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WOCÓVA 2012

2nd World Congress on Vascular Access

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Amsterdam, Beurs van Berlage, June 26th - 29th 2012

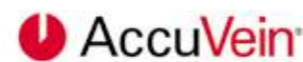
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- Brazil - Pietro Rigamonti
- Canada - Erin Davidson/Sharon Armes
- China - Henry Huang
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- Jacoline Zilverentant, Secretariat, Treasurer
- Renilde Huizenga, Project Manager
- Arjan Appel, Congress Company

Foreword local organizing committee

Dear colleagues,

On behalf of the WoCoVA organizing committee we welcome you to the World Congress on Vascular Access in the heart of Amsterdam.

For the second time we bring the most important experts in Vascular Access together to share results of research, protocols, innovations and expertise.

The program offers you educational courses on June 26th and a variety of oral sessions, poster presentations, hands-on workshops and a range of satellite symposia during the rest of the week, that will help you enhance the quality of your every day practice. With a large number of abstracts, we see an increasing understanding of the need to improve patient safety and comfort while treated in the hospital or at home.

The large exhibition floor is packed with the latest product novelties and will be open during all three days of the congress. It will certainly give food for thought in achieving your goals on infection prevention and patient quality of life. Also have a look at the booth of different national organizations related to Vascular Access and network with experts for all over the globe.

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. With just one step out of the Congress Center you can experience what this beautiful, vibrant city has to offer.

WoCoVA invites you to share your ideas and suggestions to improve this and future WoCoVA meetings and to enjoy this unique opportunity to expand your network. Please enjoy the congress and we thank you for your contribution and participation.

WoCoVA 2012
Ton van Boxtel
Renilde Huizenga
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Pre Congress Educational Courses: 26th June 2012, Tuesday

Location	Time	Activity	Speaker
Mendes da Costa Kamer	15.00 - 18.00	US guidance for central venipuncture	Jack LeDonne MD, VA-BC (USA), Coordinator Mauro Pittiruti MD (IT) Tom Petry PA (USA) Matteo Subert MD (IT)
		Description:	Presentation: Modern Vascular Access 4 Skills Stations...25 minutes each 1. Ultrasound evaluation, 2. EKG Technique 3. Needle Insertion Simulation with Mannequin 4. Complications Scenario
Verwey Kamer	15.00 - 18.00	US guidance for peripheral venipuncture	Nancy Moureau BSN, RN, CRNI, CPUi, VA-BC (USA) Coordinator Jim Lacy BSN, RN, CRNI (USA) Robert Dawson MSA, BSN, RN, CRNI, CPUi, VA-BC (USA) Amy Bardin MS, RRT, VA-BC (USA)
		Description:	Evidence for ultrasound guidance in peripheral venipuncture Technique of ultrasound guided access to peripheral veins Ultrasound anatomy of the veins of the arm (practical demonstration) Technique of ultrasound guided venipuncture (practical demonstration)
Roland Holst Kamer	15.00 - 18.00	US guidance and NIR (near-infrared) guidance in pediatrics	Massimo Lamperti MD (IT) Coordinator James Bennett MD (UK) Davide Vailati MD (IT)
		Description:	Central and peripheral venous access in pediatrics: materials and techniques US guidance for central venous access in neonates and children US guidance for peripheral venipuncture in children NIR guidance for peripheral venipuncture (practical demonstration) Ultrasound anatomy of central and peripheral veins (practical demonstration) Technique of ultrasound guided venipuncture (practical demonstration)

Pre Congress Educational Courses: 26th June 2012, Tuesday

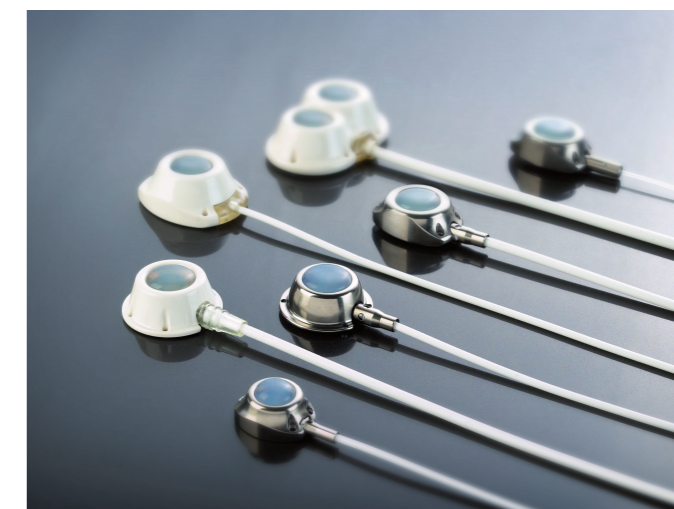
Location	Time	Activity	Speaker
Derkinderen Kamer	15.00 - 18.00	EKG method for VAD tip positioning	Antonio LaGreca MD (IT) Coordinator Daniele Biasucci MD (IT) Alessandro Emoli MD (IT)
		Description: Importance of tip position in central venous access Methods for reducing the risk of malposition and for verifying the position of the tip Theoretical basis of the intracavitary EKG method Technique of the intracavitary EKG method (practical demonstration)	
Rode Kamer	15.00 - 18.00	Current strategies for prevention of VAD related Infection	Giancarlo Scoppetuolo MD (IT) Coordinator Sheila Inwood RN MSN (UK) Laura Dolcetti MD (IT)
		Description: Evidence based practice, guidelines, bundles Prevention strategies: indication and choice of VAD Prevention strategies during insertion (practical demonstration) Prevention strategies in the care of the exit site (practical demonstration) Strategies for prevention of intraluminal contamination (practical demonstration) Final recommendations	

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Location	Time	Activity	Speaker
	08.00 - 09.00	Registration and coffee	
Yakult Zaal	09.30 - 11.00	OPENING SESSION	
	11.00 - 17.00	CHOICE OF VASCULAR ACCESS DEVICES	Paul Blackburn RN, BSN, MNA, VA-BC (USA) Roberto Biffi MD (IT) Chair
	11.00 - 11.30 (O-001)	Who needs a central venous port?	Roberto Biffi MD (IT)
	Description:	Approximately 5 million central venous catheters are inserted every year in the US, and a significant part of them is used for treatment of oncology patients. Despite the significant improvement in their management, especially after the publication of effective guidelines, many areas of clinical practice are still lacking an evidence-based background, such as the choice of the most appropriate long term vascular access device in each clinical situation. In this session, a rational approach to the choice of the most appropriate long term vascular access device, based on the literature available to date, will be presented and fully discussed.	
	11.30 - 12.00 (O-002)	A Patient oriented approach for choosing the most appropriate VAD	Kathy Kokotis RN, BS, MBA (USA)
	12.00 - 12.30 (O-003)	Success with peripheral vessel devices	Andrew Jackson RN (UK)
	Description:	Global developments within vascular access have assisted in the improvement of patient care for over a decade. Developments have included the provision of a wide range of vascular access devices. However, peripheral vessel devices are often overshadowed by their central vessel cousins. This presentation will begin with a review of peripheral vessel devices and expected standards. This will be followed by a 'practice based' insight into how improvements in peripheral vessel device education and care can have a positive influence upon patient care and central vessel device outcomes. Finally, the issue of 'success' in peripheral vessel devices will be defined.	
	12.30 - 14.30	Lunch	

14.30 - 15.00 (O-004)	The expanding role of PICCs in intra-hospital venous access	Carmel Streater RN (UK)
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.	
15.00 - 15.30 (O-005)	Vascular Access Devices for the Critical Care Patient—Which one would you choose?	Paul Blackburn RN, BSN, MNA, VA-BC (USA)
Description:	Critical care patients require vascular access for the multiple lifesaving infusions they need to receive while in a unstable state of health. As healthcare providers, it is our responsibility to look out for our patients, ensuring that they receive the best healthcare possible. One essential tool a healthcare provider must make a decision about, is the most appropriate vascular access device for our patients. This discussion will present the pros and cons of the various vascular access devices available for critical care patients.	
15.30 - 16.00 (O-006)	How to choose the best VAD for acute/chronic Hemodialysis	Jan Tordoir MD (NL)
Description:	Central venous catheters (CVC) are currently the preferred vascular access for patients presenting with acute kidney failure and a commonly used vascular access for chronic renal failure patients without permanent arteriovenous access. CVCs are implanted percutaneously in a deep vein (femoral, jugular or subclavian) and provide with an immediate and a comfortable solution for all forms of extrarenal replacement therapies. Two types of catheters are used in practice: acute catheters (short-term CVC) on one hand, where use is limited and morbidity is high, and tunneled chronic catheters (long-term CVC) on the other hand, where use can be prolonged up to several months or years and morbidity is lower.	
16.00 - 16.30 (O-007)	Venous access for apheresis and photopheresis procedures	Aleksandra Babic RN (IT)
Description:	In our Unit we use Cobe Spectra for apheresis and perform photopheresis procedures (ECP) with off line system. The presence of vascular access able to provide constant blood flow pressure is mandatory. For apheresis we prefer peripheral veins; if compromised we select central catheters. Frequently our patients are provided with a Porth-a-Cath which can be used as a return way combined with peripheral vein. ECP treatment takes months to be completed so we implant hemodialysis long-term catheters in silicone. The catheter selection is evaluated also on psychophysical condition of each patient. Venous access, risks of infections	

and thrombosis are evaluated by apheresis team. Choosing the right venous access we can guarantee the optimum blood flow able to collect the selected cell types with low contamination of unwanted cells, minor risks due to the platelet loose to guarantee major security to patient and to operator.

16.30 - 17.00 (O-008) **Role of peripherally inserted central catheters (PICC) in home parenteral nutrition (HPN): a 5-years prospective study.** **Maria Carmen Carrero Caballero (ES) RN (ES)**

Description: Parenteral nutrition (HPN) has become a common therapy, and, the tunneled catheters are used for administrating of the same. This paper seeks to demonstrate the excellent results obtained with the use of PICC CVC, provided that there is a multidisciplinary team trained and an specific Intravenous Therapy Team (ITT). The paper is based on the study of 72 patients who has been treated at our center from 2007 to 2011 by an Intravenous Therapy team showing that the results are very encouraging in terms of catheter /day and CRBSI. We believe it is an alternative.

Yakult Zaal 17.15 - 17.30 Choice of Vascular Access Devices: Abstract Presentations

17.15 - 17.30 (O-010) **Peripherally inserted central catheter (PICC): Clinical results with oncology and hematology patients** **Victoria Armenteros (ES)**

17.30 - 17.45 **Final discussion and take home messages** **Roberto Biffi MD (IT), Paul Blackburn RN, BSN, MNA, VA-BC (USA)**

Veiling Zaal 14.30 - 16.30 Infection: Abstract presentations

14.30 - 14.45 (O-011) **Ultrasound in peripherally inserted central catheter: Spanish program bacteriemia zero evaluation** **Julio Cesar De La Torre Montero (ES)**

14.45 - 15.00 (O-012) **Replacement of administration sets (including transducer) for peripheral arterial catheters: a systematic review.** **Azlina Daud (MY)**

15.00 - 15.15 (O-013) **Prevention and treatment of catheter-related infections and catheter thrombosis in children with cancer.** **Maxim Rykov (RU)**


15.15 - 15.30 (O-014) **Incativ (intravenous therapy quality indicators): a nursing care quality control tool.** **Sonia Casanova - Vivas (ES)**

15.30 - 15.45 (O-015) **Invitro and clinical evidence support reducing CRBSI.** **Denise Macklin (USA)**

15.45 - 16.00 (O-016) **The effect of chlorhexidine coated catheter compared to an uncoated and biomimetic coated catheter on the reduction of fibrin sheath formation in the precence of *Staphylococcus aureus* colonization in an vivo clinically simulated ovine model** **Marcia Ryder PhD, MS, RN (USA)**

16.00 - 16.15 (O-017) **Can antimicrobial central venous catheters lead to pathogenic selection?** **Nisha Gupta (USA)**

16.15 - 16.30 (O-018) **A national survey of neonatal peripherally inserted central catheter (PICC) practices in the United States.** **Liz Sharpe (USA)**

Veiling Zaal 18.00 - 19.00 Sponsored Satellite symposium (Invitation only)  **ICU Medical, Inc.**

Description: **Needleless Connectors: It's Time To Think Out Of The Box**
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Glazen Zaal 14.30 - 17.00 OCCLUSION **Lynn Hadaway M.ed, RN, BC, CRNI (USA) Josie Stone RN, CPNP, CRNI, VA-BC (USA) Chair**

14.30 - 15.00 (O-019) **Do we still need heparin and when?** **Godelieve Goossens PhD, RN (BE)**

Description: Traditionally, diluted heparin is used as locking solution for central venous access devices to ensure patency till the system is used again. Currently, heparin as locking solution has become controversial. As a consequence, locking procedures are varying among guidelines and institutional protocols. Moreover, depending on the catheter

type and the patient's condition a wide range of alternative products for heparin are used: (1) normal saline; (2) thrombolytics; (3) antimicrobial solutions; (4) local anticoagulants; (5) mechanical locking systems; and (6) combinations of these products. Indications for use of these products and available study results will be discussed.

