cut catheter, to breakaway steel needles access, to over the needle peel-away sheath to the modified Seldinger technique (MST). As ultrasound guided insertion was added to the insertion procedure the MST increased in usage as the safest method for accessing deeper veins. With emphasis on safety and infection prevention, newer

techniques have embraced integration of the MST with a faster, safer and easier method known as the accelerated Seldinger technique (AST).

11.15 - 11.40 Positioning the tip: EKG guidance and other methods — Mauro Pittiruti MD (IT)

Description: The position of the tip has a critical role for the safe delivery of intravenous solutions through a PICC. Malposition - which may occur in 15-20% of PICC insertions - is usually associated with increased costs, when the device has to be repositioned after post-procedural x-ray, and/or with increased risk of complications (malfunction, venous thrombosis, fibrous sleeve), when the tip is left in a sub-optimal position. The EKG method is a safe, easy, inexpensive and accurate technique for assessing the correct position of the tip directly during the procedure of insertion, thus avoiding the need for post-procedural chest x-ray and the costs associated with a reposition procedure.

11.40 - 12.05 PICC insertion: defining standards for training — Carmel Streater RN (UK)

Description: Outline the standards set out by our governing body and the framework in which as nurses we can work within and competency assessment tool used for the insertion of PICCs by a practitioner to become an independent practitoner.

12.05 - 12.15 Discussion

14.15 - 17.10 PICC management and prevention of complication — Pamela Haylock PhD, RN (USA) **chair**

14.15 - 14.40 Current standards for dressing the exit site — Sharon Armes Reg. N.CVAA (c) (CAN)

Description: A review of existing standards and guidelines will be reviewed and summarized. Emphasis will be placed on supporting statements as well as discussion encouraged on points of disagreement. Potential areas for research will also be addressed.

14.40 - 15.05 Occlusion: is it totally preventable? — Sheila Inwood RN, MSN (UK)

Description: Definitions of "occlusion" correct terminology ie: "blocked" / persistant withdrawal occlusion information given on the reasons for different types of occlusion. Description of techniques used to resolve the problem. Discussion of different manufacturers products ie: valved vs. clamped catheters. Flushing techniques and solutions used. Training and education programs designed and implemented to prevent occlusion.

15.05 - 15.30 Venous thrombosis: a matter of size — Paul Blackburn RN, MNA (USA)

Description: Indications for Peripherallyl Inserted Central Catheters (PICCS) for venous access have grown over the past few years. There is some concern that the increased use of these products is leading to venous thrombosis. This lecture will look at a number of factors

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that could potentially be associated with venous thrombosis, including vessel size and health, catheter material, access technique, and access site-all relative to the incidence of venous thrombosis related to vascular access devices.

15.30 - 15.55 Potential clinical implications of infusion induced catheter movements in PICC's — Lynn Manly RN, CRNI (USA)

Description: During animal lab studies, clinical phenomena were observed related to PICCs during injection of saline and during high pressure injection of contrast.These phenomena include: Significant movement of the catheter body within the venous system, Motion of the catheter tip best described as "whip" with high-pressure injection, Catheter tip malposition with and without catheter coiling. We suggest that there may be a relationship between the incidence of DVT of the great vessels of the thorax and the potential for catheter movement, catheter whip, and tip malposition that can be attributed to factors identified in the animal labs.

15.55 - 16.20 PICC in the intra hospital setting — Lisa Dougherty RN, PhD (UK)

Description: This session will focus on the use of PICCs within the hospital setting, listing the advantages and disadvantages of using a PICC followed by an exploration of the literature related to use of PICCs in key areas suchs as critical care and oncology and for therapies including parenteral nutrition and antibiotics.

16.20 - 16.45 PICC in the nutrition unit and in the oncology unit — Maria Carmen Carrero Caballero (ES)

Description: Introduction: The need for CVC in patients with Parenteral Nutrition and oncology patients has led to the development of prevention strategies. One of these strategies has been the implementation of the Intravenous Therapy Equipments (ITE) which has resulted in improved patient safety and a higher quality of life. ITE duties: Patient evaluation, Implantation and follow up of the implanted CVC, Problem solving and prevention strategies, Investigation studies and follow up.Conclusions: ITEs have proved to be efficient at Hospital Ramon y Cajal, whereas a multicenter research study has evidenced its advantages and benefits.

16.45 - 17.10 PICC in home care and in hospice — Hervé Rosay MD (FR)

Description: Our experience in PICC lines implantation and management is still recent (about 300), and mainly orientated towards home care patients. The author presents the main arguments for the PICC line implantation in those circumstances. The difficulties encountered and the solutions developped to overcome them, the specific repairs on the dressings, the care and maintenance of the line, and finally the patients cleaning procedures will be discussed.

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D201-D202 **10.00 - 12.00** **Panel on logistic and legal aspects of PICC insertion** Ivano Migliorini RN (IT) **chair**

10.00 - 10.25 Overview on legal aspects in different countries Rita Celli (IT)

Description: As any other medical procedure, PICC insertion should be performed only after obtaining an informed consent from the patient. Also, the procedure itself is associated with the risk of a few but well recognized complications, such as arterial puncture, nerve injury and tip malposition: in some cases, these complications may lead to persistent or severe damage of the patient's anatomic and functional integrity. This implies that failure to obtain a proper consent and/or failure to carry out the procedure with the appropriate technique, after appropriate training, may lead to legal consequences for the health care professional. The different legal implications in different countries will be presented and discussed.

10.25 - 10.50 Nurse or physician: who is inserting? Ivano Migliorini RN (IT)

Description: The aim of this session is to compare what is the legal point of view regarding CVC and PICC insertion in the different countries in Europe and the U.S.A.: Are nurses allowed to insert these lines? Is it possible to reach an "European Standard" in relation to this question?

10.50 - 11.15 Bedside vs. operating room vs. radiologic theater Dimitri Kalantzopoulos MD (GR)

Description: PICCs are central lines with growing use in inpatient and outpatient health care. Many options are available regarding their placement, which can be managed safely and conveniently in the operating room, the radiologic theatre, as well as at the bedside. PICC placement is performed by qualified professionals such as physicians or certified trained nurses. The purpose of this session is to describe the main features, the advantages, and disadvantages of the placement of PICCs in the above mentioned locations.

11.15 - 11.40 Death by PICC: malpractice litigation Sue Masoorli RN (USA)

Description: As more PICC catheters are being inserted, the number of complications and associated litigation has also increased. Most notably, catheter malposition has resulted in numerous malpractice cases against physicians and nurses who insert PICC catheters as well as nurses who maintain the catheters. As stated in many international regulations, radiographic confirmation of the catheter tip in the appropriate location, prior to use, is required. Using PICC catheters with malpositoned tips have resulted in serious complications including death. This session will discuss PICC catheter litigation and strategies to prevent negative outcomes.

11.40 - 12.00 Discussion

12.30 - 14.00 **Satellite symposium by ICU Medical (invitation only)** ICU Medical, Inc.

Needle-Free Connectors…, the inside story Marcia Ryder Phd, MS, RN (USA)

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Description: First generation needle-free connectors have effectively reduced the risk to clinicians and caregivers for needle stick injury. Second and third generation connectors address the increased risk for catheter occlusion related to negative displacement with positive and neutral displacement designs. However, many questions are left unanswered regarding the potential risk for infection among the various devices. A broad classification of split septum and mechanical valve has been proposed as a measure for infection risk but do these categories differentiate critical design features that may play a role in risk reduction? Come, listen, and get the "inside story".

14.15 - 17.15	**PICC 2010 worldwide: Abstracts Presentations**	Lynn Hadaway M.Ed, RN, BC, CRNI (USA) **chair**
14.15 - 14.35	To oncology and beyond! How an ultrasound guided PICC insertion service has benefitted non-oncology patients in a UK hospital	Jackie Nicholson (UK)
14.35 - 14.55	Use of the Medical Catheter Tip Locator System to Determine Catheter Tip Location in 131 Patients	Gail Sansivero (USA)
14.55 - 15.15	Clinical management of PICC technique	Lijuan Wang (CN)
15.15 - 15.35	Evaluation of training in vascular access for nursing students	Maria Montealegre Sanz (ES)
15.35 - 15.55	Improving antibiotic treatment outcomes through the implementation of a midline: Piloting a change in practice for cystic fibrosis patients	Melita Cummings (AUS)
15.55 - 16.15	Bedside versus dedicated ambulatory for PICCs placement. 1000 cases analyzed.	Baudolino Mussa (IT)
16.15 - 16.35	From international guidelines to a shared clinical pathway: the IEO PICC team experience	Chiara Pari (IT)
16.35 - 16.55	Subcutaneous Securement in Peripherally Inserted Central Catheters: Results of a Prospective 50 Patient Trial with an Internal Securement Device	Gail Sansivero (USA)
16.55 - 17.15	The great anatomic misconception:the central venous catheter is in the axillary vein, not the subclavian vein	Jack LeDonne MD (USA)

17.30 - 19.30	**Satellite symposium by Janssen Cilag (invitation only)**	JANSSEN-CILAG
	The burden of CRBSIs (catheter-related bloodstream infections) and strategies to reduce them	Philippe Eggimann MD (CH) Olivier Mimoz (FR) Jack LeDonne MD (USA)

Description: CRBSIs (catheter-related bloodstream infections) are a significant burden to the hospital environment leading to increased hospital stays, increased costs, and increased morbidity and mortality. The objectives of this session are to better understand the epidemiology, prevalence and consequences of CRBSIs and to discuss evidence based strategies that are proven to reduce the risk of these infections. Among other strategies, the benefits of chlorhexidine-based antimicrobial dressings will be explored in great detail.

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D203 **10.00 - 12.15** **Controversies** Marguerite Stas MD, PhD (BE) **chair**

10.00 - 10.50 Silicone or polyurethane? The point of view of the engineer — Kelly Christian (USA)

Description: Discussion of the material properties, biocompatibility, chemical compatibility, and physiological compatibility when designing a central venous catheter from Silicone or Polyurethane. Discussion will include the advantages and disadvantages and related trade-offs for both materials. A brief view of treatment trends and the effect of these treatments on both materials will be discussed.

Silicone or polyurethane? The point of view of the clinician — Maria Carmen Carrero Caballero (ES)

Description: Introduction: Hospital care as well as domestic care for patients who need CVC has encouraged interdisciplinary professionals to find solutions which are consistent with patient needs. These include different high flux injection techniques with suitable systems which are frequently designed in polyurethane. The "Controversy" issues: Does polyurethane meet all the patients' needs?, Venous compatibility with catheter material through time, Polyuretane resistance to fluids containing alcoholic components, Polyurethane tends to be more trombogenic, Polyurethane facilitates fibrin settling and thus fibrosis, These catheters are suitable for long term use. Conclusions: All these standards should be defined for the benefit of the patient.

10.50 - 11.15 Reversed tapering or not? — Michele di Giacomo RN, MSN, BSN, ONC, IP (UK)

Description: The aim of this session is to explore evidence based practice and research on the usage of reverse tapering VAD and analyze how reverse tapering impacts on the care and management of the patient with VAD.

11.15 - 11.40 What is the current role of midline catheters? — Andrew Jackson (UK)

Description: Health care professionals now have a wide range of devices and techniques available to ensure that patients receive the most appropriate vascular access device for their treatment. This presentation will a) provide a vivid insight into the potential negative impact of vascular access, b) introduce the audienece to midline catheters and c) highlight issues associated with patient assessment, placement and effective post insertion management. Overall, the presentation will demonstrate that following a precise patient and treament assessment midline catheters are an effective vascular access device for medium term treatments.

11.40 - 12.05 Valved PICCs or non-valved PICCs? — Jim Lacy BSN, RN, CRNI (USA)

Description: 1. Compare and contrast the types of valved catheters currently available in the market. 2. Discuss selection of a valved or non-valved catheter based on the needs

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of the patient. Overview: Valved and non-valved peripherally inserted central catheters (PICC), tunnelled central venous catheters, and implanted ports have been available for many years. The purpose of this presentation is to describe the differences between the types of valved catheters available in the healthcare market today and define catheter selection criteria for a valved or non-valved catheter based upon patient need and device capabilities.

12.30 - 14.00 **Satellite symposium by Vygon (invitation only)**

State of the art in Vascular Access:
VYGON's port and PICC placement with ultrasound and EKG guidance — Mauro Pittiruti MD (IT)

Description: Dr Mauro Pittirutti from Roma, Italy, will provide you with a detailed training on how to minimise complications during ports and PICC placement thanks to ultrasound and EKG guidance. The lecture will be documented with videos and live demonstrations.

IV team experience in the Netherlands — Marianne Wekker RN (NL)

Description: Marianne Wekker, RN from Utrecht, The Netherlands, will talk about her experience of creating an IV team in her hospital, the clinical and economical benefits of an IV team.

14.15 - 15.30 **Workshop on experts' tips for preventing complications of PICCs** — Henry Huang MD (CN) **chair**

Occlusion — Nadine Nakazawa RN, BS, OCN (USA)

Description: Occlusion of central venous catheters is a common complication that can be caused by mechanical causes such a kinks in the catheter, poor placement, tip malposition, drug precipitation, or fibrin or thrombus in or around the tip of the catheter. Assessment of catheter function is a nursing responsibility every time the clinician accesses the device. Regular assessment, early identification of catheter occlusion and early intervention will help maintain catheter function with the goal of using a single central venous access device until the end of therapy. This presentation will go over the most most causes of catheter occlusion, steps in assessment, and intervention strategies. The availability and use of a low-dose thrombolytic can safely restore catheter function with a high degree of efficacy.

Thrombosis — Marcia Ryder RN, PhD, MSN (USA)

Description: In the mid 1800s, Virchow identified three risk factors for vascular thrombosis: venous stasis due to alterations in flow patterns; endothelial injury and; alterations in coagulation. Virchow did not anticipate that technology would be advanced to allow cannulation of these vessels for life saving therapy. Unfortunately, the presence

of a catheter within the vascular system is antagonistic to all three causative factors for venous thrombosis. In addition, the biomaterial itself precipitates a blood/surface interaction promoting plasma protein adhesion and thrombus formation. The purpose of this presentation is to provide critical prevention strategies to minimize the risk of catheter-related thrombosis associated with peripherally inserted central venous catheters.

Infection — Walter Zingg MD (CH)

Description: Peripherally inserted central catheters (PICC) were predominantly used among neonates and paediatric oncology patients. However, based on the assumption that PICCs cause fewer complications than non-tunnelled central venous catheters (CVC) and given that catheter insertion is easy, PICC lines are often perceived superior to using conventional CVCs. Thus, PICC utilization is increasing in the outpatient as well as in the inpatient setting. The objectives of the session are to describe the epidemiology of PICC-associated bloodstream infection, define risk factors and prevention measures and to discuss whether the general positive and unworried attitude towards this catheter type is justified.

Dislodgement — Giancarlo Scoppettuolo MD (IT)

15.30 - 17.30 **Workshop on starting a PICC team in your hospital** — Ton van Boxtel RN, MSc (NL) **chair**

Cost effectiveness of PICCs — Kathy Kokotis RN, BS, MBA (USA)

Description: In this economic climate cost justification to hospital management is critical. This presentation will discuss the operational costs associated with the decision to place a PICC line versus other vascular access devices (VADs) for mid to long term therapies. An analysis of the costs associated with the placement of traditional PIV's, ports, tunnelled catheters will be presented, as well as the cost of insertion complications associated with VAD's. In addition a brief discussion of early vascular access decision-making will be presented.

