Just One For The Life Of The Line

288% Increased Risk of CLABSI With Adhesive Devices vs. SecurAcath

25 Peer-reviewed Publications on Subcutaneous Securement

AGE RANGE Neonates Through Geriatrics

0-1.6% SecurAcath Dislodgment VS 7-12% Adhesive Devices

Lowers Total Cost of Patient care

Optimal Placement and Securement

1. Rowe, et al, "Catheter Securement Impact on PICC-related CLABSI: A University Hospital Perspective" American Journal of Infection Control, Open Access, June 17, 2020
2. Brescia, et al, "Subcutaneously anchored securement for peripherally inserted central catheters: Immediate, early, and late complications." Journal of Vascular Access (2021) June
3. McPartlan et al, "Intravascular catheter migration: A cross-sectional and health-economic comparison of adhesive and subcutaneous engineered stabilisation devices for intravascular device securement." Journal of Vascular Access (2020) Jan;21(1):33-38.
4. Pittiruti, et al. "Clinical experience of a subcutaneously anchored sutureless system for securing central venous catheters." British Journal of Nursing (2019) Jan 24;28(2):S4-14.
5. Zerla et al. "Evaluating Safety, Efficacy, and Cost-Effectiveness of PICC Securement by Subcutaneously Anchored Stabilization Device." Journal of Vascular Access 18.3 (2017):238-242.
6. Dolcino et al. "Potential Role of a Subcutaneously Anchored Securement Device in Preventing Dislodgement of Tunneled-Cuffed Central Venous Devices in Pediatric Patients." Journal of Vascular Access 18.6 (2017):540-545.
7. Hughes, Meinir Elen. "Reducing PICC migrations and improving patient outcomes." British Journal of Nursing 23:Sup1, (2014): S12-S18.
8. Paquet, F. et al. "Impact of arm selection on the incidence of PICC complications: results of a randomized controlled trial," JVA (2017) 18(5),408-414.
9. Gibson, C. et al. "Peripherally Inserted Central Catheters: Use at a Tertiary Care pediatric Center," JVIR (2013) 24, 1323-133.
10. Le Royer, C. et al. "Prospective follow-up of complications related to peripherally inserted central catheters", Médecine et Maladies Infectieuses (2013) 43, 350-355.
11. Yamamoto, Alvin J., et al. "Sutureless securement device reduces complications of peripherally inserted central venous catheters." Journal of Vascular and Interventional Radiology 13.1 (2002): 77-81.
12. Cardella et al., Cumulative experience with 1,273 peripherally inserted central catheters at a single institution. JVIR 1996; 7:5-13.
13. Abebe, A., Catheter-Related Bloodstream Infection Review. Hosp Med Clin, Jan. 2014, (3) e32-e49.
14. Gossens, et. al., SecurAstaP trial: securement with SecurAcath versus StatLock for PICCs, a randomised open trial. BJM 2018
15. Bouya S, et al. "Global Prevalence and Device Related Causes of Needle Stick Injuries among Health Care Workers: A Systematic Review and Meta-Analysis. Annals of Global Health." 2020;86(1):351-358. doi: 10.5334/aogh.2698
16. Cooke C, Stephens J. "Clinical, Economic, and Humanistic Burden of Needlestick Injuries in Healthcare Workers." Medical Devices: Evidence and Research. 2017:10
17. Lee J, Botteman M, Nicklasson L. "A Systematic Review of the Economic and Humanistic Burden of Needlestick Injury in the United States." Am J Infect Control. 2004;32(3):E43. doi: 10.1016/j.ajic.2004.04.064
18. Bingham A, et al. "Estimated Lifetime HIV-Related Medical Costs in the United States." Sex Transm Dis. 2021 Apr 1;48(4):299-304. doi: 10.1097/OLQ.0000000000001366.
19. Rizavi H, et al. "Chronic Hepatitis C Virus (HCV) Disease Burden and Cost in the United States." Hepatology. 2013 Jun;57(6):2164-70. doi: 10.1002/hep.26218. Epub 2013 May 6.
20. Crocoli, et al., Vascular Access in Pediatric Oncology and Hematology: State of the Art, Children (2022), 9, 70
21. Crocoli, et al, Safety and effectiveness of subcutaneously anchored securement for tunneled central catheters in oncological pediatric patients: A retrospective study, Journal of Vascular Access (2021) June
22. D'Andrea, et al, Securement of central venous catheters by subcutaneously anchored suturless devices in neonates, Journal of Maternal-Fetal & Neonatal Medicine (2021) April
23. Cellini, et al. Guidelines of the Italian Association of Pediatric Hematology and Oncology for the management of the central venous access devices in pediatric patients with onco-hematological disease, Journal of Vascular Access (2020) Nov
24. Barone, et al, Centrally inserted central catheters in preterm neonates with weight below 1500 g by ultrasound-guided access to the brachio-cephalic vein, Journal of Vascular Access, (2020) June
25. Dolcino, A., et al, Potential Role of a Subcutaneously Anchored Securement Device in Preventing Dislodgement of Tunneled-Cuffed Central Venous Devices in Pediatric Patients, Journal of Vascular Access (2017) Oct
26. Frassanito, et al, Securing CSF catheters to the skin: from sutures and bolt system to subcutaneous anchoring device towards zero complications, Child's Nervous System, (2020) June
27. Fitzsimmons, et al, An observational study of the securement of central venous access devices with a subcutaneous anchor device in a paediatric population at a tertiary level hospital, Journal of Vascular Access, (2020) May
28. Rodríguez Perez, et al, Subcutaneously Anchored Sutureless Device for Securement of Chest Tubes in Neonate with Pleural Effusion: Three Case Reports, Case Reports in Paediatrics, (2020) March