- 15.00 - 15.30 (O-020)** **The Role of Needleless Connectors: Negative, Positive, or Neutral Displacement** **Lynn Hadaway M.Ed., RN, BC, CRNI (USA)**
Description: Clinical use of needleless connectors has increased over the past 20 years, meeting the original goal of reducing the risk of accidental needlestick injury. Many questions remain unanswered about their impact on catheter-related bloodstream infections and catheter lumen occlusion. Needleless connectors are frequently described as negative, positive, or neutral fluid displacement, however these terms are not defined by any regulatory agency. Patency of the vascular access device depends upon the specific sequence of flushing and clamping for each type of connector. This presentation will explore differences in clinical outcomes associated with needleless connectors and the standards and guidelines for their use.
- 15.30 - 16.00 (O-021)** **Valved vs Non-Valved VADs** **Josie Stone RN, CPNP, CRNI, VA-BC (USA)**
Description: Reflux of blood into vascular access catheters can potentially be very problematic for the patient related to catheter occlusion and infection. To reduce this incidence the idea of a "valved" catheter was first introduced in 1978 by Dr. Leroy Groshong who patented a three-way valve designed to be incorporated near the tip of the device. Through the ensuing years additional valve technology has been introduced into long term catheters both proximally and distally. This presentation will describe the history of these technologies and discuss their place in vascular access practice today including perceived advantages and disadvantages.
- 16.00 - 16.30 (O-022)** **Prevention and Treatment of Lumen Occlusion** **Sheila Inwood RN (UK)**
Description: The significance of catheter lumen occlusion in any type of central venous access device elicits a variety of responses and opinion from healthcare professionals. Ranging in opinion from an event that is predictable and consequently unavoidable, to an emergent event that should be avoided at all costs and when it occurs should be dealt with promptly. The relationship between catheter related blood stream infection and occlusion is well documented and yet healthcare professionals admit they do not routinely monitor or audit catheter occlusion. Occlusion and techniques to avoid it will be discussed along with techniques to deal with catheter occlusion should it occur.
- 16.30 - 17.00 (O-023)** **Locking solutions; what they do and what they don't do** **Marcel Weijmer MD (NL)**

- Glazen Zaal 17.00 - 17.45 Occlusion: Abstract presentations** **Lynn Hadaway M.ed, RN, BC, CRNI (USA)**
Josie Stone RN, CPNP, CRNI, VA-BC (USA) Chair
- 17.15 - 17.30 (O-024)** **Flow-rate variability in neonatal IV therapy caused by the use of check valves** **Anne van der Eijk (NL)**
- 17.15 - 17.30 (O-025)** **Switching from heparinized saline lock to normal saline lock for maintaining patency of totally implantable port devices in adult cancer patients** **Sergio Bertoglio (IT)**
- 17.30 - 17.45 (O-026)** **The effect of Peripherally Inserted Central Catheter (PICC) valve Technology on Catheter Occlusion Rates: The 'ELeCTRiC' study** **Andrew Johnston (UK)**
- 17.45 - 18.00** **Final discussion and take home messages** **Lynn Hadaway M.ed, RN, BC, CRNI (USA), Josie Stone RN, CPNP, CRNI, VA-BC (USA)**
- Glazen Zaal 18.00 - 19.00 Sponsored Satellite symposium (Invitation only)** 
- Grote Zaal 09.00 - 20.00 Industrial Exhibition**
- 18.30 - 20.00 Welcome reception**

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Day 2, June 28th 2012, Thursday

Location	Time	Activity	Speaker
	07.30 - 08.30	Registration and coffee	
Yakult Zaal	08.30 - 11.00	VENIPUNCTURE / INSERTION	Jack LeDonne MD, VA-BC (USA) Andrew Bodenham MD (UK) Chair
	08.30 - 09.00 (O-027)	The results of the WoCoVA-WINFOCUS-GAVeCeLT Consensus on US guided central venous access Description: The results of the International Evidence-based Consensus Conference on Ultrasound Vascular Access will be officially presented. These results add some details to previously reported guidelines in terms of neonatal and paediatric vascular access placement, PICC placement, required training on ultrasound vascular access and prevention of mechanical and infectious complications using ultrasound guidance during vascular access positioning.	Massimo Lamperti MD (IT)
	09.00 - 09.30 (O-028)	Beyond the Jugular Vein Description: Ultrasound guided cannulation of the Internal Jugular vein is well established. However, there are many ways to approach the jugular and there are many techniques that do not involve the jugular vein. Procedures involving different approaches to the IJ and other vessels will be demonstrated.	Jack LeDonne MD, VA-BC (USA)
	09.30 - 10.00 (O-029)	Needles, guidewires, introducers: When the technology makes the difference Description: Over the past decade different US-guided techniques made vascular access easier. However puncturing small, deep or low pressured vessels can remain challenging. Double wall punctures can lead to unwanted complications if arteries, pleura or nerves are surrounding this vein. Being aware of the product used and its different characteristics is of major importance. If standard devices are usually perfect for most cases in daily practice, rescue technique and thus alternative specific devices are sometimes mandatory to succeed and reduce complications in challenging cases. After having reviewed the literature, this presentation will give tips and tricks from clinical practice	Thierry Pirotte MD (BE)
	10.00 - 10.30 (O-030)	Insertion checklist: a new challenge Description: The World Health Organization has developed and tested a perioperative surgical checklist designed to minimize the risk of adverse events and to improve patient safety during surgery. Checklists are cognitive aids that function both as mental notes and standardized protocols and should be used as well for the placement and maintenance of central venous catheters and ports. Using a checklist during insertion	Eric Desruennes MD (FR)

of central venous catheters can decrease the rate of catheter-related bloodstream infections in the intensive care unit. In oncology the checklist should include preoperative aseptic preparation, count of platelets and leucocytes, contraindications to particular site insertion (side, superior vena cava access ..). In summary checklisting should be implemented according to local practice.

10.30 - 11.00 **(O-031)** Legal consequences of blind venipuncture **Andrew Bodenham MD (UK)**

Description: Legal consequences of not using ultrasound guidance for central venous access. All venous access procedures carry some risk, which can be minimised by attention to good technique. Ultrasound guidance is one aid which has the potential to significantly reduce the complications of accessing any deeper vessel, which cannot be easily visualised or palpated. The evidence base for its use is very strong yet some clinicians still perform landmark techniques even when ultrasound guidance is available. In the UK there have been a number of legal cases following inadvertent carotid or vertebral artery damage/cannulation associated with a stroke, where ultrasound has not been used despite national recommendations for its routine use by the jugular route in 2002. Issues of causation of vascular injury, complication recognition and management, and legal liability will be discussed in this and the wider issues of major complications of central venous access.

Yakult Zaal 11.00 - 12.30 **Venipuncture / Insertion: Abstract presentations** **Jack LeDonne MD (USA)**
Andrew Bodenham MD (UK)
Chair

11.00 - 11.15 **(O-032)** Investigation on the effects of three PICC insertion techniques in Chinese patients with different vascular status **Ling Yuan (CN)**

11.15 - 11.30 **(O-033)** Ultrasound-guided brachiocephalic vein catheterization in adult patients: preliminary results of an observational retrospective study **Paolo Beccaria (IT)**

11.30 - 11.45 **(O-034)** Ultrasound guided arterial catheter placement **Amy Bardin (USA)**

11.45 - 12.00 **(O-035)** Nurse-led central venous catheter insertion: procedural outcomes after 15 years service **Evan Alexandrou (AUS)**

12.00 - 12.15 **(O-036)** French nurses are able to place ports! **Camille Thoumazet (FR)**

12.15 - 12.30 **(O-037)** Technique of ultrasound guided peripheral venous access in the emergency room **Giancarlo Scoppettuolo (IT)**

12.30 - 14.30 **Lunch**

Yakult Zaal 14.30 - 16.00 **VENIPUNCTURE / INSERTION** **Wolfram Schummer PD, MD, DEAA, EDIC (DE)**
Meron Bower (AUS) Chair

14.30 - 15.00 **(O-038)** Puncture related complications in the ultrasound era **Wolfram Schummer PD, MD, DEAA, EDIC (DE)**
Description: Complications in the Ultrasound Era are often related to CVC misplacements. This especially holds true for improper placements of the tips of left-sided CVC's which may make such catheters prone to perforation. A further serious complication is vessel thrombosis which can be caused by the CVC itself, the insertion procedure, the path of the CVC and the duration it stays in place as well as some illness-related contributing factors. Extravasation, the unintentional leakage of fluid into the perivascular space, may occur due to CVC's with insufficient insertion depth or dislocation. CVC-induced arrhythmias can be life-threatening and must be avoided.


15.00 - 15.30 **(O-039)** Ultrasound guidance for neonatal and Pediatric venous access **James Bennett MD (UK)**

Description: Central venous access is an essential aspect of modern paediatric practice but is associated with morbidity and occasional mortality. Improved ultrasound imaging allows excellent assessment of the small central veins in infants; this allows guided access of the subclavian and innominate vein as well as the internal jugular vein. The insertion of central venous lines in premature neonates with body weights less than 1000g is a particular challenge and is associated with an increased complication rate. Strategies to minimise central vein thrombosis are essential for an infant requiring long term access. Training remains an important issue.

15.30 - 16.00 **(O-040)** Ultrasound-guided peripheral venipuncture: not going back! **Timothy Royer BSN, CRNI, VA-BC (USA)**

Description: Studies have demonstrated that for patients with difficult intravenous access, ultrasound-guided peripheral insertion leads to improved success rates with a decreased number of percutaneous punctures, decreased time to intravenous access, and fewer complications than standard techniques for peripheral cannulation. Data gathered at my facility over a 2 year period helped determine what veins and how deep successful insertions should be performed. This session will discuss indications for use of ultrasound in placing peripheral catheters and discuss assessment technique, catheter selection based on assessment, and challenges and possible alternatives.

Yakult Zaal	16.00 - 17.30	Venipuncture / Insertion: Abstract presentations	Wolfram Schummer PD, MD, DEAA, EDIC (DE) Meron Bower (AUS) Chair
	16.00 - 16.15 (O-041)	Real time pneumothorax detection by ultrasound after central venous cannulation	Daniele Biasucci MD (IT)
	16.15 - 16.30 (O-042)	Impact of ultrasound (US) real time guidance on cost-effectiveness ratio for long-term totally implantable access ports in oncology patients. Evidence from a randomized three-arm trial.	Roberto Biffi MD (IT)
	16.30 - 16.45 (O-043)	Ultrasound guided axillary vein access for port placement.	Alessandra Panchetti (IT)
	16.45 - 17.00 (O-044)	Ultrasound guided access to the brachiocephalic vein in neonates, infants and small children	Mauro Pittiruti MD (IT)
	17.00 - 17.15 (O-045)	Ultrasound guided access to the axillary vein by simultaneous in-plane and out-of-plane approach	Antonio LaGreca MD (IT)
	17.15 - 17.30 (O-046)	Tunneling a PICC: When?	Mauro Pittiruti MD (IT)
	17.30 - 18.00	Final discussion and take home messages.	Wolfram Schummer PD, MD, DEAA, EDIC (DE), Meron Bower (AUS)

Veiling Zaal	07.30 - 08.30	Sponsored Satellite symposium (Invitation only) New and established port implantation techniques. Indications beyond the classic venous access.	
	Description:	Chaired by Dr Pierre-Yves Marcy, this symposium will go beyond current, commonly used venous implantation techniques. The application of ultrasound guidance and the placement of venous access ports with support of the ECG-method will be explored. The delegates will also have the opportunity to learn about new access port applications outside of the venous system. Dr Thierry De Baere will share his considerable experience with arterial catheters for chemotherapy of hepatic cancer, while Dr Carlo Mucchiano will discuss novel indications for intrathecal catheters for chronic pain management.	