Why a PICC team — Nancy Moureau BS, RN, CRNI (USA)

Description: Starting a PICC/CVC Team in your Hospital using Best Practices. Vascular access devices are a way of life in acute care settings. Application of vessel health and preservation goals to achieve, maintain and provide the safest access is key to administering the treatment plan with the best outcomes. Specialized teams have demonstrated the ability to reduce infection. An ideal team approach is multidisciplinary, promoting communication with physicians and nurses to identify patients requiring treatment greater than 5 days and possible need for central venous

access. Assessment within 24 hours of admission is necessary, with device selection individualized to the patient, including timely placement, daily assessment and discontinuation of the device immediately when treatment is complete. A specialized team facilitates education of all staff, assesses each device daily and implements guidelines promoting patient safety.

Starting a PICC team in a European Country — Mauro Pittiruti MD (IT), Ton van Boxtel RN, MSc (NL)

Description: Literature shows the benefit of an expert team for Vascular Access (VA) on complication rates and quality of care. Still the number of expert teams is very low. In the past ten years we see a number of initiatives to convince health professionals and in particular the management teams to invest in VA teams has grown but more has to be done. Objectives: 1 examples of successful teams will be shown, 2 arguments for implementing an expert team will be shared, 3 suggestions to use the WoCoVA network will be discussed.

Starting and implementing a PICC team — Lydia Cimpoeru RN, MS, CRNI (USA)

Description: Increasing demand for providing complicated infusions in all areas of patient care has expanded the roll of the intravenous nurse, requiring specialized skills and expertise in placement of Peripherally Inserted Central Catheters (PICCs). The intravenous profession has moved beyond the realm of technical skills, shouldering the burden of health care by maintaining quality of care, using evidence-based practice, and standardization of care. The complexity of care along with the continuous advancement in technology makes imperative the formation of specialized teams. The existence of PICC Teams in the major University Centers has become a fait accompli in the United States. Its merits are based on their efficiency in clinical expertise and on financial profitability. This presentation argues vigorously in favor of the implementation of PICC Teams, bringing forth evidence-based practice, literature review, and personal experience accumulated through trials and errors over several years at Loma Linda University Medical Center (LLUMC) in Loma Linda, California. It will also present steps that are necessary for a successful proposal and for the implementation of a PICC Team, as well as guidelines to maintain and increase its viability and profitability. Examples of LLUMC Standardized Procedure, and the result of a retrospective research completed in March 2010, are waived into the presentation.

D204 **12.30 - 14.00** **Satellite symposium by Vidacare (invitation only)**

vidacare® Defining the Field of Intraosseous Medicine™

Intraosseous Vascular Access, Past, Present and Future Trends — Lynn Phillips (USA)

Description: Intraosseous (IO) Access is well established in the emergent setting. The advancement of IO technology has moved it beyond this limited setting and made it an important

alternative means of vascular access. The Infusion Nurses Society (INS) is hosting a panel of experts from 8 different specialty organizations to explore IO use in hospital-wide deployment wherever vascular access is medically necessary. This includes patients in intensive care units, on the general medical floor in pre-procedure surgical settings where lack of vascular access can delay surgery, and in chronic disease and long-term care settings. This presentation will explore IO's past, present and future place as a as a vascular access standard.

14.15 - 15.30 **Hands on workshop on PICC Insertion techniques**

Ultrasound guided venipuncture — Ton van Boxtel RN, MSc (NL); Ivano Migliorini (IT)

Description: This hands on workshop will focus on the practical aspects of the use of ultrasound for vascular access. Objectives:1 the ultrasound options are explained, 2 procedural steps of Modified Seldinger Techniques and Ultrasound will be shown, 3 participants will be able to access a 'vein' with the use of ultrasound

EKG guided positioning of the tip — Antonio LaGreca MD (IT); Davide Celentano RN (IT)

This hands-on workshop will focus on the theoretical and practical aspects of the use of the EKG method for a non-invasive, intra-procedural assessment of the position of the tip during PICC insertion. Objectives: 1 explain the underlying physiological basis of the EKG method, 2 demonstrate the method, showing the variations of the intracavitary EKG during the trajectory of the PICC towards the right atrium, 3 teach the partecipants to detect the variations of the P wave and define the position of the tip.

15.30 - 17.00 **Hands on workshop on Nursing of PICC lines**

Dressing of the exit site — Sheila Inwood RN, MSN (UK)

Description: Cleaning of skin, good asepsis, products available. Demonstration of the correct use of retaining device and dressings for PICC catheters, removal and reapplication of statlock and of moisture vapour permeable dressing. Maintaining skin integrity, possible complications/reactions/allergies to dressing, solutions to these specific problems. Other options steristrips, suture. New products - chlorhexidine incorporated dressings.

Flushing and locking protocols — Carmel Streater RN (UK)

Description: Flushing and locking protocols relates to the standards and policy and procedures that have been developed so that nurses can undertake this practice.

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D301	14.00 - 17.30	Theoretic / practical course for physicians and nurses: Ultrasound guided venipuncture for peripheral venous access (admission fee)	Mauro Pittiruti MD (IT) Ivano Migliorini RN (IT) Daniele Biasucci MD (IT) Alessandro Mitidieri MD (IT)
	Description:	This is a short training course for physicians and nurses, focused on US-guided insertion of central and peripheral brachial venous lines (PICC and Midline), organised by GAVeCeLT and WINFOCUS. The course will be structured as follows: a theory session (US physics and technology; semeiotics and anatomy of peripheral veins; techniques for US-guided insertion of short peripheral cannulas, Midline catheters and PICC catheters in the basilic vein, in the brachial veins and in the cephalic vein; advantages of US guidance).a practical session (US visualisation of the basilic vein, of the brachial artery and veins, of the cephalic vein, etc. on healthy volunteers; hands-on training on simulator: US guided venipuncture and insertion of short peripheral cannulas, Midline catheters and PICCs.	
ELICIUM 1 AND EUROPA FOYER 1	10.00 - 17.30	Industrial exhibition and posters	
	17.30 - 19.30	Welcome Reception	

Day 2, June 17th 2010, Thursday
Risk Management in Venous Access

Location	Time	Activity	Speaker
ELICIUM 2	09.00 - 09.45	Introduction and Keynote Address	Dennis Maki MD (USA)
	Description:	Implementation of institutional systems to assure maximal compliance with essential practices of catheter management have greatly reduced rates of CVC-associated BSI. However, although these systems have dropped median rates to ~2 per 1000 days in U.S. ICUs, half of hospitals have much higher rates. Deeper understanding of pathogenesis has fueled development of novel technologies for prevention shown in RCTs to further reduce risk. The challenge will be to apply these evidence-based systems to all types of IVDs, beyond CVCs within ICUs. Attaining zero CRBSIs will also mandate adoption of novel technologies for prevention proven to be efficacious and cost effective.	
	09.45 - 12.15	**Consensus on prevention of catheter related infection: towards worldwide guidelines?**	Emilio Bouza MD (ES) **chair** Dennis Maki MD (USA) Giancarlo Scoppettuolo MD (IT) Walter Zingg MD (CH) Robert Pratt MD (UK) Emilio Bouza MD (ES) William Jarvis MD (USA)
	Description:	Some of the most known international experts in the field of catheter related blood stream infections will discuss the best strategies for preventing this expensive, severe and frequent 'iatrogenic' complication of venous access. Several issues will be discussed, such as the feasibility of a 'targeting zero' project, the practical convenience of adopting appropriate 'bundles' of interventions, the actual cost-effectiveness of the current strategies (strict policies of hand washing, education of healthcare personel, use of appropriate skin antisepsis, prompt removal of unnecessary central lines, etc.) as well as of new and old technologies ('coated' catheters, tunneled catheters, peripherally inserted central catheters, chlorhexidine-releasing dressings, sutureless devices for securing the catheter, etc.	
	12.30 - 14.00	**Satellite symposium by Bard (invitation only)** Integrated Innovation - New Approaches to Vascular Access	BARD Andrew Johnston MD (UK) Sharon Armes RN (CAN) Ulf Teichgräber MD, MBA (GER)
	Description:	This program will be presented by three geographically diverse speakers who are immanent authorities in the field of vascular access. The speakers will cover topics ranging from the importance of placing the central venous catheter tip at the caval atrial junction, to power injectable vascular access devices, and finally power injection of contrast media through centrally placed catheters-safety, efficacy, and practical use. The presentation will be supported by evidence based data. Following the presentation,	

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a brief panel discussion will take place, allowing attendees to address their diverse questions.

14.30 - 17.00 **Ultrasound guided venipuncture: the new standard for central venous access? A worldwide consensus of experts**

Massimo Lamperti MD (IT) **chair**
Eric Desruennes MD (FR)
Jack LeDonne MD (USA)
Andrew Bodenham MD (UK)
Mauro Pittiruti MD (IT)
Thierry Pirotte MD (BE)
Massimo Lamperti MD (IT)
Susan Verghese MD (USA)

Description: International experts in ultrasound vascular access will discuss and present the evidences of the literature and the experience from everyday practice on this procedure. This meeting will be the first international appointment where ultrasound venipuncture guidelines for every vascular access will be announced and discussed.

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09.00 - 12.15 **What's new ?** Ihsan Inan MD (CH) **chair**

09.00 - 09.25 The expanding role of the nurse in choosing and inserting venous access devices — Michele di Giacomo RN, MSN, BSN, ONC, IP (UK)

Description: The aim of this session is to analyze the role of advance practice nursing in the selection and management of Vascular devices and its impact in the patient journey.

09.25 - 09.50 The EKG method for positioning the tip of the central venous catheters — Mauro Pittiruti MD (IT)

The EKG method has been described in 1949 and it has been extensively used for real time assessment of the position of the tip of central venous catheters in many European Countries since the 70s; nonetheless, post-procedural chest x-ray was constantly required to rule out pneumothorax or hemothorax. As ultrasound guidance has minimized or nullified the risk of pleuropulmonary damage after central venipuncture in this new century, the indication to perform a post-procedural chest x-ray is now based almost exclusively on the need of ruling out malpositions of the tip of the catheter. In this regards, the 'old' EKG method is a 'new' option for avoiding the costs and risks associated with intra-operative (fluoroscopy) or postoperative (chest x-ray) radiological control of tip position.

09.50 - 10.15 Dressing of the exit site: new technologies for infection prevention — Patrick Parks MD, PhD (USA)

Description: The awareness that there is a direct correlation between bacterial density on the skin and the subsequent risk of catheter related blood stream infection (CRBSI) or central line associated bloodstream infection (CLABSI) involving central venous catheters has raised interest in the use of exit site dressings as one means to reduce the risk of infection. The presentation will focus on the current technologies available for use,

the rationale for and limitations of their use, and the clinical evidence related to each technology. Potential future technology options will be also be considered.

10.15 - 10.40 New methods for securing the devices — Paul Blackburn RN, MNA (USA)

Description: Patient outcomes from venous access devices, especially infection rates, have become the focus over the last few years. A number of new methodologies have come to the market in an effort to secure the catheter without using sutures and thereby potentially creating additional openings in the skin, allowing bacteria to migrate into wound leading to site infections. This lecture will explore these new devices as well as the pros and cons of each.

10.40 - 11.05 Preventing catheter-related thrombosis in 2010 — Massimo Buononato MD (IT)

Description: Catheter-related thrombosis is a common complication during use of long-term central venous catheters (LT CVC). It is due to various causes like direct effect of the catheter on the adjacent vein walls and blood flow, chemical and physical nature of substances that are infused, technique and site of catheter placement, clinical conditions and pathologies of the patients. In this session are presented some studies on this complication and are underlined some aspects about its prevention. In particular are discussed the indication to the anticoagulation prophylaxis, the advantage of a meticulous technique of LT CVC implant and the possible innovations in order to reduce the development of clinical deep venous thrombosis.

11.05 - 11.30 Current management of extravasation — Lisa Dougherty RN, PhD (UK)

Description: This session will provide an overview of the current management of extravasation. The definition of extravasation, incidence and possible causes will be discussed along with risk factors and strategies for prevention. A detailed review of the current management procedures will follow including the use of antidotes such as Savene and the nurses role in undertaking the flush out technique. Finally the requirement for documentation will be discussed along with issues relating to litigation.

11.30 - 12.15 Improving safety: the end of blind sticking, infraclavicular access and antimicrobial coatings. — Jack LeDonne MD (USA)

Description: Common sense suggests that it is superior to visualize a structure, whether it is brain, gallbladder or central vein, before performing an invasive procedure that has an associated morbidity. The literature comparing sonoguided central venous access to the blind sticking is compelling, in favor of ultrasound guidance. Despite these arguments, routine use of blind sticking continues. The time has come to relegate the use of blind sticking to very select clinical situations. The infraclavicular fossa may be the preferred location for non-tunneled central venous catheters because of patient comfort and the ability to provide proper care and maintenance. Although the dominant venous structure, in the infraclavicular fossa, is uniformly identified as

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the subclavian vein, it is actually the axillary vein that is always cannulated when sonoguidance is utilized. Eliminating or reducing CLABSI is a process that employs numerous evidence-based strategies, such as the insertion bundle of the CDC and IHI. There are evidence-based technologies, not included in the bundle, that demonstrate a further reduction in CLABSI. One of these strategies is antimicrobial-coated catheters.

12.30 - 14.00	**Satellite symposium by 3M (invitation only)** Getting to Zero CR-BSIs: Recent Successful Strategies	3M Dennis Maki MD (USA) Hubert Ponssen MD (NL) Giancarlo Scoppettuolo MD (IT)

Description: The symposium will present recent successful strategies and clinical results targeting the reduction of Catheter-Related Bloodstream Infections. During this session chaired by Dr. Mauro Pittirutti (Rome, Italy), delegates will have the opportunity to listen to Dr. Dennis Maki (Wisconsin, USA), Dr. Ponssen (Dordrecht, Netherlands) and Dr. Scoppettuolo (Rome, Italy). The discussion will focus on demonstrating the importance of a "Zero Tolerance" approach when implementing care bundles to effectively reduce CR-BSIs. The role of CHG and anti-microbial dressings will be also discussed both from a clinical as well as from a hands-on perspective.

14.15 - 17.15	**Risk Management in Venous Access:** **Abstract presentations**	Martin Stritesky MD (CZ) **chair**
14.15 - 14.35	Maintaining a zero central line associated blood stream infection rate for 17 months across a large and diverse adult patient population	Timothy Royer (USA)
14.35 - 14.55	Visualizing veins with near-infrared light reduces unsuccessful attempts in blood withdrawal in children	Natascha Cuper (NL)
14.55 - 15.15	Reduction of primary bacteremia following the introduction of chlorhexidine-impregnated sponges combined with transparent dressings on central venous catheters in a mixed ICU.	Philippe Eggimann MD (CH)
15.15 - 15.35	Iv Cannulation- a focus on film dressings and reducing complications	Neville Hearse (AUS)
15.35 - 15.55	Venous International Classification: VIA Project: Study for the validation of a classification of the peripheral venous system with prognostic value and usefulness in patients under intravenous therapy	Julio Cesar De La Torre Montero (ES)
15.55 - 16.15	Impact of a peripheral intravenous cannulation team	Peter Carr (IRL)
16.15 - 16.35	Registered Professional Nurses Placing Central Vascular Access Catheters via the Internal Jugular	Gail Sansivero MS, ANP (USA)

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Vein at the Bedside: One Year Evaluation of a Pilot Program

16.35 - 16.55 The nursing role in central venous cannulation: implications for practice policy and research — Tim Spencer RN (AUS)

17.30 - 19.30 **Satellite symposium by CareFusion (invitation only)** — CareFusion

Zero CRBSI - Can we do it? - Yes we can!