Veiling Zaal	09.30 - 11.15	Education: Abstract presentations	Linda Kelly RN (UK) Chair
	09.30 - 09.45 (O-047)	Training of undergraduate clinicians in vascular access - an integrative review	Evan Alexandrou (AUS)

	09.45 - 10.00 (O-048)	Pain and patients satisfaction of local subcutaneous anesthesia in central vein. hemodialysis catheter insertion	Mortezea Khavanin Zadeh (IR)
	10.00 - 10.15 (O-049)	Breaking the barriers to advance practice: expanding the RN role to include insertion of all non-tunneled central venous access devices (CVADs)	Judy Thompson (USA)
	10.15 - 10.30 (O-050)	Understanding "Gray" ... Learning the Advantages of Ultrasound Assessment	Mark Rowe (USA)
	10.30 - 10.45 (O-051)	IEO PICC Team implementation and activity: 5 years of experience.	Chiara Pari (IT)
	10.45 - 11.00 (O-052)	Intraosseous vascular access: physicians and nurses identify knowledge gaps and barriers to implementation	Brendan Carr (USA)
	11.00 - 11.15 (O-053)	The lived experience of venous access within a cancer journey.	Melissa Robinson-Reilly (AUS)


Veiling Zaal	14.30 - 17.00	Choice of Vascular Access Devices: Abstract presentations	Kathy Kokotis RN, BS, NBA (USA) Lieve Goossens PhD, RN (BE) Chair
	14.30 - 14.45 (O-054)	Experience of exchange of long-term tunneled catheter and totally implantable subcutaneous infusion port using pre-existing subcutaneous fibrous sheath	Yoshifumi Inoue (JP)
	14.45 - 15.00 (O-055)	Peripherally-inserted central catheter for antibiotics in adult patients with cystic fibrosis and bronchiectasis.	Christian Dupont (FR)
	15.00 - 15.15 (O-056)	Double central venous access in oncology patients: an overview on parenteral nutrition facts	Maria Montealegre Sanz (ES)
	15.15 - 15.30 (O-057)	Effectiveness of Groshong PICC as a safe IV therapy route for palliative care patients	Eiji Tamoto (JP)
	15.30 - 15.45 (O-058)	10 years experience of implantable venous port systems exploitation for chemotherapy at cancer patients in the cancer research center N.N. Blokhin	Maxim Rykov (RU)

15.45 - 16.00 (O-059)	flow-rate variability in neonatal IV therapy; what do we know about the flow	Anne Van der Eijk (NL)
16.00 - 16.15 (O-060)	Permanent central catheter - alternative to hemodialysis by arteriovenous fistula	Christian Rosu (RO)
16.15 - 16.30 (O-061)	Measuring the efficacy of intravenous therapy team (ITT): randomized clinical trial	Lucia Garate (ES)
16.30 - 16.45 (O-062)	Reverse taper, a risk analysis trial relating to peripherally inserted central catheters (PICCS)	Neville Hearse (AUS)
16.45 - 17.00 (O-063)	Indwell times and complications of open versus closed safety peripheral intravenous catheters (Cosmos study main results)	Juan Luis Gonzalez (ES)

Veiling Zaal

18.00 - 19.00	Sponsored Satallite symposium (Invitation all delegates) Reducing complications in vascular access: a review of the most promesing strategies.	
Description:	<p>18.15 Chairman Introductory Speech, Professor Tom Elliott, Consultant Microbiologist and Deputy Medical Director University Hospital Birmingham, UK.</p> <p>18.20 Prevention of catheter related bloodstream infections, Mark E. Rupp, MD, Professor & Chief, Division of Infectious Diseases, Medical Director, Healthcare Epidemiology, University of Nebraska Medical Center, Omaha, NE.</p> <p>18.45 Prevention of the common complications in peripheral vascular access Andrew Jackson, RN, Nurse Consultant, The Rotterham hospital, UK.</p>	

Glazen Zaal

07.30 - 08.30	Sponsored Satellite symposium (Invitation all delegates) ARROW® VPS® Vascular Positioning System – Changing Catheter Navigation and Tip Positioning Retiring ECG-only and Chest X-ray technologies	 Mary Constantino, MD (Interventional Radiologists, Portland, OR, USA) Steve Hill (Procedure Team Manager, Procedure Unit, Manchester, UK)
Description:	Intravascular ECG, Doppler and unique algorithm – Clearly defining the physiological CAJ Initial clinical data and experience – first patients in Europe using the ARROW® VPS®	

Glazen Zaal

08.30 - 12.00	INFECTION	Mark Rupp MD (USA) Leonard Mermel DO, SCM, AM, FSHEA, FIDSA, FACP (USA) Chair
08.30 - 09.00 (O-064)	Technology in preventing catheter sepsis	Tom Elliott MD (UK)
Description:	Lecture on the application of technology in the prevention of intravascular catheter related sepsis. Session - Infection	
09.00 - 09.30 (O-065)	Antibiotic and Antimicrobial Coated Central Venous Catheters: State of the Art.	Mark Rupp, MD (USA)
Description:	Central venous catheter (CVC)-associated bloodstream infections (BSI) result in significant morbidity, mortality, and excess cost. One cost-effective means to prevent CVC-associated BSI is to coat or treat the catheters with antibiotic or antimicrobial agents. Well-studied and commercially available coated CVCs include those treated with chlorhexidine-silver sulfadiazine, rifamin-minocycline, and silver-carbon-platinum. Less well-studied CVC treatments include various antibiotics, antifungals, and biologically active dyes and other compounds. In this presentation, in-vitro and in-vivo data associated with various CVC treatments will be reviewed with an emphasis on clinical information. In addition, cost-effectiveness data will also be discussed.	
09.30 - 10.00 (O-066)	Prevention of catheter related infections in hemodialysis.	Maurizio Gallieni MD (IT)
Description:	Central venous catheters (CVCs) are increasingly used as vascular access for hemodialysis, but infectious complications remain a major clinical problem. Catheter-related bloodstream infections (CRBSIs) affect survival, hospitalization, mortality, and the overall cost of care, pointing out the importance of prevention. Various interventions aimed at reducing the incidence of CRBSI are available. Prevention of intraluminal contamination of the CVC is pivotal and of proven efficacy, as are strict aseptic CVC insertion and handling protocols, use of chlorhexidine in alcohol solutions for skin cleansing, topical application of antimicrobial ointments, and antimicrobial lock solutions.	
10.00 - 10.30 (O-067)	Risk of VAD Infection: importance of location of exit site.	Nancy Moureau, BSN, RN, CRNI, CPU, VA-BC (USA)
Description:	With all the emphasis on infection prevention little attention has been given to the location of the catheter insertion or exit site, other than to avoid femoral placement. Bacterial concentration of the arm, antecubital fossa, chest neck and groin vary for impact of risk. With skin colonization as a main contributor to risk of infection, this presentation will present the evidence, advantages and disadvantages of catheter locations, along with clinical recommendations for modification of the highest risk areas.	

10.30 - 11.00 (O-068) Comparing RCN 2010 Standards of Practice, Jackie Nicholson RGN, BSc
CDC 2011 guidelines and INS 2011 standards of practice: is everything clear? (UK)

Description: The aim of this session is to review the current guidance (standards and guidelines) related to intravenous therapy and vascular access which include the Royal College of Nursing (RCN) (UK) standards for infusion therapy (2010), Center for Disease Control (CDC) (USA) guidelines for the prevention of intravascular catheter related infections (2011) and Infusion Nurses Society (INS) (USA) Infusion Nursing Standards of Practice (2011). The main focus will be the comparison of these documents in relation to the recommendations made by each guideline/standard on infection prevention such as cleaning solutions, dressings and changing of equipment.

11.00 - 11.30 (O-069) Prevention bundles, targeting zero: the role of a specialized PICC team Sophie Harnage RN, BSN, VA-BC (USA)

Description: Catheter Related Bloodstream Infection (CRBSI) is a major cause of patient morbidity, mortality, and cost. An innovative central line bundle was developed at Sutter Roseville Medical Center to reduce CRBSI. Bundle selection was based on a combination of available research, new product technology, and the amount of change required by the bedside nurse. Having a specialized team at Sutter Roseville Medical Center has resulted in a Zero CRBSI rate in over 12,000 PICC lines inserted and maintained by this team, for the past six years. While some of the bundle components have not been widely researched, the outcome of this bundle provides a basis for additional study and refinement.

11.30 - 12.00 (O-070) Catheter-related infections in infants: epidemiology, prevention and management Agnes van den Hoogen RN, PhD (NL)

Description: Introduction: The incidence of CVC-associated sepsis among very low birth weight infants is high. Methods: A multimodal hygiene program (2006), antimicrobial prophylaxis during removal of a CVC and a change in protocol for total parenteral nutrition (2008) were introduced in our Neonatal Intensive Care Unit (NICU). Results: The incidence of sepsis between 2008 and 2011 decreased significantly (P=0.031). Conclusion: A steady decrease was found over the years in sepsis per 1000 catheter days. Since October 2010, Dutch policy was changed including treatment of infants with gestational age of 24 weeks. This leads to more vulnerable infants in which more CVC related sepsis might occur.

Glazen Zaal 12.00 - 12.30 Infection: Abstract presentations Mark Rupp MD (USA)
Leonard Mermel DO, SCM, AM, FSHEA, FIDSA, FACP (USA) **Chair**

12.00 - 12.15 (O-071) Reducing infections by using pre-filled normal saline syringes when flushing and locking totally implantable port devices in adult cancer patients; a single institution preliminary study Sergio Bertoglio (IT)

12.15 - 12.30 (O-072) Infections in short peripheral IV catheters - results of an integrative literature review Lynn Hadaway M.ed, RN, BC, CRNI (USA)

12.30 - 14.30 Lunch

Glazen Zaal 14.30 - 17.00 INFECTION Jan Kluytmans MD (NL)
Tom Elliot MD (UK) **Chair**

14.30 - 15.00 (O-073) The ideal management of the exit site: antiseptics, dressing, securement Giancarlo Scoppettuolo MD (IT)

15.00 - 15.30 (O-074) Management of CRBSI: current recommendations about salvage of the VAD and antibiotic lock Leonard Mermel DO, ScM AM, FSHEA, FIDSA, FACP (USA)

Description: This session will explore the varied approaches to prevention of serious intravascular catheter infections during the morning session and in the afternoon session, lectures will focus on the different aspect regarding management of these infections.

15.30 - 16.00 (O-075) The bundle approach for preventing central line infections Jan Kluytmans MD (NL)
Description: The general principles of the bundle approach will be discussed. The focus will be on using a bundle to implement a culture of safety using a zero-tolerance approach. Various examples of successful and unsuccessful bundles will be shown.

16.00 - 16.30 (O-076) The advanced practice nursing: the role of the nurse in the prevention and management of CRBSI Tim Spencer RN (AUS)

16.30 - 17.00 (O-077) Accuracy and cost-effectiveness in diagnosis of CRBSI Bart Rijnders MD, PhD (NL)

Description: Despite several decades of research, making a correct diagnosis of CRBSI is still a difficult exercise. This is true for the clinician, the clinical researcher and in particular in the context of clinical trial design on the prevention of CRBSI. During my presentation I will give an overview of possible CRBSI definitions and the impact they can have on

Day 2, June 28th 2012, Thursday

the incidence of CRBSI. The different techniques to diagnose a CRBSI and its pitfalls will be discussed.

Glazen Zaal	17.00 - 17.30	Infection: Abstract presentations	Jan Kluytmans MD (NL) Tom Elliot MD (UK) Chair
	17.00 -17.15 (O-078)	The occurrence of CRBSI and its effect on healthcare economy	Yoshihiro Edamoto (JP)
	17.15 - 17.30 (O-079)	Safety of intraosseous vascular access in the 21st century	John Rogers (USA)
	17.30 - 18.00	Final discussion and take home messages	Jan Kluytmans MD (NL) Tom Elliot MD (UK) Chair
Glazen Zaal	18.00 - 19.00	Sponsored Satellite symposium (Invitation only) Clinical Evidence in Venous Access	BARD Paul Blackburn RN, BSN, MNA, VA-BC (USA)
	Description:	Evidence based practice in venous access - Dr. Andrew Johnston MA MD FRCA FFICM, Cambridge, United KingdomValved PICC catheters - Mrs. Carmel Streater RN Dip BA(hons), Cambridge, United KingdomFrench experience with PICCs - Prof. Christophe Teriitheau MD, Paris, FranceCRBSI with CVADs: what is the clinical evidence? - Mr. Paul Blackburn RN, BSN, MNA, VA-BC, Salt Lake City, United States of America ECG guidance with PICCs - Ms. Kathy Kokotis RN, MBA, Salt Lake City, United States of America	
Grote Zaal	09.00 - 18.00	Industrial exhibition	
Mendes Da Costa Kamer	13.30 - 14.30	Skill station	Vidacare
Verwey Kamer	13.30 - 14.30	Skill station	Perouse Medical
Roland Holst Kamer	13.30 - 14.30	Skill station	Smith Medical
Rode Kamer	13.30 - 14.30	Skill station	MedSpace Exploration

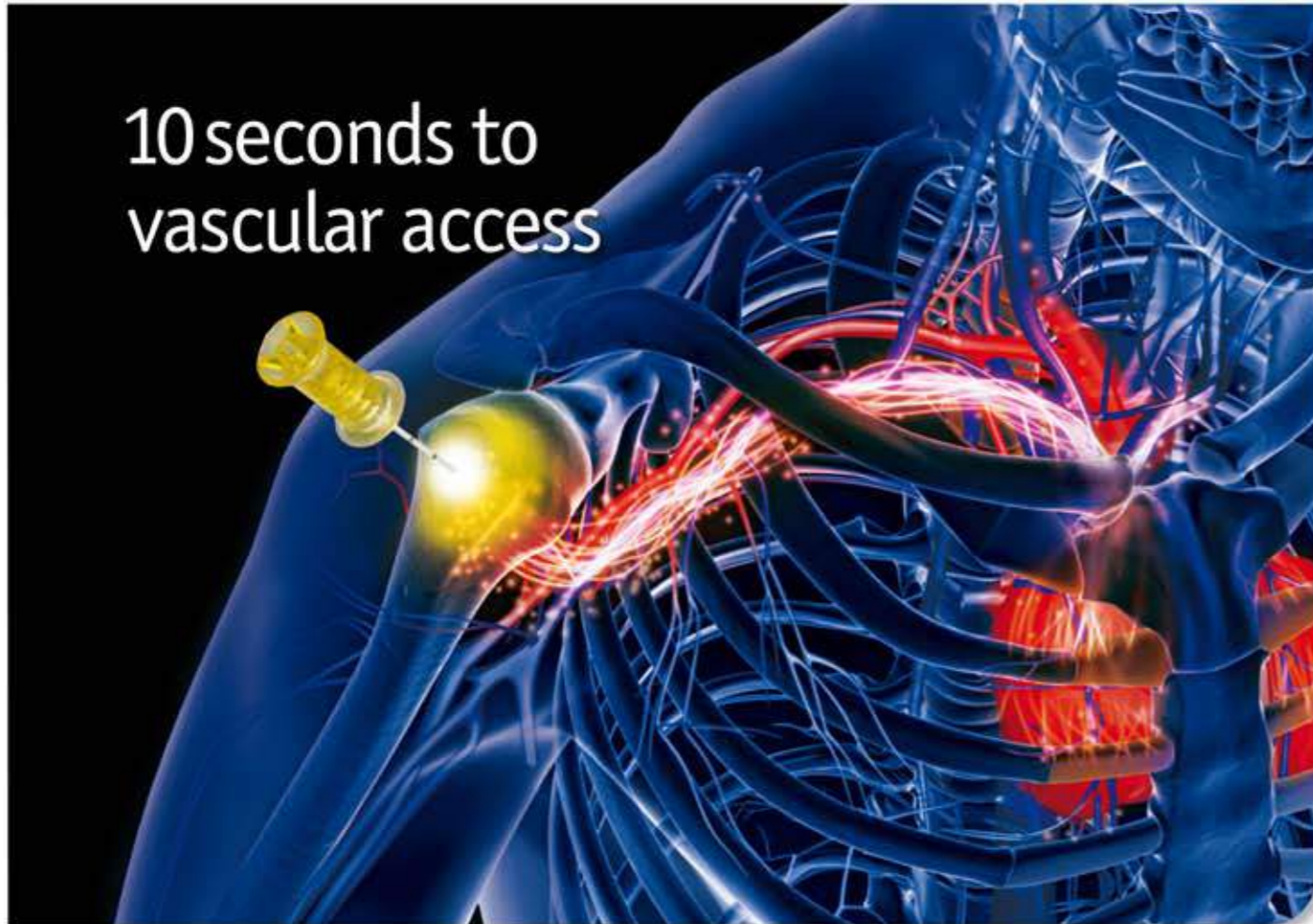


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Location	Time	Activity	Speaker
Yakult Zaal	08.30 - 10.30	TIP POSITION	Nadine Nakazawa RN, BS, OCN, CRNI, VA-BC (USA) Mauro Pittiruti MD (IT) Chair
	08.30 - 09.00 (O-080)	Central venous catheter tip location Description: This session will address optimal central venous catheter tip location, and the ramifications of sub-optimal catheter tip position. The risks of poor catheter tip for achieving and verifying catheter tip position, as well as for placing catheters in unusual locations, will be discussed..	Gail Sansivero MS, ANP (USA)
	09.00 - 09.30 (O-081)	EKG vs. fluoroscopy: safety, accuracy, cost-effectiveness Description: This lecture compares different modalities for positioning central venous access in terms of accuracy, complication rates, and costs.	Ralf Gebhard MD (USA)
	09.30 - 10.00 (O-082)	The EKG method in 2012: techniques, pitfalls, devices Description: The intracavitary EKG method is safe, accurate and inexpensive, so that is rapidly becoming the standard for the verification of the central position of the tip. In this lecture, we will try to define the state of the art, by discussing the pros and cons of the different techniques for the EKG method (saline technique vs. guidewire technique), the possible pitfalls and the present limits of application of the method, as well as the different devices which are now available, both as specialized ECG monitors or as advanced devices which merge the EKG method with navigation methodologies.	Mauro Pittiruti MD (IT)
	10.00 - 10.30 (O-083)	Current role of the tracking devices	Nadine Nakazawa RN, BS, OCN, CRNI, VA-BC (USA)
Yakult Zaal	10.30 - 12.00	Tip Position: Abstract presentations	Nadine Nakazawa RN, BS, OCN, CRNI, VA-BC (USA) Mauro Pittiruti MD (IT) Chair
	10.30 - 10.45 (O-084)	Optimal CVC tip position	Wolfram Schummer PD, DEAA, EDIC (DE)
	10.45 - 11.00 (O-085)	Is it possible to leave a central access venous device (VAD) in a persistent left superior vena cava (PLSVC)?	Irene Kriegel (FR)
	11.00 - 11.15 (O-086)	Tip position of totally implantable venous access devices: ECG guidance versus fluoroscopy.	Veerle Boecxstaens (BE)

	11.15 - 11.30 (O-087)	Validation of the five fingers technique as a simple method for correct right-side central venous catheter placement. Importance of the catheter tip	Juan Sanchez-Corral (ES)
	11.30 - 11.45 (O-088)	Positioning of the catheter distal tip in children using endo-cavitary ECG: rediscovery of an old method	Hervé Rosay (FR)
	11.45 - 12.00 (O-089)	A new device for positioning the tip of central venous catheters by the intracavitary ECG method: a pilot study.	Mauro Pittiruti (IT)
	12.00 - 12.30	Final discussion and take home messages	Nadine Nakazawa RN, BS, OCN, CRNI, VA-BC (USA), Mauro Pittiruti MD (IT)
	12.30 - 14.30	Lunch	
Yakult Zaal	14.30 - 17.00	EDUCATION	Robert Dawson MSA, BSN, RN, CRNI, CPUI, VA-BC (USA) Ton van Boxtel RN, MSc, VA-BC (NL) Chair
	14.30 -15.00 (O-090)	Simulation: a powerful tool for training <i>Description:</i> New technologies in vascular access mandate increased attention to safety. Simulation tools are effective for all aspects hemodialysis training. Equal emphasis is placed on team and individual training improving interactions withing systems. Simulation allows for control and standardized procedures letting the trainee correct mistakes without harm to patients. Simulators range from suture devices, to pressurized tunneled conduits for needle cannulation, to computer based interventional simulators. Effective human to complex systems interaction involves three concepts: 1. User-friendly, systems to enhance performance; 2. Team members must train and work together; 3).Test and practice to a proficient level before used on patients.	Ingemar Davidson, MD, PhD (USA)
(O-091)	15.00 - 15.30	Training courses for central VAD insertion: the possibility of distance learning <i>Description:</i> This session will discuss the development of a Masters level, Competency based, Distance learningw module for vascular access insertion at the University of the West of Scotland. The discussion will focus around the module content and the potential for the internet to be used as an alternative to traditional face to face didactic teaching for vascular access insertion. Studies demonstrating successful elearning programs for vascular access insertion will also be discussed.	Linda Kelly RN (UK)

	15.30 - 16.00 (O-092)	PICC Insertion: standards for training around the world <i>Description:</i> The practice of site selection for PICC insertion is comprised of unnecessary variation. Upper arm anatomy, when considered for PICC insertion according to known scientific principles, should lead most PICC insertions to occur within a very narrow range in the upper arm. This presentation provides the anatomical and physiological foundation for standardizing PICC insertion and training. The Zone Insertion Method (ZIM) will detail how to segment the upper arm into zones with different levels of acceptability for PICC insertion. Associating PICC outcomes with a defined site selection methodology will allow PICC practice to reach more definitive levels of scientific inquiry.	Robert Dawson, MSA, BSN, RN, CRNI, CPUI, VA-BC (USA)
	16.00 - 16.30 (O-093)	The role of the clinical training: tutored insertions and untutored learning curve	Daniele Biasucci MD (IT)
	16.30 - 17.00 (O-094)	The potential role of WoCoVA in Vascular Access Training <i>Description:</i> Objectives:Need for clear criteria for Vascular Access training is explained Role of WoCoVA as an independent organization in Vascular Access training is clear Results of the WoCoVA task force will be presented	Ton van Boxtel RN, MSc VA-BC (NL)
	17.00 - 17.10	Final discussion and take home messages	Robert Dawson MSA, BSN, RN, CRNI, CPUI, VA-BC (USA) Ton van Boxtel RN, MSc, VA-BC (NL)
Yakult Zaal	17.10 - 17.30	CLOSING SESSION, WoCoVA Scientific Committee	Paul Blackburn RN, BSN, MNA, VA-BC (USA), Mauro Pittiruti MD (IT), Marguerite Stas MD, PhD (BE), Ton van Boxtel RN, MSc, VA-BC (NL)

Veiling Zaal	07.30 - 08.30	Sponsored Satellite symposium (Invitation only) Vein Visualization Technology, How and When to Use it in a Clinical Environment <i>Description:</i> This symposium is designed to educate clinicians on the advantages of near infrared (NIR) technologies, demonstrated using VeinViewer for peripheral vascular access. It will guide the clinician on how to easily incorporate NIR for selection of optimal access sites, performing peripheral vascular access, dealing with difficult vascular access and helping to bring venous access overall to a higher level It provides specific case scenarios of the vascular access challenges that clinicians face with	
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Day 3, June 29th 2012, Friday

their patient population and demonstrates the advantages of NIR technology during access. Also, this course will highlight the importance of venous integrity and utilizing NIR technology post access. New clinical evidence will be shared to support the effectiveness, efficiency, and uses of NIR technology in a clinical setting.

Glazen Zaal 07.30 - 08.30

Sponsored Satellite symposium (Invitation only)
Reaching New Heights in Understanding CVC Complications



Frank Facchini, FSIR

Description:

This program provides a review of three central venous catheter (CVC) related complications and focuses on the prevalence and relevance of each. In-depth detail related to CVC thrombosis including cause, effect and management of upper extremity deep vein thrombosis (DVT) will be discussed.