Robert Pratt MD (UK)
Stephen Webb MD (UK)
Nancy Moureau BS, RN, CRNI (USA)
Nik Gravenstein MD (USA)

Description: Not all healthcare associated infections (HCAI) are avoidable. However, much has changed in recent years regarding infection prevention and control in the vascular access setting. Advances in the understanding, technology and clinical practices associated with vascular access have resulted in significant reductions in infections, such that catheter-related bloodstream infections (CRBSI) are no longer being considered as a natural consequence of medical care but an unacceptable adverse event.

D203 **10.00 - 11.30** **Workshop on venous access in neonates** — Agnes vd Hoogen RN, PhD (NL) **chair**

Venous access in neonates: current controversies — Thierry Pirotte MD (BE)

Description: Neonatal central venous access remains challenging. Using landmark techniques, a higher complication rate is found in this population. US-guidance has shown major benefits in older children. US-guided jugular and femoral access remains challenging in low weight neonates: Small and highly mobile veins, Veins sometimes located under the artery, Transfixion of the vein almost inevitable, Difficult guidewire insertion, Tip of the needle tricky to see with the Out-Of-Plane approach. US guidance for the subclavian access is a good alternative and offers some advantages: "Fixed" vein, "far" from the artery, easy In-Plane approach, more comfort, less infection…

EKG technique in neonates — Tannette Krediet MD (NL)

Description: Presentation of slides and/or video on the procedure of insertion of central venous catheter in neonates admitted at the neonatal intensive care unit.

Infrared technology as an aid in venipuncture — Gregory Schears MD (USA)

Description: This session will provide an in depth review of how near infrared (NIR) technology can help improve vascular access. It will begin with how NIR works, what are its limitations and an example of one of the devices. We will discuss some of the benefits for pre-access assessment, IV placement, phlebotomy and testing of post-access venous integrity through examples and clinical trials using a multimedia approach. We will also discuss future directions for product development and research. There will be an opportunity to use a NIR device on an IV access phantom.

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11.30 – 12.15 **Workshop on venous access in pediatrics**

How to minimize venous access - related complications in children — Antonia Ithurralde RN, BSN (USA)

Description: Taking a look at the advancements of pediatric PICC placement involving MST, Ultrasound and specific technique's toward achieving successful venous access in pediatric patients. A true multidisciplinary approach.

PICCs, ultrasound guidance and the changing scene of venousaccess in pediatrics — Davide Vailati (IT)

Description: Up to few years ago, central venous access in children was mostly performed either by time consuming, invasive 'open' surgical procedures of cannulation of central veins (usually external jugular, internal jugular or cephalic), or by 'blind' percutaneous venipuncture of central veins (usually internal jugular or subclavian), which carried the risk of pleuropulmonary damage. In this new century, two main novelties are changing the approach to pediatric central venous cannulation: (a) the technique of ultrasound guided venipuncture, which allows the safe percutaneous puncture of any central or peripheral vein (internal jugular, axillary, subclavian, innominate, femoral, etc.), with minimal trauma and reduced risk of penumothorax and accidental arterial puncture; (b) the availability of peripherally inserted central catheters (PICCs) which allow a safe alternative to direct central cannulation, being associated - particularly if inserted by ultrasound guidance and EKG guidance - with a very low risk of complications (infection, venous thrombosis, malpositions, etc.).

14.15 - 17.00 **Workshop on needle free connectors and the risk of infections** — Giancarlo Scoppettuolo MD (IT) **chair**

14.15 - 15.15 Needlefree connection without infection... the in's and the out's! — Marcia Ryder PhD, MS, RN (USA)

Description: The risk of infection associated with needlefree connectors remains a highly debated issue. The revised CDC recommendation states that "when needleless systems are used, the split septum valve may be preferred over a mechanical valve due to increased risk of infection with some mechanical valves". This is a Category II recommendation that suggests implementation and is supported by suggestive clinical or epidemiologic studies or theoretical rationale. Significant differences exist among the device designs for bacterial transfer if disinfection procedures are not adequately carried out, and if repeated use increases the risk of bacterial transfer rate. The goal of this session is to examine existing and new data that gives new perspectives surrounding the risk factors associated with needlefree device use.

15.15 - 16.00 In vivo experience on needle free connectors — William Jarvis MD (USA)

16.00 - 17.00 Forum discussion — Giancarlo Scoppettuolo MD (IT), Emilio Bouza MD (ES)

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10.00 - 12.30 **Workshop on catheter access in dialysis** — Jan Tordoir MD (NL) **chair**

How to minimize catheter-related complications in dialysis access: a review of current guidelines — Frans Swiatek MD (DK), Carmelo Puliatti MD (UK), Jan Tordoir MD (NL)

Description: This session will discuss ultrasound guided access to jugular, subclavian/axillari and femoral veins. Non-US alternatives (supraclavicular subclavian a.m. Yoffa and Rao's method to deep part of int. jugular). Access via the left internal jugular and placement og tunneled catheter, emphasis on risks and complications associated with this route.

14.15 - 15.30 **Workshop on intraosseus access** — Michelle Fox RN, BSN (USA)

Indications, technique, complications

Description: Doctors, Nurses and Paramedics have been attaining intraosseous access (IO) for over 20 years and new technology has expanded its role in vascular access. With IO as an early option central venous lines can be reserved for true clinical need, while also preserving veins and ensuring timely delivery of prescribed care. The lecture will provide a history of IO, review of the new technology, relevant research and how this impacts standards of care and guidelines. Demonstration of common sites and the IO insertion process will be covered together with IO indications, contraindications, complications, as well as management of infusion pain.

15.30 – 17.00 **Workshop on safety** — Carmel Streater RN (UK) **chair**

Prevention policies for prevention of sharp injuries — Andreas Wittmann ING, PhD (GER)

Description: Around 10% of the EU working population works in the health and social services sector, and a considerable number of them are employed in hospitals. The health sector is therefore one of the most important sectors of employment in Europe. Different categories of staff are concerned such as doctors, nurses, laboratory staff, other healthcare staff, staff responsible for cleaning and laundry, etc. In Europe approximately 8 million healthcare workers are potentially at risk of needle stick injuries (NSI). The potential risk of serious infections with more than 20 dangerous blood-borne pathogens (including the hepatitis B, hepatitis C and human immunodeficiency viruses which account for most of the infections) caused by NSI that are contaminated with blood is present in their daily work. The speaker deals with the different risks of NSI (including costs) and shows that the use of modern safety devices is the right strategy to make the healthcare sector more efficient and also effective.

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		Review of current available safety needles and safety devices.	Ron Stoker MS (USA)
	Description:	Each year healthcare workers are at risk for needlestick and other sharps injuries from contaminated products. The estimate of the number of healthcare workers injured is 3,000,000 worldwide. This is a global issue. Healthcare workers need to be know about appropriate safety products. This presentation will outline over 101 Safety Product Categories that reduce sharps injuries and bloodborne pathogen exposures.	
D301	10.00 - 12.30	Theoretic / practical course for physicians and nurses: The EKG method for positioning the tip of central venous access	Mauro Pittiruti MD (IT) Antonio LaGreca MD (IT) Davide Celentano RN (IT)
	Description:	This is a short training course for physicians and nurses, focused on the EKG method for positioning the tip of central venous lines, organized by GAVeCeLT. The course will be structured as follows: A theory session (physiological basis of the method; interpretation of the intracavitary EKG and description of the technique; advantages and pitfalls of the EKG method; evidence in the literature, for both central lines and peripherally inserted central lines). A practical session (demonstration of the variations of the P wave in the intracavitary EKG during the trajectory of the central venous catheter, on simulator; demonstration of the different materials used for the EKG method in its different technical options, including a simulation using a dedicated device, the Sapiens Tip Locator System). (admission fee)	
	14.00 - 17.30	Theoretic / practical course for physicians: Ultrasound guided venipuncture for central venous access	Antonio LaGreca MD (IT) Daniele Biasucci MD (IT) Alessandro Mitidieri RN (IT)
	Description:	This is a short training course for physicians, focused on US-guided insertion of central venous catheters, organized by GAVeCeLT and WINFOCUS. The course will be structured as follows: A theory session (US physics and technology; semeiotics and anatomy of central veins; technique for US-guided puncture of the internal jugular vein, of the innominate vein, of the subclavian vein, and of the axillary vein; evidence in the literature: cost-effectiveness and safety of US-guided venous puncture); A practical session (US visualization of the internal jugular vein, of the subclavian and axillary veins, of the subclavian-jugular venous confluence and of the innominate vein, on healthy volunteers; hands-on training on simulator: US guided venipuncture and insertion of central venous catheters by Seldinger technique). (admission fee)	
ELICIUM 1	10.00 - 17.30	Industrial exhibition	
EUROPA-FOYER 1	10.00 - 17.30	Industrial exhibition and posters	

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STRAND ZUID 17.30 - 19.30 **Satellite symposium by Teleflex (invitation only)**
Vessel Health and Preservation: Risk Reduction Strategies Panel

Teleflex MEDICAL

Nancy Moureau RN, BSN, CRNI, CPUI (USA)
Marcia Ryder RN, PhD, MSN (USA)
Sheila Inwood RN, MSN (UK)
Jack LeDonne MD (USA)
Mauro Pittiruti MD (IT)
Giancarlo Scoppettuolo MD (IT)
Tim Spencer RN (AUS)

Description: Risk reduction strategies are a critical subject for all vascular access clinicians around the world. Teleflex Medical is pleased to offer this unique symposium. We will cover: Device selection and management, Risk reduction through specialized education and vascular access specialists, Risk reduction with ultrasound, Accuracy and risk reduction through ECG device placement, Infection prevention strategies for vascular access devices, The role of antimicrobials in reducing risk. Join us and get an update on best practices in venous access device selection. We welcome your participation.

19.30 - 23.30 Dutch evening (admission fee)

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Location	Time	Activity	Speaker
ELICIUM 2	**09.00 - 10.30**	**Indications of ports**	Ulf Teichgraeber MD, MBA (GER) **chair**
	09.00 - 09.25	All about ports: current indications for venous ports, arterial ports, spinal ports and peritoneal ports	Marguerite Stas MD, PhD (BE)
	Description:	In the early eighties, totally implantable subcutaneous port catheters were developed for safe intravenous injection of drugs into central veins. Beside systemic therapy, they can help deliver regional therapy as well, including intraarterial and intrathecal injections, providing access to pleural and peritoneal cavities and even to inflate prostheses. These devices can remain in place for years, without impairing hygiene, professional or leisure activities and QOL. They are particularly suitable for intermittent treatment schedules over prolonged periods of time, also in homecare. Even if more expensive than PICCs at insertion, they offer longer indwelling times, more comfort and much lower maintenance costs.	
	09.25 - 09.50	What is the best venous access in the oncologic patient? A review of the available guidelines	Roberto Biffi MD (IT)
	Description:	Nontunneled central catheters are indicated only for short-term in-hospital setting use. Chemotherapy with vesicant drugs should be delivered by a central venous access in order to reduce the risk of infusion-related complications. Tunneled central catheters are indicated for patients in whom long-term central venous access and intensive device use are anticipated (repeated administration of chemotherapy, antibiotics, parenteral feeding, blood products, and frequent blood sampling). Fully implanted catheters (ports) are more suitable for long-term use with less-frequent need for access, especially in patients receiving intermittent bolus chemotherapy for solid tumors. PICCs are more suited for ambulatory or outpatient-based therapy when a medium-term use (3 months) is anticipated.	
	09.50 - 10.15	The growing role of ports in pediatrics	Toan Khuc MD (BE)
	Description:	Initially, totally implantable venous access system (TIVAS) are used to deliver chemotherapy to cancer patients. Advantages of these devices in children in term of pain, fear etc. are obvious and we wish to share with you our limited experience using ports in other indications. Ports are used when a parenteral delivery of medications or fluids is necessary, for a long time:1. Medications: chemotherapy to cancer patients, antibiotics to cystic fibrosis patients, blood and its components for hematologic diseases, other medications for rares metabolic diseases, 2.Total parenteral nutrition for children with short bowel syndrome or chronic gut inflammatory pathologies, 3.To fill or to withdraw fluid from lapband in bariatric surgery. Indications for use of ports, specifics complications are discussed.	
	10.15 - 10.25	Discussion	

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10.25 - 12.15 **Port implantation** — Martin Stritesky MD, CSc (CZ) **chair**

10.25 - 10.50 Ultrasound guided venipuncture for port implantation: the new standard? — Eric Desruennes MD (FR)

Description: About 1500 venous ports and 500 central venous catheters are implanted each year in our cancer institute Gustave Roussy. In 2001 we first used preoperative utrasound screening, but progressively ultrasound guidance replaced preoperative screening and became the gold standard for central venous access. Herein we describe ultrasound guidance for the main central venous access : internal jugular, subclavian, axillary, cephalic and femoral veins. Needle and probe position will be described for each approach and advantages and disadvantages of each venous access will be discussed.

10.50 - 11.15 Principles of intra cavitary ECG — Johan Vijgen MD, FESC (BE)

Description: The session will explain the basic electrophysiology of intracavitary and intracardiac electrograms. The knowledge of the electrophysiology will serve to understand intracavitary recordings that can be applied for the correct positioning of venous ports. Means of recording of the electrograms will be described as well as the interpretation of the recordings. Pittfalls of the technique will be discussed.

11.15 - 11.40 Tip position while inserting venous ports: ECG guidance vs. fluoroscopy — Marguerite Stas MD, PhD (BE)

Description: The ECG principle, discovered by the Dutchman Eindhoven (1912), is the keystone of cardiac electrophysiology. Indeed, ECG-wave pattern is related to the area where it is detected. In prospective randomized trials, intravasal ECG was proven safe, faster and as accurate as fluoroscopy. While ECG is implemented for accurate tip positioning of short-term central venous catheters (Germany) and ports (Europe, Far East), it is still discouraged by some manufacturers (USA). ECG is our usual technique for long-term venous access catheter tip positioning, yielding 95% success for over 10 years. Consequently, radiation was avoided to significant numbers of patients and healthcare workers.

11.40 - 12.05 Nursing of the patient before and after port implantation — Jan Ouwerkerk RN, CNS (NL)

Description: Port implantation

12.05 - 12.15 Discussion

14.15 - 15.15 **Power injectable ports** — Eric Desruennes MD (FR) **chair**

14.15 - 14.35 The use of port in diagnostic radiology: advantages and risks — Ulf Teichgraeber MD, MBA (GER)

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Description: Until recently, no implantable port catheter system used in the clinical routine was approved for power injections. We conducted a feasibility study on a newly approved power-injectable device (PowerPort; Bard Access Systems). Patients with an indication for port catheter placement and the need for frequent contrast enhanced computed tomography scans (CECTs) can benefit from its use. Experiences at our institution showed, that the system can be used at a complication rate which is within the published range for other standard port systems. Usage during CECTs however can be increased.