Glazen Zaal 08.30 - 11.00

VENOUS THROMBOSIS

Antonio LaGreca MD (IT)
Marguerite Stas MD, PhD
(BE) **Chair**

08.30 - 09.00
(O-095)

PICC and thrombosis: fact and fiction

Jim Lacy BSN, RN, CRNI
(USA)

09.00 - 09.30
(O-096)

Fibrin sleeve and venous thrombosis: role of VAD materials and VAD design

Marcia Ryder PhD, MS, RN
(USA)

Description:

Thrombotic events are inevitable with the insertion of a vascular access device. Reduction of venous stasis and vessel wall injury are critical components of prevention. Questions to be explored in this session include: Are there differences in fibrin sheath formation (FS) and venous thrombosis (VT) over time? Are there differences in fibrin sheath formation and thrombosis in upper extremity veins vs the central vasculature? Does surface modification of catheter materials and introductory devices effect FS and VT formation in these locations? Is there a difference in thrombotic material formed in the internal lumen compared to extraluminal?

09.30 - 10.00
(O-097)

Current recommendations for prevention of CVC-related thrombosis

Antonio LaGreca MD (IT)

Description:

Prevention of thrombosis is critical to avoid serious acute and chronic complications in patients with indwelling venous catheters. While some issues, such as screening for congenital coagulative disorders or pharmacological intervention, is still controversial, there is increasing evidence that correct tip position (placed with the help of tip locator systems) and special attention to minimize endothelial damage at insertion of the device (use of ultrasound to obtain an optimal first attempt success rate; proactive vascular planning to choose the best device in the best vein for each patient) play a definitive role in reducing the incidence of thrombosis. A brief analysis of the available literature and a summary of current recommendations will be presented.

Early Morning

Morning

Midday

Afternoon

Evening

Registration Information: The registration desk at the Beurs van Berlage conference centre for WoCoVA 2012 is open at: Tuesday June 26th from 14.00 - 18.00. During conference June 27th - 29th. Wednesday 27th 08.00-18.00. Thursday 28th 07.30-18.00 Friday 29th 07.30-17.30 **Exhibit hours** Wednesday June 27th 09.00 - 20.00 Thursday, June 28th 09.00 - 18.00 Friday June 29th 09.00 - 16.30

Day 1: June 27th 2012, Wednesday

09.30 - 11.00
Opening Session
YAKULT ZAAL

09.30 - 18.00
Industrial exhibition
GROTE ZAAL

11.00 - 17.00
Choice of vascular access devices
YAKULT ZAAL

14.30 - 16.30
Infection: Abstract presentations
VEILING ZAAL

14.30 - 17.00
Occlusion
GLAZEN ZAAL

17.00 - 17.30
Choice of Vascular Access Devices: Abstract presentations
YAKULT ZAAL

17.00 - 17.45
Occlusion: Abstract presentations
GLAZEN ZAAL

18.00 - 19.00
Satellite symposium by VYGON (Invitation only)
GLAZEN ZAAL

18.00 - 19.00
Satellite symposium by ICU Medical, Inc (Invitation only)
VEILING ZAAL

18.30 - 20.00
Welcome Reception
GROTE ZAAL

Day 2: June 28th 2012, Thursday

07.30 - 08.30
Satellite symposium by TELEFLEX (Open for all delegates)
GLAZEN ZAAL

07.30 - 08.30
Satellite symposium by BBRAUN (Invitation only)
VEILING ZAAL

08.30 - 11.00
Venipuncture / Insertion
YAKULT ZAAL

09.30 - 11.15
Education: Abstract presentations
VEILING ZAAL

08.30 - 12.30
Infection
GLAZEN ZAAL

09.30 - 18.00
Industrial exhibition
GROTE ZAAL

11.00 - 12.30
Venipuncture / Insertion: Abstract presentations
YAKULT ZAAL

13.30 - 14.30
Skill station
MENDES DA COSTA KAMER
Vidacare

13.30 - 14.30
Skill station
VERWEY KAMER
Perouse Medical

13.30 - 14.30
Skill station
ROLAND HOLST KAMER
Smith Medical

13.30 - 14.30
Skill station
RODE KAMER
MedSpaceExploration

14.30 - 16.00
Venipuncture / Insertion
YAKULT ZAAL

14.30 - 17.00
Choice of Vascular Access Devices: Abstract presentations
VEILING ZAAL

14.30 - 17.00
Infection
GLAZEN ZAAL

18.00 - 19.00
Satellite symposium by 3M (Open for all delegates)
VEILING ZAAL

18.00 - 19.00
Satellite symposium by BARD (Invitation only)
VEILING ZAAL

Day 3: June 29th 2012, Friday

07.30 - 08.30
Satellite symposium by CHRISTIE (Invitation only)
VEILING ZAAL

07.30 - 08.30
Satellite symposium by NAVILYST Medical (Invitation only)
GLAZEN ZAAL

08.30 - 10.30
Tip position
YAKULT ZAAL

10.30 - 12.00
Tip Position: Abstract presentations

08.30 - 11.00
Venous thrombosis
GLAZEN ZAAL

09.30 - 16.30
Industrial exhibition
GROTE ZAAL

11.00 - 12.00
Venous thrombosis : Abstract presentations
GLAZEN ZAAL

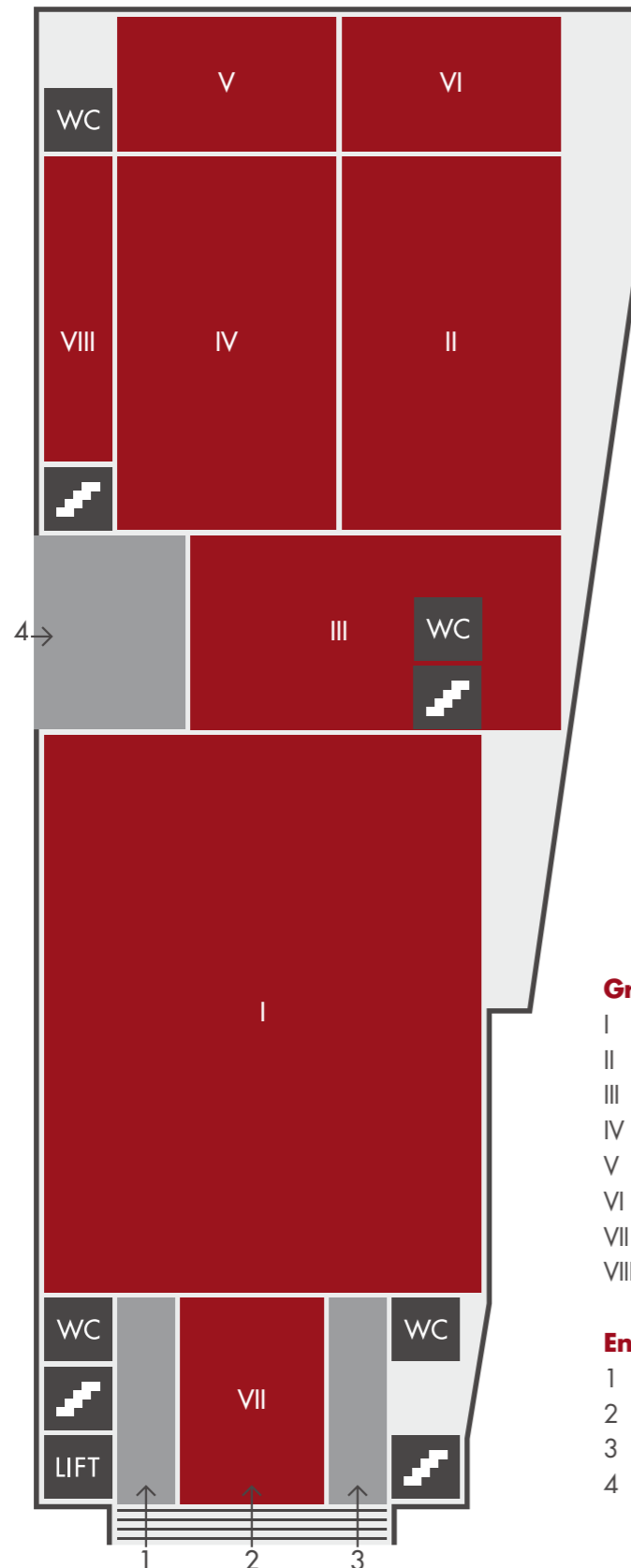
13.30 - 14.30
Skill station
ROLAND HOLST KAMER
Smith Medical

13.30 - 14.30
Skill station
RODE KAMER
MedSpaceExploration

14.30 - 17.10
Education
YAKULT ZAAL

17.10 - 17.30
Closing Session, WoCoVA Scientific Committee
YAKULT ZAAL

Map Beurs van Berlage Ground floor



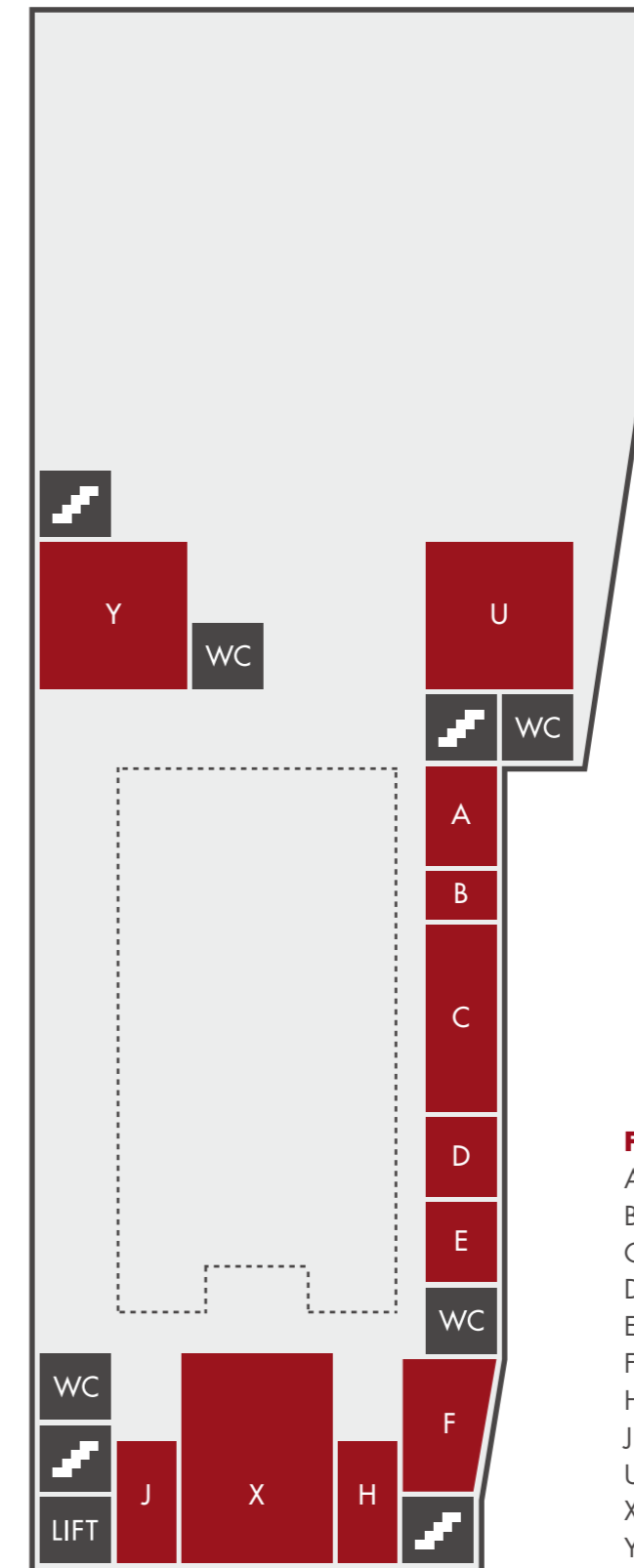
Ground floor

- I Grote Zaal
- II Yakult Zaal
- III Beursfoyer
- IV Graanbeurszaal met Glazen Zaal
- V Keurzaal
- VI Artiestenfoyer
- VII Beurs van Berlage Café
- VIII Schipperscafé

Entrances Ground floor

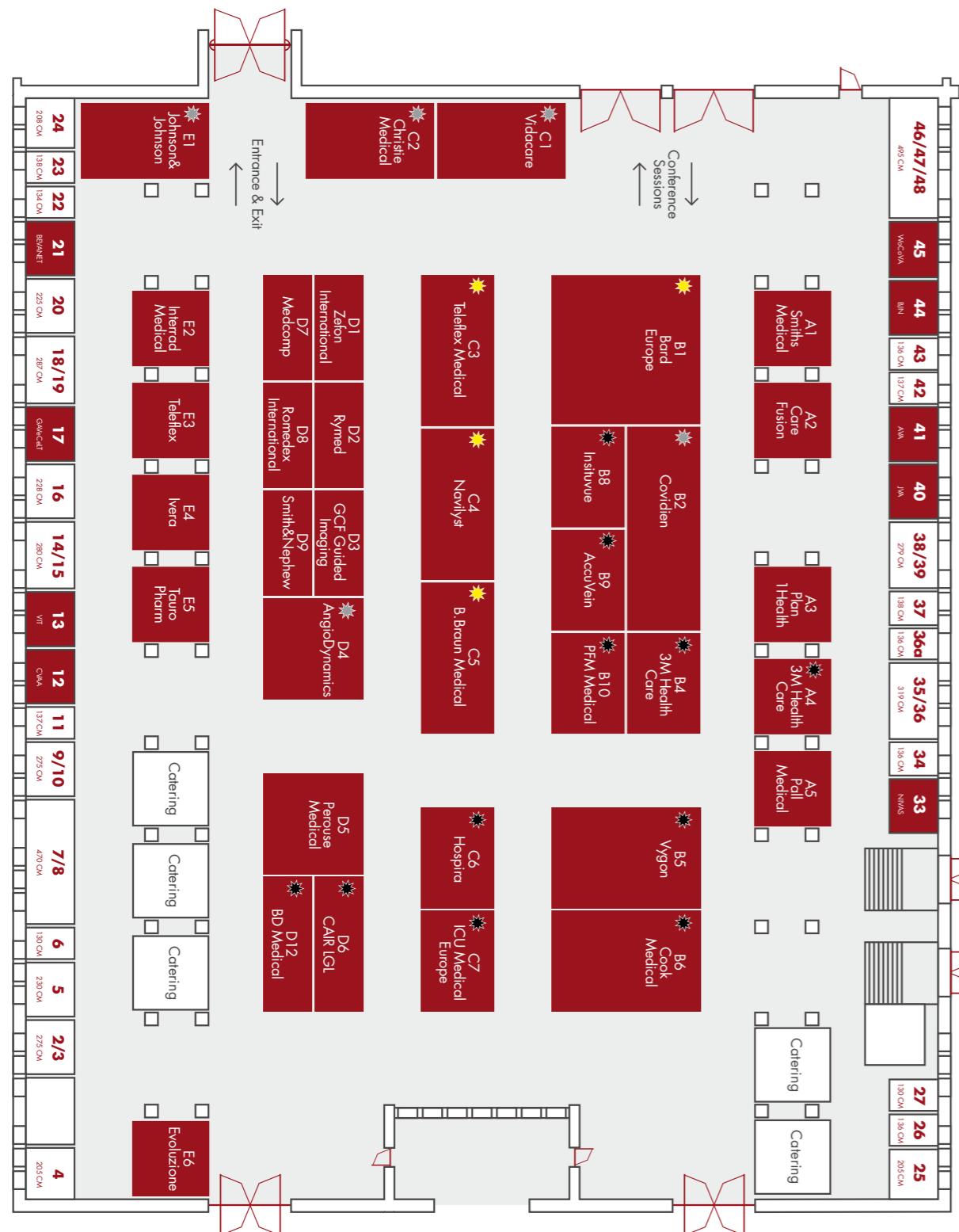
- 1 Beursplein 1
- 2 Beurs van Berlage Café
- 3 Beursplein 3
- 4 Damrak 243

Map Beurs van Berlage First floor



First floor

- A Mendes da Costa Kamer
- B Zijl Kamer
- C Verwey Kamer
- D Roland Holst Kamer
- E Derkinderen Kamer
- F Rode Kamer
- H Blauwe Kamer
- J Ontvangkamer
- U Koorzaal
- X Berlage Zaal
- Y Veiling Zaal



10.00 - 10.30
(O-098) Management of VAD-related venous thrombosis
Marguerite Stas MD, PhD (BE)

10.30 - 11.00
(O-099) In-line Filtration reduces severe complications and length of stay on the PICU
Thomas Jack, MD (DE)

Description: Despite advances in intensive care medicine, patients remain at serious risk for life-threatening complications and side effects. Particulate contamination due to infusion therapy is one of those effects which is almost completely preventable by in-line filtration. We conducted a single center, randomized trial involving 800 critically ill children to assess the effect of in-line filtration on the reduction of severe complications (ClinicalTrials.gov number: NCT00209768). In-line filtration reduced the overall complication rate of the primary objectives sepsis, SIRS, thrombosis and organ failure by almost 25% compared to controls. Also length of stay on intensive care unit and duration of mechanical ventilation were significantly reduced in the filter group.

Glazen Zaal 11.00 - 12.00 Venous thrombosis: Abstract presentations
Antonio LaGreca MD (IT)
Marguerite Stas MD, PhD (BE) **Chair**

11.00 - 11.15
(O-100) Results of management of 452 upper arm PICC -14,869 catheter days in a single hospital
Yoshifumi Inoue (JP)

11.15 - 11.30
(O-101) Pilot study to compare vein diameter of dominant vs non dominant arm with a focus on basilic and brachial vessels
Melita Cummings (AUS)

11.30 - 11.45
(O-102) Catheters reducing thrombus and inflammation in animal models.
Ulla Wallin (USA)

11.45 - 12.00
(O-103) Incidence of and risk factors for long term central venous catheter related thrombosis in oncological patients: a prospective survey
Cecilia Pelagatti (IT)

12.00 - 12.30 Final discussion and take home messages
Antonio LaGreca MD (IT),
Marguerite Stas MD, PhD (BE)

Day 3, June 29th 2012, Friday

Grote zaal 09.00 - 16.30 Industrial Exhibition

Roland Holst Kamer 13.30 - 14.30 skill station

Smith Medical

Rode Kamer 13.30 - 14.30 skill station

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1. COUNCIL DIRECTIVE 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU. Clause 4. EMEA/12/081 April 12

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Posters Posters are located in the **Glazen Zaal** and are displayed for the whole duration of the congress. Presenters will be available at their posters for questions and discussion during the following times:
 Wednesday June 27th 12.00 - 13.00
 Thursday June 28th 12.00 - 13.00
 Friday June 29th 12.00 - 13.00
 The best poster will receive the BEVANET poster prize!

No.	Topic	Title	Author
P001	Choice of vascular access devices	The ulnar-basilic arteriovenous fistula (AVF) in the wrist region.	Gaetano Cavalcanti (IT)
P002	Choice of vascular access devices	Antimicrobials and chemical phlebitis.	García Domínguez (ES)
P003	Choice of vascular access devices	Efficacy and Hemocompatibility Evaluation of Heparin Coated Hemodialysis Catheters.	Nisha Gupta (USA)
P004	Choice of vascular access devices	Impact of patient involvement in the choice of the device for intravenous therapy, a program humanization-planetree.	Claudia Luz (BR)
P005	Choice of vascular access devices	Health Technology Assessment of a Central Venous Access Service (CVAS): start analysis.	Giovanni Mastrandrea (IT)
P006	Choice of vascular access devices	The strategic role of the nurse in the choice of the intravenous device.	Tais Queiroz Santolim (BR)
P007	Venipuncture/Insertion	Puncture Guided by Ultrasound for PICC Insertion: Success in a single puncture. New experience for brazilian's nurse.	Elisabete Randoli Buosi (BR)
P008	Venipuncture/Insertion	Ultrasound-guided PICC closedended - Groshong® insertion: indicators of success.	Elisabete Randoli Buosi (BR)
P009	Venipuncture/Insertion	Clinical Efficacy of tape free PIV catheter stabilization device in Japan.	Yoshihiro Edamoto (JP)
P010	Venipuncture/Insertion	Training program for nurses on the proper placement of peripherally inserted central venous catheters.	Beatriz Izidoro (BR)
P011	Venipuncture/Insertion	Evaluation of effectiveness of transcutaneous electrical nerve stimulation (TENS) pre puncture for insertion of peripherally inserted central catheter (PICC line).	Claudia Luz (BR)
P012	Venipuncture/Insertion	Cyanoacrylate glue prevents early bleeding of the exit site after PICC placement.	Mauro Pittiruti (IT)
P013	Venipuncture/Insertion	Peripheral venous catheter: Experience and demographic characteristic in pediatric Hospital.	Regina Ruivo Bertrand (BR)

No.	Topic	Title	Author
P014	Venipuncture/Insertion	The use of a needle guide associated to ultrasound makes the vascular puncture easier and safer.	Hervé Rosay (FR)
P015	Venipuncture/Insertion	Data registry that have to explore in the routine use of PICC's: a retrospective analysis.	Paloma Ruiz (ES)
P016	Venipuncture/Insertion	Peculiarities of venous port systems implantation at the children with oncological diseases.	Maxim Rykov (RU)
P017	Venipuncture/Insertion	Delayed sequela developed in the period of implantable venous systems exploitation.	Maxim Rykov (RU)
P018	Venipuncture/Insertion	Implications for selfcare associated with peripheral intravenous catheters.	Daniele Santos (BR)
P019	Venipuncture/Insertion	The use of new technologies in PICC line insertion (Peripherally Inserted Central Catheter) with microintroducers and guided by ultrasound, in adult patients by a group of nurses in a tertiary hospital in São Paulo-Brazil.	Jorge Luis Saraiva Santos (BR)
P020	Tip Position	Femoral vein approach for totally implantable access port: literature review, discussion of the indications and technical aspects illustrated with a case report presenting a new port location.	Marie Renard (CH)
P021	Infection	Intraluminal disinfection with ultraviolet-c light.	Jimmy Bak (DK)
P022	Infection	Tunneled peripherally inserted central catheters for cancer patients: a simple technique for reduced infection rates and prolonged line indwelling time.	Michele Di Giacomo (UK)
P023	Infection	Secular trends in central lineassociated bloodstream infections: changing microbiologic pattern of pathogens after preventive measures.	Priscila Goncalves (BR)
P024	Infection	Innovation: Technology: Commitment: Diligence: How a vascular access team eliminated CRBSI in PICC lines.	Sophie Harnage (USA)
P025	Infection	Evaluation of efficacy of a CHG gel pad dressing on preventing CRBSI in ICU settings. A case control study,	Roberto Pampalone (IT)
P026	Infection	Project H.A.N.D.S. An evidence based approach for Standardising Intravascular Practice	Fernando Pilpil (UK)

No.	Topic	Title	Author	No.	Topic	Title	Author
P027	Infection	Impact of colonization of central venous catheter (CVC) on the use of peripherally inserted central catheter (PICC).	Regina Ruivo Bertrand (BR)	P040	Education	Educational curriculum for doctors and nurses in advance practice in vascular access.	Remy Noorani (UK)
P028	Infection	A comparative randomised cross over study of two film dressing; IV 3000 and Tegaderm for the fixation of central venous catheter lines.	Sara Rowan (IT)	P041	Education	Indicators of phlebitis: a basis for a critical analysis and practical actions for improvement.	Tais Queiroz Santolim (BR)
P029	Infection	Central Venous Catheterization and Nursing Care.	Daniele Santos (BR)	P042	Education	Could french nurses place CVC (PICC and Ports)? Yes they can! The french experience from a cancer disease hospital in LYON.	Hervé Rosay (FR)
P030	Occlusion	Adhesive skin trauma and neonatal care: a comparison of two gentle medical tapes on infant skin.	Nienke Kapinga (NL)	P043	Education	Disasters sessions: a problems based learning methodology in catheterization of peripherally inserted central catheters (PICC).	Paloma Ruiz (ES)
P031	Occlusion	Impact of huber needle insertion point on the volume of blood reflux during withdrawal from a totally implantable port (TIP).	Luc Ronchi (FR)	P044	Education	Information leaflets for children with implant-ble venous ports, their parents and medical staff.	Maxim Rykov (RU)
P032	Occlusion	Preventing occlusions in CVCS and PICCS: Lessons learned from a Canadian literature review.	Gillian Strudwick (CA)	P045	Education	Economic and organizational impact of the systematic use of single-hand secured huber needle (positivepressure) in french hospitals	Marine Tournoud (FR)
P033	Venous thrombosis	Impact of current management on late incidence of long term CVCrelated thrombosis in oncological patients: a prospective survey.	Gianluca Villa (IT)				
P034	Education	Nurse-led central venous catheter insertion-procedural characteristics and outcomes of three intensive care based catheter placementservices.	Evan Alexandrou (AUS)				
P035	Education	Comparative study of venous system and human primates a through high resolution ultrasound.	Julio Cesar De La Torre Montero (ES)				
P036	Education	Peripherally-inserted central catheter (PICC) management : overview of an information tool.	Christian Dupont (FR)				
P037	Education	Extravasation after access of a fully rotated port.	Godelieve Goossens (BE)				
P038	Education	A new technique for fixation of noncuffed Central venous catheter in hemodialysis patients for prevention of infection.	Morteza Khavanin Zadeh (IR)				
P039	Education	Unifies - a model to aid in the successful implementation of infection prevention innovations and improvements.	Catherine Narciso (UK)				