14.35 - 14.55 Cost-effectiveness of power injectable ports — Paul Blackburn RN, MNA (USA)

Description: Power injectable vascular access devices have been more common place within the vascular access arena over the past few years. This lecture will discuss the impact use of these ports have on the overall cost of therapy.

15.15 - 16.15 Panel on port complications — Jan Ouwerkerk RN, CNS (NL) **chair**

15.15 - 15.35 The optimal treatment for port-associated venous thrombosis — Roberto Biffi MD (IT)

Description: No clear clinical advantages could be obtained by catheter removal after the thrombosis was established. It is mandatory in case of infected thrombus, malposition or irreversible occlusion of the lumen. Urokinase or recombinant tissue plasminogen activator should be used in acute symptomatic cases diagnosed fewer than 24 hours after the first symptoms. Chronic symptomatic cases should be treated with a combination of low-molecular–weight heparin (LMWH) and then oral anticoagulants, or with LMWH long-term alone, depending on the clinical setting. Compared with warfarin, LMWH exhibits a superior safety profile and more predictable antithrombotic effects, without the need for dose monitoring. Its use in patients with renal failure should be cautious because even low prophylactic doses may accumulate.

15.35 - 15.55 Mechanical complications of long term access: the role of the interventional radiologist — Ulf Teichgraeber MD MBA (GER)

15.55 - 16.15 Complications: the role of the Clinical Nurse Specialist — Godelieve Goossens RN, PhDC (BE)

Description: Totally implantable venous ports are increasingly used as standard devices for chemotherapy administration. Long-term complications (malfunction, problems at the access site, difficulties in needle insertion, complaints of pain and extravasation) are mainly observed by the end-users. However, once these complications occur, appropriate investigations and therapies are needed. Yet, healthcare providers in charge of patients with ports often lack knowledge in this specific field. A clinical nurse specialist (CNS) may offer an added value. Therefore a CNS can hold a crucial role in managing port complications by coordinating investigations and treatments among nurses, doctors and patients.

16.15 - 16.30 **Closing session**

D201-D202 **10.00 - 11.30** **Controversies** Frans Swiatek MD (DK) **chair**

10.00 - 10.25 Heparin induced thrombocytopenia: implications for vascular access — Ted Warkentin MD, FRCP(C), FACP (USA)

Description: Heparin-induced thrombocytopenia (HIT) is one of the most important immunologically-mediated adverse drug reactions in clinical medicine, due to its high frequency and strong association with venous and arterial thrombosis. Not all exposures to heparin, however, are equally immunogenic, and the various risk factors for HIT will be described. This presentation will further address the following issues: (a) does the presence of an intravascular catheter predispose to thrombotic complications in HIT? (b) do catheter-associated heparin "flushes" ever cause HIT? (c) should the potential for HIT be a factor that influences the decision whether to flush catheters with heparin?

10.25 - 10.50 Catheter locking solutions: alternative to heparin — Lynn Hadaway M.Ed, RN, BC, RNI (USA)

Description: Heparin has been the chosen solution for locking central venous catheters, however there are numerous challenges with its use. This presentation will explore those issues, discuss the differences between catheter flushing and locking, describe the techniques for these procedures, and review the available research on alternative solutions.

10.50 - 11.15 Positive pressure techniques for improving patency of totally impantable ports — Marie Cecile Douard MD (FR)

Description: Totally implanted ports (TIP) have become the standard part of patient care. Negative pressure created during needle withdrawal induces blood reflux and catheter tip occlusion. Application of positive pressure (PP) during needle withdrawal may prevent such reflux, but supporting data are limited. The aim of this experimental study was to quantify the role of positive pressure using a test model simulating physiological conditions. Reflux associated with needle withdrawal with and without applied PP was tested using various model of TIP and two kind of Huber needles: standard and safety needles. The 2nd end point of the study was to analyze the effects on reflux of septum and needle diameters when no positive pressure is performed during the needle withdrawals. Results: Positive pressure reduces the incidence of reflux by nearly 80% (22% vs99%,P<0.001). In absence of PP, mean reflux increases with septum and needle gauge (P<0.001) Conclusion. To prevent blood reflux during needle withdrawal, the use of positive pressure is mandatory.

11.15 - 11.40 Catheter materials for ports: controversies — Ihsan Inan MD (CH)

Description: Biomaterials available to use in production of long term catheters are very limited. Polyurethane and silicone are the main alternatives. Historically, Silicone was the first elastomer to be used to produce indwelling catheters. Polyurethane, developed

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later, has a vast potential of development while characteristics of this material may be modified for the needs of the field. Both materials has advantages and weaknesses, design of the end product should take in consideration material features as well as their in vivo behaviour. Non respect of these principles may cause major complications.

	11.40 - 12.05	Vesicant extravasations: frequency, mechanisms, pathogenesis, evidence-based management and continuing controversies	Irene Kriegel MD (FR)
	Description:	Can you recognize the risk factors for vesicant extravasation?, Can you recognize some unusual aspects of extravasation?, Vesicant drugs and antidotes, New treatments for anthracycline extravasation, Evidence-based management and the importance of guidelines.	
	14.15 - 16.00	**Implanted Access Ports: Abstract presentation**	Serban Bubenek (RO)
	14.15 - 14.35	Harmonization of Port handlings : overview of a training kit	Christian Dupont (FR)
	14.35 - 14.55	Wound healing and others complications following central venous placement in patients treated with Bevacizumab : a single-center, three-year experience with a series of 336 patient	Irene Kriegel (FR)
	14.55 - 15.15	Prospective clinical evaluation of a safety Huber needle PolyPerf® Safe in cancer patients	Martine Jérôme (BE)
	15.15 - 15.35	Emotional problem in patients with totally implanted central venous access	Baudolino Mussa (IT)
D203	**08.00 - 09.00**	**Satellite symposium by Vidacare (invitation only)** Intraosseous Vascular Access, Past, Present and Future Trends	vidacare Defining the Field of Intraosseous Medicine℠ Lynn Phillips (USA)
	Description:	Intraosseous (IO) Access is well established in the emergent setting. The advancement of IO technology has moved it beyond this limited setting and made it an important alternative means of vascular access. The Infusion Nurses Society (INS) is hosting a panel of experts from 8 different specialty organizations to explore IO use in hospital-wide deployment wherever vascular access is medically necessary. This includes patients in intensive care units, on the general medical floor in pre-procedure surgical settings where lack of vascular access can delay surgery, and in chronic disease and long-term care settings. This presentation will explore IO's past, present and future place as a as a vascular access standard.	
	10.00 - 11.20	**Abstract presentations**	Paul Blackburn RN, MNA (USA)
	10.00 - 10.20	Single-Center, five-year experience with 168 pleural implantable ports in the outpatient management of recurrent malignant pleural effusion	Irene Kriegel MD (FR)

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	10.20 - 10.40	Totally implantable venous access ports systems and risk factors of complications: a one year prospective study in a cancer centre: 815 new patient	Jean-Laurent Mehdi (MQ)
	10.40 - 11.00	An Observational Study of Clinical Outcomes with Double Lumen Central Venous Port Systems in Cancer Patients used for Concomitant Administration of Chemotherapy and Parenteral Nutrition	Sebastian Nagel (GER)
	11.00 - 11.20	Prospective study on satisfaction and quality of life of oncological patients having beneficiate of totally implantable venous access device placement	Gabriel Liberale (BE)
	14.15 - 15.45	**Workshop on venous access in parenteral nutrition**	
		Access for Parenteral Nutrition in Europe today	Michael Staun (DK)
	Description:	Learn about different central venous access devices (CVAD), Catheter related complications of infectious and mechanical origin, Strategy to prevent problems and treatment of complications. Home parenteral nutrition (HPN) is a technical complex procedure that requires a central line. Although well trained in aseptic techniques patients will face infectious and other complications.This presentation deals with selecting the appropiate CCAD, prevention and management of complications.	
		Venous access in home parenteral nutrition: a review of current guidelines	Susan Craig RN (IT)
		Venous access for intra-hospital parenteral nutrition	Tim Spencer RN, PhDC (AUS)
	Description:	A safe and cost-effective program of home parenteral nutrition requires the knowledge of the appropriate indications, in terms of nutrient and devices, as well as the application of the appropriate nursing techniques, as recommended by the international guidelines. In this presentation, the most important guidelines for home parenteral nutrition, as delivered by the nutritional societies (ASPEN, AuSPEN, ESPEN, SINPE, etc.), will be presented and discussed.	
D204	**08.00 - 09.00**	**Satellite symposium by Luminetx (invitation only)**	Luminetx Light the Way
		Near Infrared: Taking Vascular Access to the Next Level	Gregory Schears MD (USA)
	Description:	This session will show how VeinViewer's revolutionary near-infrared, direct-imaging system can help improve the success of venipuncture procedures by reducing the number of stick attempts, increasing potential venous targets, reducing access time and increasing patient satisfaction. Dr. Schears will discuss the technology and its use for pre and post-assessment during IV procedures. Learn more about VeinViewer's state of the art technology: how it works and its many advantages for venous access. Discover the potential for detecting IV patency and possible infiltration, and how to choose the best insertion site. Vein Viewer will take venous access to the next level	

Day 3, June 18th 2010, Friday
Implanted Access Ports

	10.00 - 11.40	**Abstract presentations**	Josie Stone RN, PNP (USA)
	10.00 - 10.20	Brachial artery-jugular vein jump graft: A salvage procedure for vascular access	Ali Reza Kalantar Motamedi (IR)
	10.20 - 10.40	Relationship Between Vessel Diameter and Time to Maturation of Arteriovenous Fistula for Hemodialysis Access	Morteza Khavanin Zadeh (IR)
	10.40 - 11.00	Use of Tesio Catheters in infants and children receiving chronic hemodialysis	Carmine Pecoraro (IT)
	11.00 - 11.20	Vascular Access Professional Organizations: A Multi-disciplinary Approach	Leigh Ann Bowe-Geddes RN, BS, CRNI (USA)
	11.20 - 11.40	Guide-wired: an intranet-based guide to central venous catheter identification and care	Nina Scheppske (USA)
	12.30 - 14.00	**Satellite symposium by Perouse Medical (invitation only)** Ultrasound guided venipuncture for port implantation	PEROUSE MEDICAL Stephane Villiers (FR)

Description: The workshop will focus on venous access using ultrasound guided puncture technique for port implantation. Ultrasound training models will be at the disposal of attendees so that they can develop and practice the skills necessary to gain proficiency in using ultrasound to guide catheter insertions in the internal jugular vein. The advantages of a new implantable port set dedicated to this technique (POLYSITE® Echo) and a new hand-carried ultrasound system (ECHO-Site®) will be presented.

D301	14.00 - 17.30	Theoretic / practical course for physicians: Ultrasound guided venipuncture for central venous access (admission fee)	Antonio LaGreca MD (IT) Massimo Lamperti MD (IT) Mauro Pittiruti MD (IT) Daniele Biasucci MD (IT)

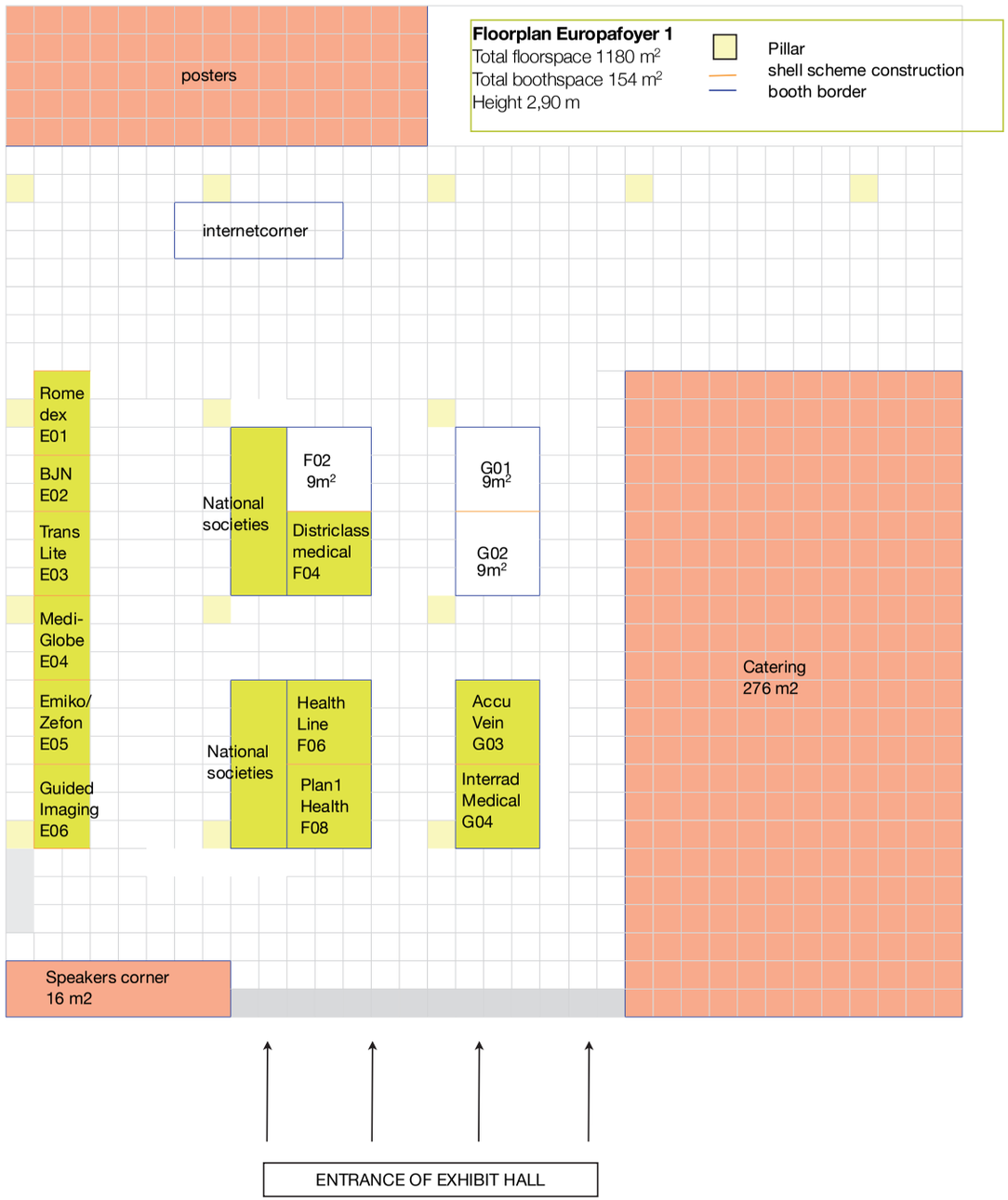
Description: This is a short training course for physicians, focused on US-guided insertion of central venous catheters, organized by GAVeCeLT and WINFOCUS. The course will be structured as follows: A theory session (US physics and technology; semeiotics and anatomy of central veins; technique for US-guided puncture of the internal jugular vein, of the innominate vein, of the subclavian vein, and of the axillary vein; evidence in the literature: cost-effectiveness and safety of US-guided venous puncture); A practical session (US visualization of the internal jugular vein, of the subclavian and axillary veins, of the subclavian-jugular venous confluence and of the innominate vein, on healthy volunteers; hands-on training on simulator: US guided venipuncture and insertion of central venous catheters by Seldinger technique.

ELICIUM 1	10.00 - 16.00	Industrial exhibition
EUROPA-FOYER 1	10.00 - 16.00	Industrial exhibition and posters

Registration Information The registration desk at the RAI conference centre for WoCoVA 2010 is open at: Tuesday June 15th from 16.00-19.00. During conference June 16th - 18 from 8.00-17.00.

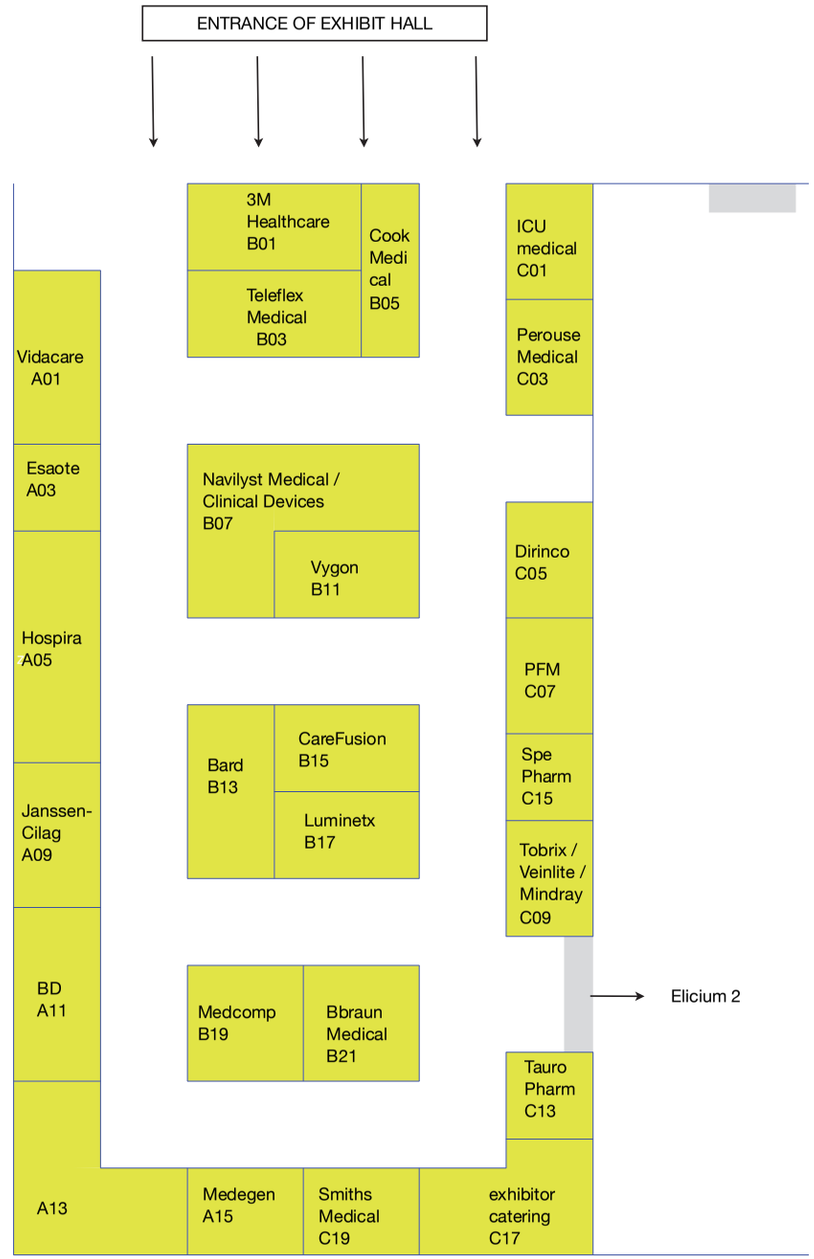
Exhibit hours Wednesday June 16th, 09.00-19.30. Thursday June 17th, 09.00-17.00. Friday June 18th, 09.00-16.00.

	Day 1: June16th 2010, Wednesday	Day 2: June 17th 2010, Thursday	Day 3: June 18th 2010, Friday
Early Morning	09.00 - 09.15 **Opening Session** ELICIUM 2 09.15 - 10.00 **AVA - WoCoVA Keynote presentation** ELICIUM 2 Sean Berenholtz (USA)	09.00 - 09.45 **Introduction and Keynote Address** ELICIUM 2 Dennis Maki (USA) 09.45 - 12.15 **Consensus on prevention of catheter related infection: towards worldwide guidelines?** ELICIUM 2 09.00 - 12.15 **What's new ?** D201-D202	08.00 - 09.00 **Satellite symposium by Vidacare (invitation only)** D203 Vidacare 08.00 - 09.00 **Satellite symposium by Luminetx (invitation only)** D204 Luminetx 09.00 - 10.30 **Indications of ports** ELICIUM 2
Morning	10.00 - 12.15 **PICC indications and techniques** ELICIUM 2 10.00 - 12.15 **Panel on logistic and legal aspects of PICC insertion** D201-D202 10.00 - 12.30 **Controversies** D203	10.00 - 11.30 **Workshop on venous access in neonates** D203 10.00 - 12.30 **Workshop on catheter access in dialysis** D204 11.30 – 12.15 **Workshop on venous access in pediatrics** D203	10.00 - 11.30 **Controversies** D201-D202 10.00 - 12.15 **Port Implantation** ELICIUM 2 10.00 - 11.20 **Abstract presentations** D203 10.00 - 11.40 **Abstract presentations** D204
Midday	12.30 - 14.00 **Satellite symposium by ICU Medical (invitation only)** D201-D202 ICU Medical, Inc. 12.30 - 14.00 **Satellite symposium by Vygon (invitation only)** D203 Vygon 12.30 - 14.00 **Satellite symposium by Vidacare (invitation only)** D204 Vidacare	12.30 - 14.00 **Satellite symposium by Bard (invitation only)** ELICIUM 2 Bard 12.30 - 14.00 **Satellite symposium by 3M (invitation only)** D201-D202 3M Healthcare	12.30 - 14.00 **Satellite symposium by Perouse Medical (invitation only)** D204 Perouse Medical
Afternoon	14.15 - 17.10 **PICC management and prevention of complication** ELICIUM 2 14.15 - 17.30 **PICC 2010 worldwide: Abstracts Presentations** D201-D202 14.15 - 15.30 **Workshop on experts' tips for preventing complications of PICCs** D203 14.15 - 15.30 **Hands on workshop on PICC Insertion techniques** D204 15.30 - 17.30 **Workshop on starting a PICC team in your hospital** D203 15.30 - 17.00 **Hands on workshop on Nursing of PICC lines** D204	14.15 - 17.15 **Risk Management in Venous Access: Abstract presentations** D201-D202 14.30 - 17.00 **Ultrasound guided venipuncture: the new standard for central venous access? A worldwide consensus of experts** ELICIUM 2 14.15 - 17.30 **Workshop on needle free connectors and the risk of infections** D203 14.15 - 15.30 **Workshop on intraosseus access** D204 15.30 – 17.00 **Workshop on safety** D204	14.15 - 15.15 **Power injectable ports** ELICIUM 2 14.15 - 16.00 **Implanted Access Ports: Abstract presentations** D201-D202 14.15 - 15.45 **Workshop on venous access in parenteral nutrition** D203 15.15 - 16.15 **Panel on port complications** ELICIUM 2 16.15 - 16.30 **Closing session** ELICIUM 2
Evening	17.30 - 19.30 **Satellite symposium by Janssen Cilag (invitation only)** D201-D202 Janssen Cilag	17.30 - 19.30 **Satellite symposium by CareFusion (invitation only)** D201-D202 CareFusion 17.30 - 19.30 **Satellite symposium by Teleflex Medical (invitation only)** STRAND ZUID Teleflex Medical 19.30 - 23.30 **Dutch Evening** STRAND ZUID See page 60	



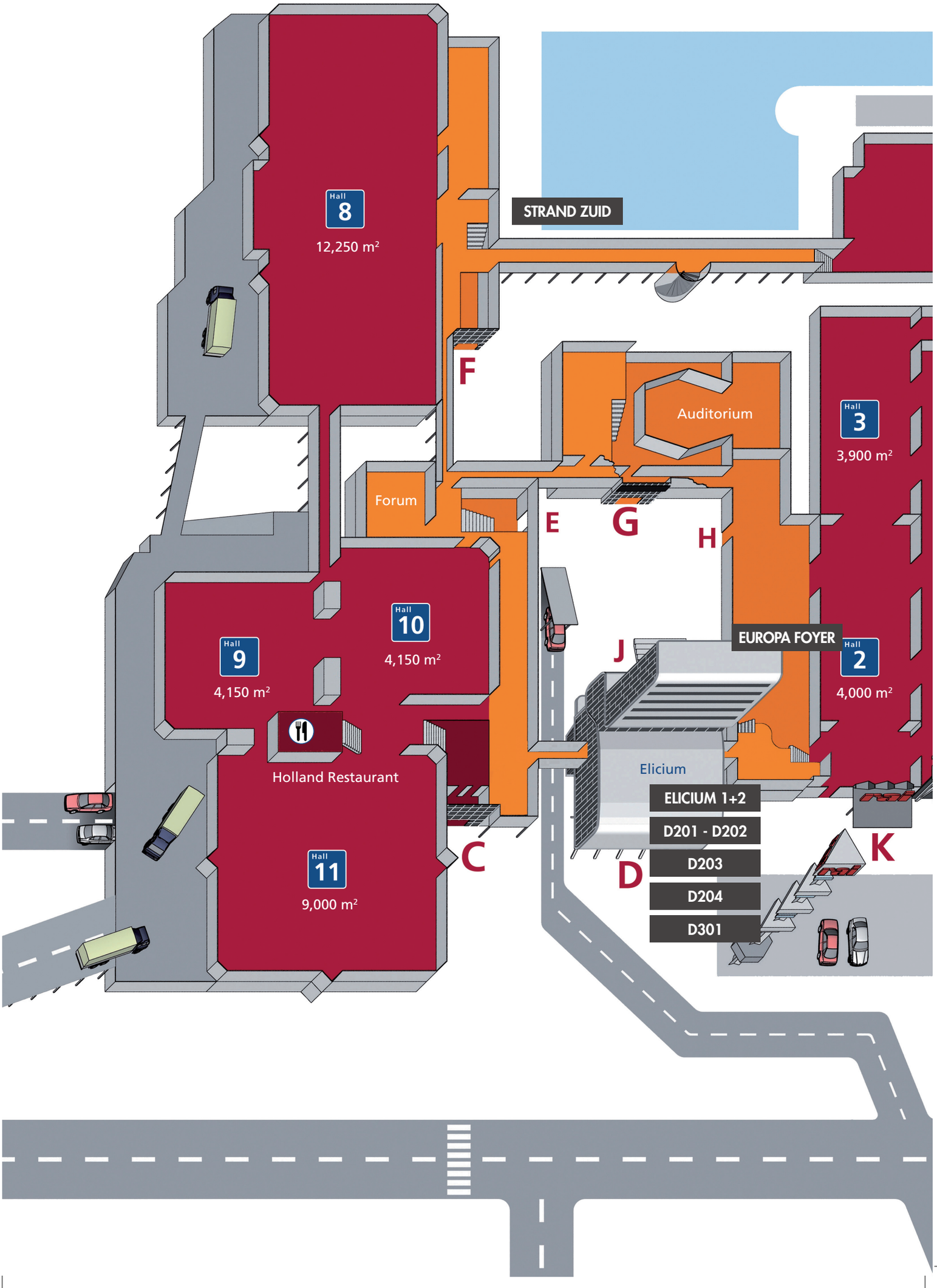
Floorplan Europafoyer 1
Total floorspace 1180 m²
Total boothspace 154 m²
Height 2,90 m

Pillar
shell scheme construction
booth border

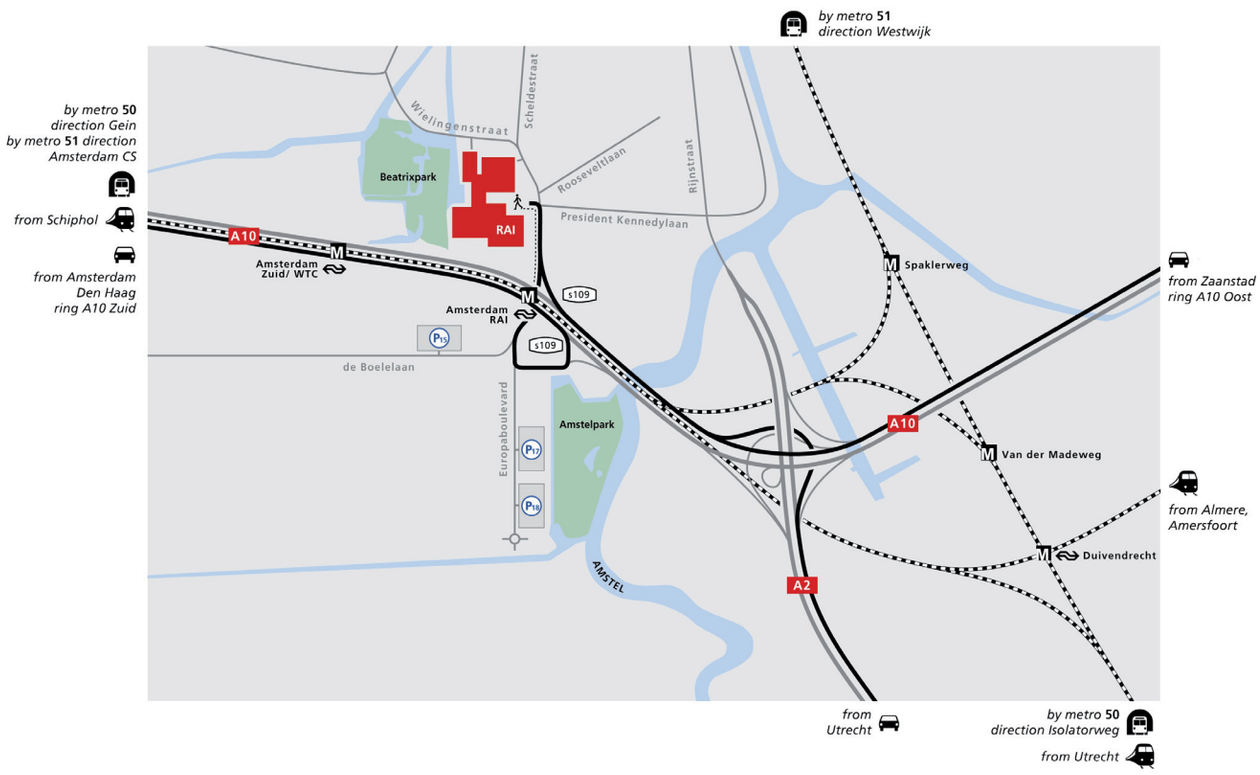


Floorplan Elicium 1
Total floorspace 761 m²
Total floorspace 381,5 m²
Height 5 m
Allowed booth height 2,75 m

Map RAI Amsterdam



Route



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World Congress Vascular Access

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Lunch Symposium,

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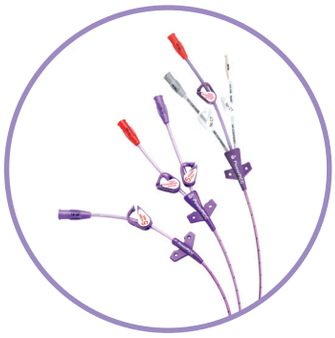
on **June 17th** at **12.30pm** in the **Elicium Room**



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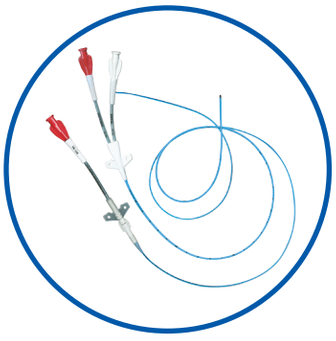

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Posters

Posters

Posters are located in the Europafoyer 1 and are open for viewing during the whole congress. Presenters will be available for questions and discussion during the following times:

Wednesday June 16th	11.30 - 12.30
Thursday June 17th	11.30 - 12.30

The best poster will receive the BEVANET poster price.