Program Faculty

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Aleksandra Babic	RN	European Institute of Oncology - Milan (IT)	11
Amy Bardin	MS,RRT, VA-BC	Banner Estrella Medical Center (USA)	7, 18
James Bennett	MD	Birmingham Childrens Hospital, Birmingham (UK)	7, 19
Daniele Biasucci	MD	Catholic University, Rome (IT)	8, 20, 31
Roberto Biffi	MD	European Institute of Oncology, Milan (IT)	10, 12, 20
Paul Blackburn	RN, BSN, MNA, VA-BC	RyMed Technologies (USA)	10, 11, 12, 26, 31
Andrew Bodenham	MD	Leeds General Infirmary, Leeds (UK)	17, 18
Maria Carmen Carrero	RN	Unidad de Terapia Intravenosa. Hospital Universitario Ramón y Cajal (ES)	12
Ingemar Davidson	MD, PhD	University of Texas Southwestern Medical Center, Dallas TX (USA)	30
Robert Dawson	MSA, BSN, RN, CRNI, CPUI, VA-BC	PICC Academy (USA)	7, 30, 31
Eric Desruennes	MD	Gustave Roussy Cancer Institute, Villejuif (FR)	17
Laura Dolcetti	MD	Catholic University, Rome (IT)	8
Tom Elliott	MD	University Hospital NHS Foundation Trust Birmingham (UK)	23
Alessandro Emoli	RN	Catholic University, Rome (IT)	8
Maurizio Gallieni	MD	Renal Unit, San Carlo Borromeo Hospital, Milan (IT)	23
Ralf Gebhard	MD	University of Miami, Miami, Florida (USA)	29
Lieve Goossens	PhD,RN	University Hospitals Leuven (BE)	21, 13
Lynn Hadaway	M.ed,RN,BC,CRNI	Lynn Hadaway Associates,Inc. (USA)	13, 14, 15, 25
Sophie Harnage	RN, BSN, VA-BC	Sutter Roseville Medical Center, Florida (USA)	24
Sheila Inwood	RN, MSN	Director Medical Affairs-Infusion, Royal Berkshire NHS Trust (UK)	8, 14
Thomas Jack	MD	Medizinische Hochschule Hannover (DE)	37
Andrew Jackson	RN	The Rotherham NHS Foundation Trust (UK)	10
Linda Kelly	RN	St. Joseph's Hospital of Atlanta (USA)	20, 30
Jan Kluytmans	MD	VUmc University Medical Center, Amsterdam (NL)	25, 26
Kathy Kokotis	RN, BS, NBA	Director PICC business, BARD (USA)	10, 21
Jim Lacy	BSN, RN, CRNI	Principal at CLINMARKED, LLC (USA)	7, 32

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Massimo Lamperti	MD	National Neurological Institute Besta, Neuroanesthesia Dept.; Milan (IT)	7, 17
Jack LeDonne	MD,VA-BC	President, AVA, Greater Baltimore Medical Center (USA)	7, 17, 18
Leonard Mermel	DO, ScM, AM (Hon), FSHEA, FIDSA, FACP	Warren Alpert Medical School of Brown University, Rhode Island Hospital (USA)	23, 25
Nancy Moureau	BSN, RN, CRNI, CPUI, VA-BC	PICC Excellence, Inc/Greenville Memorial and Medical Center, SC (USA)	7, 23
Nadine Nakazawa	RN,BS, OCN, CRNI, VA-BC	Stanford Hospital & Clinics, California (USA)	29, 30
Jackie Nicholson	RGN, BSc	Royal Surrey County Hospital, Guildford (UK)	24
Tom Petry	PA	Greater Baltimore Medical Center (USA)	7
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Mauro Pittiruti	MD	Catholic University, Rome (IT)	7, 20, 29, 30, 31
Bart Rijnders	MD, PhD	Erasmus Medical Center, Rotterdam (NL)	25
Timothy Royer	BSN CRNI VA-BC	Vascular Access Seattle, WA Veterans Medical Center (USA)	19
Mark Rupp	MD	University of Nebraska Medical Center (USA)	23, 25
Marcia Ryder	PhD MS RN	Ryder Science, medical biofilm research (USA)	13, 32
Gail Sansivero	MS, ANP	Community Care Physicians, Albany, New York (USA)	29
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Davide Vailati	MD	National Neurologic Institute Carlo Besta, Milan (IT)	7
Ton van Boxtel	RN, MSc, VA-BC	Infusion Innovations (NL)	30, 31
Agnes vd Hoogen	RN	University Medical Center Utrecht (NL)	24
Marcel Weijmer	MD	Sint Lucas Andreas Hospital Amsterdam (NL)	14

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Company **BARD**

Description Bard Access Systems brings the future to the vascular access market with its INTEGRATED INNOVATIONS. View the 3CG-Sherlock™ Tip Location and Tip Confirmation System. In addition, Bard Access Systems is proud to announce the arrival of two new power injectable PICCs, the PowerPICC Goshong® and PowerPICC SOLO® catheters. Also, don't miss the next generation of power injectable ports with Bard's new PowerPort® device, its newest safety winged infusion set SafeStep™ and the latest in dialysis catheter designs such as Equistream® and Power Trialysis® during your visit.

Company **B BRAUN** SHARING EXPERTISE

Description B.Braun is specialized in development and manufacturing of wide range of cost saving Health care products including Celsite® power ports and PICC for venous access. It explores new innovative indications such as arterial, pleural/peritoneal and spinal ports. Elastomeric pumps round up the portfolio providing a total care for the patient.

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. With a focus on the vascular (circulatory) system, Navilyst Medical's technologies have an abundance of clinical applications. Its products are used in 76 countries by healthcare providers including interventional radiologists, interventional cardiologists, oncologists, surgeons, IV nurses, and oncology nurses. Navilyst Medical delivers industry leading, best in class vascular access and fluid management technologies to the market today.

Company **Teleflex MEDICAL**

Description Teleflex is a global provider of specialty medical devices used for a range of procedures in critical care and surgery. We serve customers in 130 countries with specialty devices used in vascular access, general and regional anaesthesia, urology, respiratory care, cardiac care, and surgery. Teleflex also provides products and services for device manufacturers.

Company **ANGIODYNAMICS®**

Description AngioDynamics has distinguished itself as a technologically dynamic vascular access manufacturer and supplier. The company demonstrated consistent ability to successfully develop and bring to market new SMART technologies that help reduce complications related to vascular access devices. Today, it offers a full range of mid-to-long term SMART access products designed to reduce risks of thrombosis, occlusions, and consequently of infection.

Company **CHRISTIE+**

Description Christie's premier product, the VeinViewer imaging system, uses harmless near-infrared light to view veins up to 10 mm deep. VeinViewer, available in three different models, is the only device of its kind which provides benefits pre, during and post-access, helping improve the entire vascular access procedure. Determine the best point of access by assessing more options, valves and bifurcations. Potentially avoid complications by checking patency through visualization of flushing and detection of a hematoma as it forms. Learn more and watch videos at www.veinviewer.com.

Company  **COVIDIEN**

Description Covidien Vascular Therapies delivers a broad range of innovative non-invasive and endovascular devices for the treatment of vascular disease worldwide. Covidien currently offers clinically proven solutions for the prevention and treatment of deep vein thrombosis (DVT), chronic venous insufficiency, dialysis access, peripheral vascular disease, and neurovascular disease. Covidien develops new technologies, products and programs focused on improved patient outcomes and safer, more efficient healthcare practices throughout the continuum of care, across the globe.

Company **vidacare®**
Defining the Field of Intraosseous MedicineSM

Description Vidacare's EZ-IO® Intraosseous Infusion System provides immediate vascular for patients in multiple clinical settings using the intraosseous (inside the bone) space. The EZ-IO is used by 90 percent of US advanced life support ambulances and over half of US Emergency Departments, as well as the US Military. Established in 2001, Vidacare Corporation is the developer of a broad technology platform that is defining the field of intraosseous medicine. Privately held, the company is based in San Antonio, Texas, and its products are marketed in over 50 countries worldwide.

Company **BIOPATCH®**
Protective Disk with CHG

Description BIOPATCH® sits within the ETHICON franchise, a division of JOHNSON & JOHNSON MEDICAL LIMITED. BIOPATCH® is a leader in infection prevention, focused specifically on CRBSIs (Catheter related blood stream infections). Its clinical evidence and dedication to this field has seen it become one of the most recognisable and well-respected brand names in this area. BIOPATCH® has a dedicated team, with 18 years international clinical experience in preventing CRBSIs across the health care setting.

Company 

Description 3M Skin Health- helping to reduce complications in vascular access. With a wide portfolio ranging from 3M™ Tegaderm™ IV dressings, 3M™ skin friendly medical tapes and 3M™ Cavilon skin protectants, the 3M Skin Health Team is providing innovative and trusted solutions to help clinicians reduce the complications associated with vascular access. For further information, please visit the 3M stand at WoCoVa or visit www.3m.co.uk/ivsite and find us on Facebook under 3MTegadermIVSolutions

Company 

Description AccuVein Inc. is a global leader in medical imaging solutions. Its breakthrough product, the AV300, allows healthcare professionals to see a map of peripheral veins on the skin's surface with the goal of improving vascular access procedures including blood draw, IV infusion and blood donations. To see a demonstration of vein illumination with the AV300, please visit www.accuvein.com.

Company 

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. For more information, please visit www.bd.com/uk

Company 

Description Founded in 1963, Cook Medical pioneered many of the medical devices now commonly used to perform minimally invasive medical procedures throughout the body. Today the company integrates medical devices, drugs and biologic grafts to enhance patient safety and improve clinical outcomes. Since its inception, Cook has operated as a family-held private corporation. 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 is in the business of making connections – human connections. We design and make some of the world's safest, most reliable medical devices and systems for infusion therapy, oncology, and critical care applications. Our products improve patient outcomes by helping prevent bloodstream infections and protecting patients and healthcare workers from exposure to infectious diseases or hazardous drugs. Our complete product line includes needlefree vascular access devices, custom infusion systems, closed delivery systems for hazardous drugs, advanced sensor catheters and hemodynamic monitoring systems. Together, we help forge the human and emotional connections that are a vital link between patients and caregivers, that enhance clinical experience, and are the essence of outstanding quality-of-care.

Company 

Description Since 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, personal customer contacts and global sales experience ensure the highest quality and safety for users and patients.

Company 

Description InsituVue's Sonic Flashlight ultrasound device is an innovative approach to imaging for vascular access procedures. For the clinician it's like seeing inside the patient with X-ray vision. The device is intuitively easy to use and has budget friendly pricing!



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.



Description Cair LGL, your French partner in health and safety, by your side to improve your practices in infusion, oncology and nutrition, because healthcare professionals' and patients' safety is high on the agenda. Come to meet us on booth D6 to discover NeutraClear®, the Smallest Transparent and Neutral needleless connector.



Description CareFusion is a global corporation serving the health care industry with products and services that help hospitals measurably improve patient care. When it comes to Vascular Access, a vital lifeline for patients is their IV catheter. For catheter protection, CareFusion offers two premium products: Chloraprep® and MaxPlus® Clear. Both products have been clinically proven to protect patients by significantly reducing the risk of infection and other catheter associated complications.