No.	Subject	Title	Author
01	PICC	Percutaneously inserted central cathethers (picc) in onco-hematologic patients:a center's experience.	Destefanis Riccardo (IT)
02	PICC	Peripherally inserted central catheters and midline catheters as alternative vascular devices in children submitted to hematopoietic stem cell transplantation for thalassemia	Andrea Roveda (IT)
03	PICC	Relative Frequency of Risk Factors for Chronic Renal Failure in 224 End Stage Renal Disease (ESRD) Patients, Referred for Catheter Insertion	Morteza Khavanin Zadeh (IR)
04	PICC	Peripherally inserted central catheter in pediatrics; a contribution to care!	Mariska Kok (NL)
05	PICC	Training of nurses in high flow Picc catheter management based in outcome indicators	Paloma Ruiz (ES)
06	PICC	Accidental puncture accident reduced by intensive implantation of central venous access in a general hospital	Baudoline Mussa (IT)
07	PICC	Use of central catheters at hospital at home service	Maria Victoria Garcia Dominguez (ES)
08	RISK MANAGEMENT	Central venous catheter insertion by clinical nurse consultant or anaesthetic medical staff: A single centre observational study	Evan Alexandrou (AUS)
09	RISK MANAGEMENT	Establishing a nurse-led central venous catheter insertion service: a process evaluation	Tim Spencer (AUS)
10	RISK MANAGEMENT	Best Practice – Safe Practice. "The first Irish Hospital to adopt a completely closed peripheral vascular catheter system"	Maureen Scanlon (IRL)
11	RISK MANAGEMENT	Evaluation of an educational programme in management and care of central venous access devices	Margareta Troeng (SE)
12	RISK MANAGEMENT	Use of intravenous antibiotherapy at hospital at home service	Maria Victoria Garcia Dominguez (ES)
13	RISK MANAGEMENT	The adequate indication of a vascular access in the oncological patient	Maria Carmen Carrero Caballero (ES)

Posters

No.	Subject	Title	Author
14	RISK MANAGEMENT	Factors complicating peripheral venous access in children	Natascha Cuper (NL)
15	RISK MANAGEMENT	A multicenter prospective evaluation of the clinical performance of a 2% chlorhexidine gluconate antimicrobial transparent IV dressing	Hans Vlaminck (BE)
16	RISK MANAGEMENT	Protecting the public through certification in vascular access: development of a credible certification examination program	Pamela Haylock (USA)
17	RISK MANAGEMENT	The impact of user-friendly nursing procedures on utilisation of a dedicated IV access team	Pauline Dobson (AUS)
18	RISK MANAGEMENT	A Comparison of Nurse versus Patient / Carer administered Home IV Therapy	Pauline Dobson (AUS)
19	RISK MANAGEMENT	Three uncommon complications of central venous catheter insertion	Cecilia Monteiro (PT) / Rui Casaca (PT)
20	RISK MANAGEMENT	In vitro comparison of antimicrobial properties of tethered and eluting biguanide central venous catheters (CVCs)	Joel Rosenblatt (USA)
21	RISK MANAGEMENT	In vitro comparison of antimicrobial properties of three silver-based central venous catheters (CVCs)	Joel Rosenblatt (USA)
22	PORTS	Totally implantable vascular access devices for cystic fibrosis: experience of an Italian CVC-Service.	Giovanni Zagli (IT)
23	PORTS	Venous access port	Bente Melgårdshagen (NO)
24	PORTS	Outcome Analysis in 3,160 Implantations of Radiologically Guided Placements of Totally Implantable Central Venous Port Systems.	Ulf Teichgräber (GER)
25	PORTS	Survey on 1.010 skin tunnelled central venous catheters (Hickman-Broviac) in 840 children in a pediatric haemato-oncology unit	Johan de Porre (BE)
26	PORTS	Sensory perceptions of oncology patients undergoing surgical insertion of a totally implantable venous access device: a qualitative exploratory study	Christel Janssens (BE)

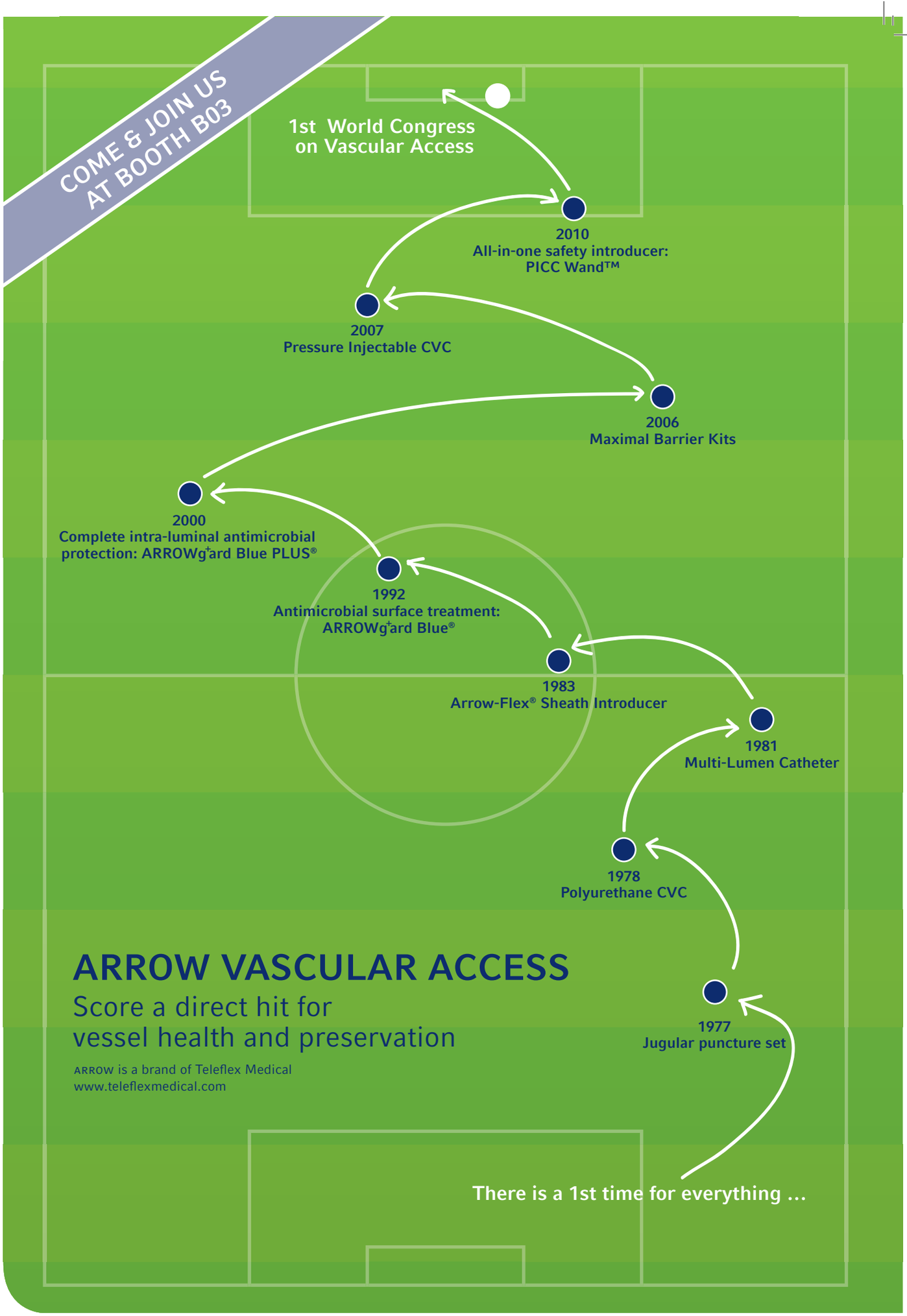
Speakers

Name
Sean M. Berenholtz MD, MHS, FCCM. AVA-WoCoVA Keynote Presentation

Background
Sean M. Berenholtz MD, MHS, FCCM is an Associate Professor in the Johns Hopkins University Schools of Medicine (Departments of Anesthesiology/Critical Care Medicine and Surgery) and Bloomberg School of Public Health (Department of Health Policy and Management). He earned his Masters degree in clinical investigation from the Johns Hopkins Graduate Training Program in Clinical Investigation at the Bloomberg School of Public Health. His research interests include applying clinical research methods to improve quality of care in the intensive care unit. At Johns Hopkins, Dr. Berenholtz is a practicing anesthesiologist, critical care specialist, Medical Director of Perioperative Safety for the Department of anesthesiology & Critical Care Medicine, Director of Performance Improvement for the adult general and surgical oncology intensive care units, and Co-Director of the Johns Hopkins University Quality and Safety Research Group. The author of more than 50 articles and chapters in the fields of patient safety, ICU care, evidence-based medicine, and the measurement and evaluation of safety efforts, Dr. Berenholtz he has worked with the VHA Health Foundation and JCAHO to develop quality measures, served as National Chair for the VHA's Transformation of the ICU program, and as co-investigator for a statewide collaborative to improve ICU care in Michigan. He currently serves as principal investigator for a statewide effort to improve perioperative care in Michigan and co-investigator to disseminate a successful program to improve culture and eliminate central line associated blood stream infections in 50 states, Spain and Peru.

Name
Dennis G. Maki MD. Keynote Address

Background
Dr. Maki is the Ovid O. Meyer Professor of Medicine, Head of the Section of Infectious Diseases at the University of Wisconsin Medical School in Madison, Wisconsin, and Attending Physician in the University of Wisconsin Center for Trauma and Life Support. In his activities as an infectious disease consultant, intensivist and hospital epidemiologist, Dr. Maki has devoted his research career to the study of pathogenesis, diagnosis and prevention of nosocomial infections, particularly bloodstream infections caused by intravascular devices and the management of septic shock and other life-threatening infections. A past consultant to the CDC, NIH, FDA and HHS, he is a former President of the Society for Healthcare Epidemiology of America and Councillor of the Infectious Diseases Society of America. From 1987 to 1994, he was a member of the ICAAC-ASM Program Committee and from 1989 to 1995, served on the ABIM Board of Critical Care Medicine. Dr. Maki has won numerous awards for teaching at the University of Wisconsin and nationally. In 1994, he received the CIPI Award of the International Congress on Infection Control, Societe de Pathologie Infectioense de Langue Francise, the World Health Organization and the CDC, for his contributions to the prevention of infection. In 2000, he was made a Master of the American College of Physicians and received a Society Citation from the Infectious Diseases Society of America for lifetime contributions in the field of infectious diseases. In 2001, he received the Hilldale and the Belzer awards from the University of Wisconsin for achievements in teaching, research and service. Following the events of September 11, 2001, Dr. Maki was appointed to the Wisconsin Medical Society Taskforce on Bioterrorism, the Governor's Bioterrorism Preparedness Task Force and as a consultant for the National Response to Bioterrorism of the Centers for Disease Control; in 2002, he named to the U.S. HHS Secretary's Council on Public Health Preparedness.



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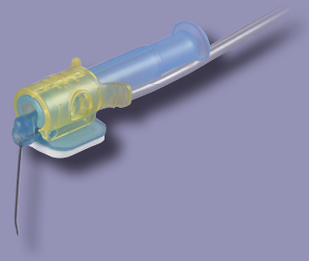

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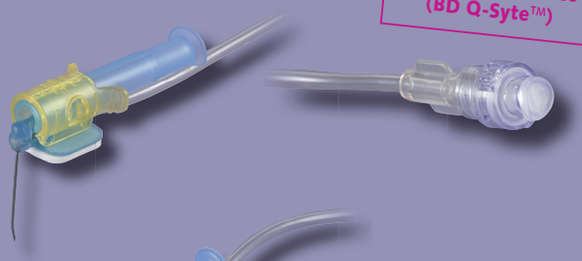

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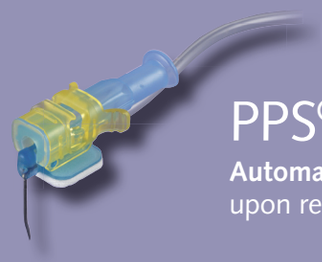

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Company 3M

Description 3M is a global diversified technology company with 75,000 employees, net revenues of $23.1 billion and over 55,000 innovative products. We leverage our 45 technology platforms, world-class manufacturing and global reach to provide trusted products that help promote health and improve the quality, cost and outcomes of care.

The 3M Skin and Wound Care and Infection Prevention Divisions offer healthcare professionals leadership solutions to minimise the risks of healthcare-associated infections. We offer a comprehensive portfolio of quality products including the trusted TegadermTM range of IV dressings extended newly by Tegaderm CHG antimicrobial dressings. To help achieve compliance with care bundles, 3M also provides complete solutions through Custom Procedure Trays, which include the 3M Steri-DrapeTM range of disposable drapes, surgical gowns and masks. This is backed by an extensive range of educational programmes and knowledgeable technical service to provide practical support to patients and staff.

For further information, please visit the 3M stand at WoCoVa or www.3m.com/infectionprevention and www.tegaderm.com.

Company BARD

Description "...C. R. Bard is a leading multinational developer, manufacturer, and marketer of innovative, life-enhancing medical technologies in the fields of Vascular, Urology, Oncology, and Surgical Specialty products.

Bard Access System creates products that have a positive impact on people's lives. We develop, manufacture and distribute medical devices used by an array of practitioners in the process of gaining access to the circulatory and other select systems for the purpose of delivering chemotherapy, blood products, antibiotics, drugs or nutrition. Our products also deliver oncology treatments for the detection, treatment and management of various cancers.

Bard markets its products and services worldwide to hospitals, individual health care professionals,extended care facilities. Bard pioneered the development of single-patient-use medical products for hospital procedures; today Bard is dedicated to pursuing technological innovations that offer superior clinical benefits while helping to reduce overall costs..."

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Company

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Description

BD is a leading global medical technology company that develops, manufactures and sells medical devices, instrument systems and reagents. The Company is dedicated to improving people's health throughout the world. BD is focused on improving drug delivery, enhancing the quality and speed of diagnosing infectious diseases and cancers, and advancing research, discovery and production of new drugs and vaccines. BD's capabilities are instrumental in combating many of the world's most pressing diseases. Founded in 1897 and headquartered in Franklin Lakes, New Jersey, BD employs approximately 29,000 associates in approximately 50 countries throughout the world. The Company serves healthcare institutions, life science researchers, clinical laboratories, the pharmaceutical industry and the general public. For more information, please visit www.bd.com/uk

Company

Navilyst Medical

Description

Navilyst Medical strives to be the first choice provider of medical devices for vascular access and the diagnosis and treatment of vascular disease. We deliver industry leading, best in class vascular access technologies to the market today. A decade ago, our team invented a groundbreaking vascular access device safety performance feature with our Pressure Activated Safety Valve (PASV®) technology. As Navilyst Medical, we know that this proven valve technology can be essential to compliance with the newest Joint Commission National Patient Safety Goals and stricter CMS reimbursement policies governing Hospital Acquired Infections (HAIs) or Catheter-Related Blood Stream Infections (CR-BSIs). Our devices are proven to make a difference - and we back that statement with excellent customer support, clinical training and results.

Company

Teleflex MEDICAL

Description

Teleflex Medical is committed to partnering with healthcare providers with focus on anaesthesiology, critical and cardiac care, urology and surgery to provide solutions that help reduce infections and improve patient and provider safety.

Teleflex Medical's Arrow vascular access products include the recommended ARROWg+ard Blue antimicrobial surface treatment which is proven to reduce catheter-related bloodstream infections. The PICC Wand® Safety Introducer with the Arrow Peelable Sheath, Sharps safety components and Maximal Barrier Kits, as well as Pressure Injectable CVCs, PICCs and dialysis catheters complete a product range that makes Teleflex Medical's Arrow brand the most trusted in vascular access.

Silver Sponsors

Company CareFusion

Description CareFusion is a global corporation serving the healthcare industry with products and services that help hospitals measurably improve patient care. Focused on reducing medication errors and hospital-acquired infections, CareFusion's family of products includes ChloraPrep® patient preoperative skin preparation.

ChloraPrep reduces microorganisms on patients' skin prior to medical and surgical procedures. This one-step antiseptic system lowers the risk of dangerous bloodstream and surgical site infections. The efficacy and safety of ChloraPrep are supported by more than 35 clinical studies and recommendations by 17 internationally recognized organizations or guidelines, including 10 that specifically recommend 2% chlorhexidine gluconate - a key ingredient in ChloraPrep.

Company Luminetx® Light the Way

Description "VeinViewer® is the world's first vascular imaging device to project an image of the patient vein pattern directly onto the surface of the skin in real-time. Manufactured by Christie Medical Holdings (formerly Luminetx), this revolutionary device has been clinically proven to reduce the number of attempts to start an I.V. by 50%, reduce I.V. start time by 50% and double patient satisfaction. VeinViewer Vision is the 3rd generation of VeinViewer helping clinicians improve vascular access success. Christie is dedicated to helping improve patient care. Vascular Access Starts with VeinViewer™."

Company vidacare® Defining the Field of Intraosseous Medicine℠

Description The EZ-IO® Vascular Access System by Vidacare provides immediate vascular access for delivery of medications and fluids via the intraosseous space when traditional IVs are difficult or impossible. The EZ-IO is recognized as the technology standard for intraosseous access and has been inserted in over 350,000 patients worldwide. The system is deployed by most of US advanced life support ambulances and US Emergency Departments, as well as Military Services worldwide. Established in 2001, Vidacare Corporation is the developer of a broad technology platform that is defining the new field of intraosseous medicine.

Bronze Sponsors

Company

Description

Cook Medical was one of the first companies to help popularize interventional medicine, pioneering many of the devices now commonly used worldwide to perform minimally invasive medical procedures. Today, the company integrates device design, biopharma, gene and cell therapy and biotech to enhance patient safety and improve clinical outcomes in the fields of aortic intervention; interventional cardiology; critical care medicine; gastroenterology; radiology, peripheral vascular, bone access and oncology; surgery and soft tissue repair; urology; and assisted reproductive technology, gynecology and high-risk obstetrics. For more information, visit www.cookmedical.com

Company

Description

Hospira is a global specialty pharmaceutical and medication delivery company, with more than 70 years of experience in producing high-quality hospital products.

As the world leader in speciality generic injectable pharmaceuticals, Hospira offers one of the broadest portfolios of generic acute-care and oncology injectables, as well as integrated infusion therapy and medication management solutions.

Through its products, Hospira provides solutions to help improve the safety and productivity of patient care.

The company headquarters are in Lake Forest, Illinois, United States. The head office for Hospira in Europe, Middle East and Africa is in Royal Leamington Spa, UK. Learn more about Hospira at www.hospira.com.

Company

Description

ICU Medical, Inc. is a leader in the development, manufacture and sale of proprietary, disposable medical connection systems for use in vascular therapy applications. Our devices, MicroCLAVE, CLC2000 and Tego are designed to protect patients from catheter related bloodstream infections and healthcare workers from exposure to infectious diseases through accidental needlesticks. We are also a leader in the production of custom I.V. systems and we incorporate our proprietary products into many of those custom I.V. systems. We are also a significant manufacturer of critical care medical devices, including catheters, angiography kits and cardiac monitoring systems.

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Company JANSSEN-CILAG

Description The Janssen-Cilag companies have a long and successful track record in developing and marketing treatments for a wide variety of conditions such as fungal and bacterial infections, HIV, pain management, multiple myeloma, gastroenterological disorders, epilepsy. Alzheimer's disease, schizophrenia, acute bipolar mania, behavioural psychological symptoms of dementia, disruptive behaviour disorders and autism. More information can be found at www.janssen-cilag.com

BIOPATCH™ is the only antimicrobial dressing clinically proven to reduce catheter-related bloodstream infections (CRBSIs), thus saving patient lives and healthcare costs. Clinical studies show that BIOPATCH™ reduces the risk of CRBSIs by 76% and major catheter-related infections by 61%, compared with standard sterile dressings. The BIOPATCH™ Antimicrobial Dressing utilises a unique technology engineered to deliver chlorhexidine gluconate for up to seven days and provides 360 degree coverage around the insertion site.

Company PEROUSE MEDICAL

Description Manufacturer of medical devices in different fields (Oncology, Interventional imaging, Cardiovascular surgery) PEROUSE MEDICAL supplies a full range of implantable ports and Huber needles. POLYSITE® implantable ports comes in various profiles and sizes, which are both strong and light. Some of these offer the best flow rates on the market, ensuring great versatility of use. PEROUSE MEDICAL also develops innovative safety Huber needles that prevent nurses accidentally pricking themselves (Polyperf® Safe), with or without closed system on the main line (PPS® Quick) and allowing automatic positive flush on removal (PPS® Flow+) so that reducing the risk of catheter obstruction

Bronze Sponsors

Company

Description

For nearly 40 years, pfm medical ag has been one of the leading specialists for products in the area of medical technology, particularly in the field of venous port systems.

Comprehensive development competency, many years of personal customer contacts, and international sales experience not only ensure a sustainable market position to pfm medical but above all ensure the highest quality to users. Quality and experience are incorporated in every pfm medical development and represent the uniqueness of our products and services, e.g the EZ-Huber™ Safety Infusion Set.

Company

Description

VYGON is a company that creates, produces and markets single-use sterile medical and surgical products for more than 45 years. VYGON offers a large range of vascular access products and accessories of the best quality and with smart integrated solutions to help health care professionals come closer to the zero-complication target.

Company AccuVein®

Description "AccuVein applies advanced technologies to important health care challenges. The innovative AV300 allows practitioners to see a map of the position of peripheral veins on the patient's skin, to help caregivers locate veins while they perform the most common invasive medical procedure-venipuncture. Built using AccuVein's expertise in medical device miniaturization and user-intuitive design, the AV300 is the world's first portable, non-contact vein illumination solution. With more than a dozen patents filed worldwide, AccuVein demonstrates an ongoing commitment to invest in improving patient care and patient satisfaction."

Company B|BRAUN SHARING EXPERTISE

Description B. Braun Medical makes its expertise available to our customers in more than 50 countries through: Innovation, development and manufacturing of a wide range of vascular products, Outsourcing services for hospitals, medical practices and home care, Training courses and events to preserve, acquire and expand knowledge and dialogue with our partners.Celsite® Access Port Systems offer a complete range for venous, arterial, pleural, peritoneal and spinal indications including for venous high pressure injection; as well as all products necessary for treatment management via Ports including Surecan® needles and Easypump® elastomeric infusion pumps. New products will be available in 2010.

Company **British Journal of Nursing**

Description The British Journal of Nursing is the leading clinical journal for specialist nurses. Each quarter we publish the IV Therapy Supplement in association with NIVAS. The supplement is distributed to all the usual BJN subscribers (nurse specialists, nurses in management, IV nurses, surgical nurses, theatre nurses, vascular nurses), plus every member of NIVAS (anesthetists, microbiologists, pharmacists, nurses).Articles cover areas such as vascular access, IV therapy, cannula care, PICC lines, needlestick injuries and venous catheters. The BJN IV Supplement is the only single dedicated IV Therapy and Vascular Access publication in Europe.For more information please contact: Chloe.Moffat@markallengroup.com

Company Dirinco Always innovating

Description Citra-Lock™ The safe, easy and effective way to lock every catheter. The Dirinco Group is a Dutch and Swiss based company, with innovations mainly in the field of vascular access, hemotology, oncology, nephrology and intensive care. Citra-Lock™ - catheter lock solution, anti-clotting and antimicrobial is one of the innovations from Dirinco. The Citrate lock is based on tri-sodium citrate and can be safely used in all catheters!

Exhibitors

Citra-Lock™ 4% 5ml vial, Citra-Lock™ 30% 5ml vial, Citra-Lock™ 46,7% 5ml vial, CitraFlow™ 4% prefilled syringe 2,5ml, Citra-Lock™ and Citra-Flow™ are registered as a medical device (Class IIb)more info: www.citra-lock.com or info@dirnco.com

Company esaote

Description Esaote introduces MyLabOne. The new standard: Dedicated ultrasound system for Vascular Access. Esaote is one of the world's leading producers of medical diagnostic systems. It is well established as a Europe-based leading ultrasound manufacturer and internationally acknowledged to be the world leader in dedicated MRI. The Esaote Group is also one of the main players in the sector of Information Technology for healthcare. Esaote is proud to introduce at the WoCoVa its latest innovation: the MyLabOne. The MyLabOne is designed to bring ultrasound at the point-of-care for use in specific applications. Dedicated for Vascular Access the MyLabOne offers premium performance, ease of use and user comfort at the same time. Innovative 12" full touch-screen high-resolution TFT LCD colour monitor. Remote controls integrated in the probe (customizable) On-board dedicated tutorials. Up-to-date connectivity and data management solutions (wireless, LAN, integrated database). Just a few of the long list of unique specifications. Come to see the new MyLabOne at the Esaote booth. Stand no: A03

Company HEALTH LINE International Corporation Quality Medical Products

Description Health Line International Corporation is a manufacturer of vascular access catheters comprising Chronic and Acute Dialysis, CVC, and CT Injectable PICC's. Health Line provides a full line of standard catheter kits as well as custom kits to meet particular needs of our customers. At Health Line our focus is on product quality, patient safety, custom product and kit design, innovative technology, and cost savings for our customers and the Health Care Industry. All Health Line facilities are ISO 13485 certified and FDA registered.

Company interrad MEDICAL

Description "Interrad Medical has developed a new method for securing catheters called the SecurAcath Universal. The SecurAcath Universal is the world's first securement device that utilizes a small anchor placed just beneath the skin in the subcutaneous tissue. The SecurAcath Universal has many benefits including; works with your preferred catheter, can be repositioned, is fast and easy to use, does not need to be replaced, allows for excellent cleaning around insertion site, minimizes skin irritation caused by adhesives, reduces catheter movement, and the catheter is always secured even during dressing changes. See this exciting new technology at the Interrad Medical booth.

Company medCOMP

Description Medcomp is a major supplier of Venous Access Systems. The company will be exhibiting: Hemodialysis Catheters, cuffed and uncuffed. This will include its series of Split Tipped designs. Rounding off the dialysis line will be DuraLock-C, Trisodium Citrate antibacterial-anticoagulant catheter locking solution. For drug/chemotherapy administration, CT-Power Injectable PIC lines and Ports will be demonstrated. Rated at 300psi, these venous access devices allow contrast delivery to 5cc/second, facilitating superior contrast enhanced CT studies.Neonatal micropuncture access will be a new addition to the line. Significant features include: a .010" mini-mandrel wire, a mini-sheath/dilator, and a 1.9 French neonatal line.

Company Medi-Globe The Spirit of Care™

Description Medi-Globe GmbH develops, manufactures and distributes a unique, specialty wound care product line, GLYCOcell® in Germany. This innovative product line is based on a proprietary glycerin-gel based formulation. The GLYCOcell ® offers an extraordinary antimicrobial wound care product line effective in treatment for acute, chronic and surgical wound sites. Other target applications are for the care and treatment of infected entry sites of catheters (e.g. Dialyses, PEG, Supra Pubic) and drains. This modern wound care product line offers unique properties which combine effective infection control and prevention, with proven cost saving results.

Company smiths medical
bringing technology to life

Description Smiths Medical is a leading global provider of medical devices for the hospital, emergency, home and specialist environments. Our products are used during critical and intensive care, surgery, post-operative care during recovery, and in a series of high-end home infusion therapies. We offer respected and easily recognizable brands within our portfolio: Deltec™, Medex™, Portex™, CADD™, Level1™, Pneupac™, Wallace™, BCI™, Jelco™, Medfusion™ and Surgivet™. Smiths Medical employs some 7,500 people, with manufacturing concentrated in the US, the UK, Mexico and Italy. Most territories are serviced through wholly-owned local sales and distribution companies. With your input Smiths Medical continually provides the equipment, service and expertise you would expect whilst consistently delivering value, safety, quality and performance.

Company SpePharm

Description SpePharm is a European specialty pharmaceutical company focused on acquiring, registering and marketing high medical value specialty medicines, essentially for the hospital market. Particular therapeutic areas of interest are in oncology and

Exhibitors

hematology, critical and supportive care. SpePharm aims to be the preferred partner for pharmaceutical and biotechnology companies, especially those from outside of Europe, seeking to maximize product and commercial opportunities within Europe. The vision of SpePharm is to become a leading specialty pharma company offering the first truly pan-European commercial platform for high value niche hospital and specialist products.

Company TauroPharm GmbH

Description TauroPharm GmbH is a life science company specialized in antimicrobial medicinal applications. One of the company's core interests is to offer a safe and effective technology for locking central venous access devices (catheters and ports). TauroLock™, a non-antibiotic lock solution, which is capable of dramatically reducing catheter related blood stream infections (CRBSI) is free of sideeffects. TauroLock™ is highly effective in eradicating bacteria and fungi and has been successfully tested on more than five hundred organisms, including multiresistant forms such as MRSA and VRE. It is to be used in dialysis, oncology, intensive care medicine and parenteral nutrition. To improve catheter patency TauroLock™ products contain 4% citrate and/or heparin (TauroLock™, TauroLock™-Hep100, TauroLock™-Hep500) and/or Urokinase (TauroLock™-U25.000).