Description Founded in 2009, Evoluzione Srl., based in Rome, specializes in distribution and development of innovative medical devices. The R & D developed collaborative programs with their own specific. Flagship of the company is also the training support for operators health, caregivers and patients through qualified specialist is provided for all products manufactured and for those in simple distribution.



Description The SecurAcath is a new method for catheter securement that does not require adhesives or sutures. The unique design of the SecurAcath secures right at the insertion site using a small, blunt anchor that deploys in the subcutaneous tissue just beneath the skin. The SecurAcath is fast and easy to use, is designed to prevent migration and pistoning, allows 360 degree site cleaning while secured, and does not need to be changed out. Please stop by booth E2 for a demonstration and more information.



Description Ivera Medical developed and markets Curoso® disinfecting port protectors, which disinfect IV ports in 3 minutes, keep ports clean for 7 days. In a controlled study, a 32-bed test unit achieved a 86% reduction in central line infections and \$500,000 in annualized cost reduction.



Description Pall Medical is a leading supplier of filtration technology for the protection of patients and health care workers. Pall Medical infusion filters have been designed to retain contamination such as particles down to nano-size, bacteria and their endotoxins and to eliminate air from infused fluids and nutrient admixtures. Clinical studies have shown that the use of Pall infusion filters may lead to improved patient outcomes and reduced treatment cost.



Description Guided Imaging is specialised in vascular access ultrasound with patented smartprobe (3 transducers in one including biplane) And Guiders with gps technology.

Company 

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. Another new addition is a tip location device (Pending 510k clearance and CE Mark).

Company 

Description PEROUSE MEDICAL offers a full range of implantable ports, PICC lines and safety Huber needles. Many of those are compatible with high pressure injection of contrast media resulting in a complete solution for CT Scan or MRI procedures. The company also developed new products in accordance with good practices recommendations: POLYSITE® Echo implantable port set designed for ultrasound guided venipuncture and PPS Flow+ safety Huber needle allowing its withdrawal with an automatic positive pressure

Company 

Description Plan 1 Health develops and manufactures implantable drug delivery systems since 1993. The knowledge of the technical and functional requirements, the users' needs, the materials and the specific criticalities of each clinical application let us keep our medical systems at the top quality and always aligned with the worldwide market expectations.

Company 

Description Romedex International designs, develops, manufactures and markets innovative medical devices for vascular access. Our product offering includes the Nautilus® CE-marked product line. The Nautilus® system uses electrocardiography (ECG) to guide all brands and types of central venous catheters, and offers an alternative method to the radiological confirmation for tip positioning. Nautilus® S/E disposables are ECG lead extensions used for non-radiographic central venous catheterization based on the intra-atrial ECG technique.

Company 

Description RyMed Technologies, Inc. manufactures the InVision-Plus® with Neutral Advantage™ technology I.V. connector system, including the InVision-Plus® CS® with chlorhexidine+Silver Ion Engineering, designed to reduce CR-BSI and intraluminal thrombotic occlusions.

Company 

Description Smith & Nephew Advanced Wound Management offers a full range of effective wound care products, combined with a deep understanding of best practice techniques for the prevention and healing of wounds. We seek imaginative solutions that improve wound outcomes for patients and at the same time conserve resources for healthcare systems.

Company 

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 

Description TauroPharm GmbH is a life science company specialized in antimicrobial medical devices. 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 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 

Description Zefon International manufactures Grip-Lok®, a securement device for catheters, lines and tubes. It is designed to hold patient catheters and lines in place to prevent unnecessary line pulls, improve patient care and reduce hospital costs. Grip-Lok is also available with hydrocolloid adhesive for neonatal and sensitive skin patients.

Exhibitorslist

Exhibitor	Booth
3M Health Care (bronze sponsor)	B4 +A4
AccuVein (bronze sponsor)	B9
AngioDynamics (silver sponsor)	D4
B.Braun Medical (gold sponsor)	C5
Bard Limited (gold sponsor)	B1
BD Medical (bronze sponsor)	D12
Cair (bronze sponsor)	D6
CareFusion	A2
Christie Medical (silver sponsor)	C2
Cook Medical (bronze sponsor)	B6
Covidien (silver sponsor)	B2
Evoluzione	E6
GCF Guided Imaging	D3
Hospira (bronze sponsor)	C6
ICU Medical Europe (bronze sponsor)	C7
Insituvue (bronze sponsor)	B8
Interrad Medical	E2
Curos/Ivera	E4
Johnson&Johnson/Biopatch (silver sponsor)	E1
Medcomp	D7
Navilyst Medical (gold sponsor)	C4
Pall Medical	A5
Perouse Medical	D5
Plan1Health	A3
PFM Medical (bronze sponsor)	B10
Romedex International	D8
Rymed	D2
Smith Medical	A1
Smith&Nephew	D9
Tauropharm	E5
Teleflex (gold sponsor)	C3 + E3
Vidacare (silver sponsor)	C1
Vygon (bronze sponsor)	B5
Zefon International	D1

Registration Information

The registration desk at the Beurs van Berlage conference centre for WoCoVA 2012 is open at:
 Tuesday June 26th 14.00 - 18.00.
 During conference June 27th - 29th.
 Wednesday 27th 08.00 -18.00.
 Thursday 28th 07.30 - 18.00
 Friday 29th 07.30 - 17.30

Exhibit hours

Wednesday June 27th 09.00 - 20.00
 Thursday June 28th 09.00 - 18.00
 Friday June 29th 09.00 - 16.30

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References: 1. BioPATCH® Protective Disk with CHG Full Prescribing Information. Somerville, NJ Ethicon, Inc. 2. Maki DG, Mermel L, Gentner D, Hua S, Chiacchierini RP. An evaluation of BioPATCH® Antimicrobial Dressing compared to routine standard of care in the prevention of catheter-related bloodstream infection. Ethicon, Inc. 2000. Data on file. 3. Jonas Marschall, MD; Leonard A. Mermel, DO, ScM; David Classen, MD, MS; Kathleen M. Anas, MS, CIC. Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals. Infect. Control and Hosp. Epidemiol October 2008, vol. 29, supplement 1.

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Welcome Reception

Wednesday, June 27th, 2012 from 18.30 - 20.00

After the first day of lectures and workshops, all participants are invited to the welcome reception in the exhibition hall (Grote Zaal)

A little distraction is welcome, this will give you the opportunity to network and get to know each other on a personal level in a more relaxed environment.

Location: Exhibition hall (Grote Zaal)
For all registrants

Canal Cruise

You can also make a canal cruise in your free time. There are not many 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. We received 400 free canal cruise vouchers from the local government. First come first serve, available at the registration desk.

Colophone

WoCoVA
Congress Brochure
Amsterdam, June 2012
800 ex.

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www.circuit.nl

Amsterdam: city to meet

Let us welcome you to Amsterdam, a city of many inspiring and surprising faces. No other city mixes cosmopolitan style with a relaxed atmosphere quite like Amsterdam. The friendly nature draws a more diverse population than most other cities in the world. We invite you to join us and make our metropolis your own during your stay here.

Whether admiring the Golden Age gable houses of the old city centre or marveling at the sleek skylines of the new Zuidas and harbor areas, you will see that we pride ourselves on our rich history while keeping focused on the future. Creative energy and innovation abound here, and only strengthen the established international business community.

Home to some of the world's most acclaimed artistic works, more canals than Venice, more bridges than Paris and nearly 7,000 monumental buildings, our compact floating city offers a buffet of historical and cultural treasures. It is no wonder Amsterdam's ring of canals is a nominee for Unesco's World Heritage list.

Maybe you will visit our world-famous diamond factories, discover the city's tradition as a jazzmusic hub, or simply soak up the local nightlife in a casual cafe. Whatever you choose, we hope you experience our vibrant, open spirit. Welcome to Amsterdam!

Hotel and travel information

Hotel accommodation in Amsterdam is available in all star classes. Online reservations can be made through the website www.wocova.com via the booking agency 'Efficient Hotel Partner' (EHP). They can offer you competitive room prices. For questions regarding hotel reservations please contact EHP: mail@hotelpartner.nl

Hotels

- | | | | |
|--------------------|-------|-------------------------|-------|
| NH Krasnapolsky | ★★★★★ | Inntel Amsterdam Centre | ★★★★★ |
| NH Barbizon Palace | ★★★★★ | Die Port van Cleve | ★★★★★ |
| NH Doelen | ★★★★ | Eden Lancaster | ★★★★ |
| NH Carlton | ★★★★ | Ibis Amsterdam Centre | ★★★★ |





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Solutions to Reduce Complications in Vascular Access

Visit us on our booth # B4
and book time for our symposium!

Reducing complications in vascular access:
a review of the most promising strategies

Speakers

Prof. Tom Elliot, UK
Dr. Mark Rupp, USA
Andrew Jackson, RN, UK

Date & Location

June 28th, 2012
18:15h - 19:15h
Veiling Zaal (1st floor)



www.facebook.com/3MTegadermIVSolutions



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 Central Railway Station within 15 min. leaving a 10 min walk to the Beurs van Berlage 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.

Public transport and taxis

The Beurs van Berlage is easily accessible by public transport. The Central Station is located a mere 300 m away. Upon leaving Central Station you can already see our building in the distance in front of you, along the main street called Damrak, leading into the citycenter.

The Dam/De Bijenkorf stop is the nearest tram stop. The following trams stop here: 4, 9, 16, 24, 25. For further information: www.gvb.nl

There are taxi stands directly in front of the Beurs van Berlage, at the Damrak. Call Taxi Centrale Amsterdam to order a cab, 0031 20 - 777 77 77

Schiphol Amsterdam International Airport

Coming from Schiphol Airport, you can reach Beurs van Berlage by train or by taxi.

- Train: You can buy a ticket in the Schiphol Arrival Hall for Amsterdam Centraal Station. Interval: 4 Trains per hour. Trainride takes approx. 15 minutes. For details to reach our building from Centraal Station: see above
- Taxi: Destination "Beurs van Berlage", adress: Damrak 243. Approx. 25 minutes, dependant on traffic.

By car.

The Beurs van Berlage is 20 minutes away from the A10 Ring road.

Travel Information

Disabled access

Most of the Beurs van Berlage has disabled access even though the entire ground floor of the Beurs van Berlage is 175 cm above the level of the pavement. The main entrance on the Damrak has an elevator. Via the main entrance you can access the Big Hall, the Beurs foyer, the Yakult Room and the Glazen Zaal. The rooms on the 1st and 2nd floor around the Big Hall (Berlage Room and the meeting rooms) can also be reached using the elevator.

Unfortunately the Beurs van Berlage does not have disabled parking spaces. The Bijenkorf multi-storey car park is located next to the Beurs van Berlage. See also Parking.

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 and at Schiphol Airport or can be purchased on-line at www.iamsterdamcard.nl



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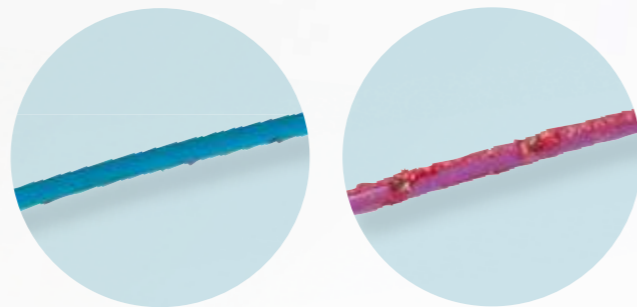
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The BioFlo PICC is also available with our patented PASV™ Valve Technology designed to automatically resist backflow and reduce blood reflux on the inside of the catheter.

For more information, contact your local Distributor or visit the Global Partners section of our website at www.navilystmedical.com



*Based on benchtop tests which may not be indicative of clinical results. Data on file. Images are representative samples from benchtop tests.

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BIOFLO PICC WITH ENDEXO AND PASV VALVE TECHNOLOGY

INTENDED USE/INDICATIONS FOR USE: The BioFlo PICC with Endexo and 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.

Refer to Directions for Use provided with the product for complete instructions.

Not currently for sale in the US. Pending 510(k) clearance.

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NAVAD420 / 04/12

Lined area for notes.

Let's meet at WoCoVA 2014



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