Company Tobrix

Description Tobrix is a Dutch distributor of professional medical equipment. From our office near Eindhoven, we supply the Dutch, Belgium and Luxembourg hospitals and clinics. With exclusive contracts and longterm relationships with leading manufacturers such as Mindray, we deliver first class solutions at affordable prizes. Next to vascular access we supply various products to urologists, dermatologists and vascular surgeons. Technical and clinical training, next day delivery of disposables and a our own service department guarantee a maximum in customer satisfaction.

Company Veinlite

Description TransLite's Veinlite® transilluminators are clinically proven to improve vein access rates. They work well on skins of all colours and on obese patients. By increasing first attempt IV access rates, Veinlites save staff time and decrease wasted supplies. Moreover, Veinlites save patients the pain, trauma and anxiety of multiple failed vein access attempts. There are different Veinlite models to suit every situation: from tiny LED based devices used in neonatal intensive care to powerful, autoclavable fiberoptic illuminators used in adult vascular surgery. Our best selling VeinliteLED and VeinliteEMS models are portable, versatile and suitable for patients of all ages.

Exhibitorslist

Place **Elicium 2 and Europafoyer 1**

Exhibitor	Booth
3M	B01
AccuVein	G03
Bard Ltd.	B13
B.Braun Medical	B21
BD	A11
British Journal of Nursing	E02
CareFusion	B15
Clinical Devices	B07
Cook Medical	B05
Dirinco	C05
Districlass Medical	F04
Emiko Medical	E05
Esaote	A03
Guided Imaging	E06
Health Line Int. Corp.	F06
Hospira	A05
ICU Medical	C01
Interrad Medical	G04
Janssen-Cilag	A09
Luminetx	B17
Medcomp	B19
Medegen	A15
Medi-Globe	E04
Mindray	C09
Navilyst Medical	B07
Perouse Medical	C03
PFM	C07
Plan1Health	F08
Romedex International	E01
Smiths Medical	C19
SpePharm	C15
TauroPharm	C13
Teleflex Medical	B03
Tobrix	C09
TransLite	E03
Veinlite	C09
Vidacare	A01
Vygon	B11
Zefon International	E05

Registration Information

The registration desk at the RAI conference centre for WoCoVA 2010 is open at:

Tuesday June 15th from 16.00 - 19.00
During conference June 16th - 18th from 8.00 -17.00

Exhibit hours

Wednesday June 16th	09.00 - 19.30
Thursday June 17th	09.00 - 17.00
Friday June 18th	09.00 - 16.00

Socials

I Amsterdam Card

The I Amsterdam Card consists of a smartcard, a public transport ticket (GVB public transport system), a pocket guide and provides over 40 free and 50 discounted offers on major tourist attractions and restaurants. This card is comparable with a City Card offered in many European Cities. The I Amsterdam Card is available at several Tourist Offices of Amsterdam Tourism & Convention Board (ATCB) or can be purchased on-line at www.iamsterdamcard.nl

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Welcome Reception

Wednesday, June 16th, 2010 from 17.30 - 19.30

After the first day of lectures and workshops, all participants are invited to the welcome reception in the exhibition area in Elicium 1 and Europafoyer 1.
A little distraction is welcome, this will give you the opportunity to network and get to know eachother on a personal level in a more relaxed environment.

Location: Elicium 1 and Europafoyer 1, RAI Convention Centre
Attendance: For all registrants

Dutch Evening

Thursday, June 17th, 2010 from 19.30 - 23.30 Strand Zuid.

On June 17th we will organize a Dutch evening for all participants, sponsors and exhibitors. An evening to enable all professionals to mingle in an easy accessible way, an excellent opportunity to meet old and new friends. Let us surprise you with live music and much more at the city beach Strand Zuid in the centre of Amsterdam, next to the conference centre. Without any doubt…. on Thursday evening this is the place to be! Live music, welcome cocktail and fingerfood snacks are included. Tickets can be purchased on our website and also at the registration desk.

Dinner Night

Friday, June 18th, 2010 from 18.30 - 21.00

For the friday evening we have arranged a special dinner night, before the congres you can book this dinner night at registration at our website www.wocova.com. Check at the registration desk upon arrival if you can still join this evening, there is a minimum of 20 people for each boat and all boats are run on eco-friendly natural gas.

You will be picked up from the RAI Harbour for a dinner on the canalboat, you will see Amsterdam from the water during this canal cruise and in the meantime our head chef draws a nice dinner from a range of regional cuisines.

WoCoVA
World Congress Vascular Access

17
JUNE 2010
RAI AMSTERDAM

DUTCH EVENING STRAND ZUID

…. ON THURSDAY EVENING THIS IS THE PLACE TO BE: LIVE MUSIC, WELCOME COCKTAIL AND FINGERFOOD SNACKS ARE INCLUDED.

LOCATION: STRAND ZUID, RAI CONVENTION CENTRE
ENTRANCE FEE € 37,00 PER PERSON AND TICKETS ARE AVAILABLE AT WWW.WOCOVA.COM
DRINKS CAN BE PURCHASED ON LOCATION.
REGISTER NOW. FOR THE DUTCH EVENING

WoCoVA 2010
1st World Congress on Vascular Access

Dinner & canalcruise

Amsterdam, capital of the Netherlands, is a bustling city. Few cities in the world have a historic centre as large and untouched as here and you will find few cities where water is as predominant as it is in Amsterdam.

You will see Amsterdam from the water during this canal cruise. While gliding through the old centre of the city and into its harbour, you enjoy a dinner on board.

19

JUNE 2010
AMSTERDAM
17.30 PM

DINNER NIGHT AMSTERDAM

The Cruise will start at 17.30 and end at 22.00 at the RAI Harbour, very close to the conference Centre.

Prices are € 98,00 Euro per person and tickets are available at www.wocova.com at registration or check the registration desk upon arrival for joining the cruise.

WoCoVA 2010
1st World Congress on Vascular Access

Colophone

WoCoVA Program Guide
Amsterdam, June 2010
800 ex.

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Welcome to Amsterdam

Welcome to Amsterdam!

Amsterdam's appeal lies in its rich cultural heritage, diverse and creative culture, commercial dynamism and high quality of life. Ultimately, the city's strongest asset is its people: the people who live here, the people who work here, the people who study here, and the people who visit here. Amsterdam's compact city centre makes for outstanding pbulic transport and the network of canals also offerst the unique opportunity for transport on the water. In the midst of 800 years of history, the city is home to many cafes, clubs and restaurants to suit every taste. The Historic heart of the city, known as The Grachtengordel (canal ring) has remained beautifully intact tot his day. On the cultural front, Amsterdam has momentarily 52 museums including the famous Rijksmuseum, Van Gogh Museum, the recently opened Hermitage. Whatever the purpose of your visit will be, be sure to take the time to explore our exceptional city.

“Welcome to Amsterdam!”

Welcome to Amsterdam!

City and Travel information

Amsterdam is among the top 10 most important commercial centres in the world, and is the fourth most influential business centre in Europe, directly following Frankfurt, Paris and London (source: MasterCard Worldwide Centres of Commerce index). Amsterdam's historical charm is just one facet of this dynamic modern city. The splendour of its 17th century canal buildings blends with a sophisticated business environment, to create one of Europe's most popular destinations.

The city of Amsterdam has excellent international travel and transport connections by plane, train and car. Amsterdam Schiphol Airport is acknowledged as one of the world's best airports and had frequent connections to all major European cities and is a main European port for intercontinental flights. On arrival, a train carries the traveller directly to RAI Railway Station within 12 min. leaving a 3-5 min walk to the Amsterdam RAI Convention Centre. International express trains and the Thalys high-speed train also serve Amsterdam from many major European cities. Car highways to Amsterdam all connect to the Amsterdam A10 ring. The RAI complex is located next to it and has large parking facilities. The Amsterdam RAI Convention Centre is perfectly situated along the South part of the highway ring A10 of Amsterdam and has large parking facilities. The Centre can also be easily reached by bus, tram and metro from downtown Amsterdam.

Accommodation

WoCoVA has contracted the Amsterdam RAI Hotel & Travel Service to arrange your hotel accommodation, but they also offer you travel, car rental, and other services. Hotel accommodation in Amsterdam is available in all star classes. For group bookings and tailor-made advice you should contact the RAI Hotel & Travel Service by e-mail.

Amsterdam RAI Hotel & Travel Service
P.O. Box *77777* 1070 MS Amsterdam The Netherlands Tel +31 (0)20 5491927
Fax +31 (0)20 5491946 E-mail: hotelservice@rai.nl Website: www.rai.nl/hotelservice

Meeting Venue

WoCoVA 2010 uses the facilities of one of the largest convention centers of Europe, the Amsterdam RAI Convention Centre. The conference and exhibition will be in and around the brand new part of the RAI, the Elicium Amsterdam RAI Convention Centre
Europaplein 22 1078 GZ Amsterdam, The Netherlands Tel. +31(0)205491212 Website: www.rai.nl

Travel Information

How to get to Amsterdam RAI.

Airport

You can reach Amsterdam RAI from Amsterdam Airport Schiphol by car or public transport in less than 15 minutes. Schiphol Airport is one of Europe's biggest airports and offers passengers a high standard of service. Upon arrival at Schiphol Airport, you can take one of the following types of transportation:
- Train to the Amsterdam RAI Station, a 10 minute train ride and a 5 - 10 minutes walk (300 meters) to Amsterdam RAI, Forum Centre
- Taxi (can be found in front of the Arrivals lounge, costs approx. €35,–)

Tram & Bus

If you arrive at Amsterdam Central Station (CS), you can take the Amstelveen express tram 51 (traveling time: 12 minutes, exit at the Amsterdam RAI station) or tram 4 (traveling time: 30 minutes, exit at the RAI Europaplein).
If you are traveling by train to the Amstel station, you can take the Amstelveen express tram 51 (traveling time: 5 minutes) or the bus (route 15, 69 or 169), which will bring you to the RAI within 10 minutes. In this case you should get off at RAI Europaplein.
From Amsterdam Sloterdijk station, the best way to reach the RAI is with express tram 50.

Train

Amsterdam RAI station is 300 meters from the RAI and has regular connections to all parts of the Netherlands, like Schiphol, Rotterdam, Utrecht, The Hague and is also linked to the international train network. Check the NS website (www.ns.nl) for your itinerary.

Car

The RAI is ideally suited for visitors who come by car. It is situated alongside the Amsterdam's A10 orbital motor way (exit S109) and has its own underground car parks. Numerous signboards indicate repeatedly to the RAI. This means that the RAI is easily accessible for visitors coming from the Netherlands or abroad. All the main motor ways can be reached without difficulty from the orbital motor way.

For route planner navigate to: Europaplein 22, 1078 GZ Amsterdam, The Netherlands
Amsterdam RAI has extensive parking facilities in and around the RAI. Costs (all costs include VAT) are for a day ticket: €15.00 The subscription costs* are:
Subscription: €11.50 for exhibitors and visitors (min. three exhibition days)
Subscription with reserved space: €12.50 for exhibitors and visitors (min. three exhibition days)

Validity: At least three exhibition days, one set-up day. Maximum headroom in garages is 1.90 meters. It is also possible to buy your parking passes through the RAI web shop.

Xcela® PICC with PASV® Valve Technology

Combining The Power of PASV™ with Power Injectable Technology.

Now you have the power to redefine patient care with the only power injectable PICC to incorporate PASV Valve Technology. The Xcela PICC with PASV Valve Technology is designed to provide a high degree of safety, ease and confidence in patient care.

Find out more at www.thepowerofpasv.com or call 800.833.9733

Visit us at **WoCoVA Booth B07/09**

Navilyst Medical

Xcela and PASV are registered trademarks and The Power of PASV is a trademark of Navilyst Medical, Inc., 26 Forest Street, Marlborough, MA 01752.

XCELA PICC WITH PASV VALVE TECHNOLOGY

INTENDED USE/INDICATIONS FOR USE: The Xcela PICC with PASV Valve Technology is indicated for short or long-term peripheral access to the central venous system for intravenous therapy, including but not limited to, the administration of fluids, medications and nutrients; the sampling of blood; and for power injection of contrast media.

CONTRAINDICATIONS: Venous thrombosis in any portion of the vein to be catheterized. Conditions that impede venous return from the extremity such as paralysis or lymphedema after mastectomy. Orthopedic or neurological conditions affecting the extremity. Anticipation or presence of dialysis grafts or other intraluminal devices. Hypercoagulopathy unless considerations are made to place the patient on anticoagulation therapy. Pre-existing skin surface or subsurface infection at or near the proposed catheter insertion site. Anatomical distortion of the veins from surgery, injury or trauma. Inadequate antecubital veins. Anatomical irregularities (structural or vascular) which may compromise catheter insertion or catheter care procedures. Patients with known allergies to tape or adhesive.

WARNINGS: Due to the risk of exposure to bloodborne pathogens, care providers must adhere to guidelines for universal blood and bodily fluid precautions in the care of all patients. Sterile technique must be strictly adhered to during any handling of the device. Contents are supplied sterile by EO for single patient use only. Do not use if sterile barrier is damaged. Do not use if product has been damaged. Do not reuse, reprocess or resterilize, to do so may compromise device integrity and/or lead to device failure which in turn may result in patient injury, illness or death; and may also create a risk of contamination, patient infection or cross infection which may lead to injury, illness or death of the patient. Do not place the catheter into the right atrium or the right ventricle of the heart. Do not attempt to trim the catheter with the guidewire or stylet loaded as catheter, stylet, or guidewire may become damaged resulting in patient injury. Failure to warm contrast media to body temperature prior to power injection may result in catheter failure. Failure to ensure patency of the catheter prior to power injection studies may result in catheter failure. Power injector's pressure limiting (safety cut-off) feature may not prevent over-pressurization of occluded catheter. Exceeding the maximum allowable flow rate (per the Directions for Use) may result in catheter failure and/or catheter tip displacement. Catheter indication for power injection of contrast media implies the catheter's ability to withstand this procedure, but does not imply appropriateness of this procedure for a particular patient. A trained clinician is responsible for evaluating the health status of a patient as it pertains to a power injection procedure. The maximum pressure of power injectors used with the Xcela PICC with PASV Valve Technology must not exceed 325 psi. Exceeding maximum allowable flow rate may result in catheter failure and/or catheter tip displacement.

PRECAUTIONS: Do not insert the stiff end of the floppy-tipped guidewire into the vein. Acetone and polyethylene glycol-containing ointments should not be used with polyurethane catheters, as these may cause failure of the device. Following institutional policy, secure catheter externally to prevent catheter movement, migration, damage, kinking or occlusion. It is recommended that institutional protocols be considered for all aspects of catheter use consistent with the instructions provided herein including flushing of occluded catheters and power injection. The Xcela PICC with PASV Valve Technology catheter testing included 10 power injection cycles. Use of a needle to access the catheter is not recommended. However, if a needle is used, do not use a needle longer than 1.9 cm as it may cause damage to the valve. Do not reinsert stylet into catheter, as damage to valve, catheter and vein may result. If a needleless connector is attached to catheter hub, first ensure that it will sustain power injection.

Refer to directions for use provided with the product for complete instructions, warnings and precautions.

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.

Notes

Let's meet at WoCoVA 2012

WoCoVA
P.O.Box 675
3720 AR Bilthoven
The Netherlands
Phone: +31 6 12 05 38 80

Amsterdam RAI Convention Centre
Europaplein 22
1078 GZ Amsterdam
The Netherlands
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For more information on WoCoVA 2010 visit www.wocova.com