ORDERING INFORMATION

NO.	SIZE	QTY.
400130	3F	Box (10 each)
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400160	8F	Box (10 each)
400180	10F	Box (10 each)
400200	12F	Box (10 each)

Additional SecurAcath® product information

- Not made with natural latex rubber
- MRI Conditional

More information available at www.securacath.com

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Protecting Pediatric Patients

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1329-042 Rev A

securAcath®

SecurAcath® provides improved catheter securement for the life of the line

Significantly Reduces Risk of CLABSI

- University of Arkansas for Medical Sciences (UAMS) analyzed 7,779 patients over four years of Central Line Associated Bloodstream Infection (CLABSI) data[1]
- Analysis compared outcomes of patients whose PICCs were secured with a the SecurAcath to those secured with an adhesive device
- Study found a substantial difference in relative risk among securement devices
- Adhesive device had a 288% increase in risk of CLABSI compared to SecurAcath

Dramatically Decreases Catheter Dislodgement

- Catheter dislodgement defined as accidental removal or movement that resulted in loss of function
- SecurAcath clinical data publications show very low dislodgement rates of 0–1.6%[2-7]
- Adhesive securement devices have published dislodgement rates of 7-12%[8-11]
- Many accidental dislodgements occur during dressing changes when catheter is not secured
- Catheter replacement cost is approximately $500 at bedside, $1,000 in IR[12], $1,200 in pediatrics; these are decreased with SecurAcath

Prevents Catheter Movement

- Catheter movement at the insertion site can introduce bacteria beneath the skin[13]
- Improved stability may promote healing at insertion site which acts as a natural barrier to infection
- May reduce phlebitis, thrombosis and infection

Improves Efficiency

- One SecurAcath secures for the life of the line
- Catheter remains secure during dressing changes
- Saves time during routine dressing changes
- Dressing change can be done 41% faster[14]
- Allows for easy catheter repositioning if catheter tip must be pulled back

Allows 360 Degree Site Cleaning While Secured

- Excellent cleaning access around the entire insertion site
- Catheter remains stable and secure during cleaning
- Improved stability and cleaning may help reduce infections

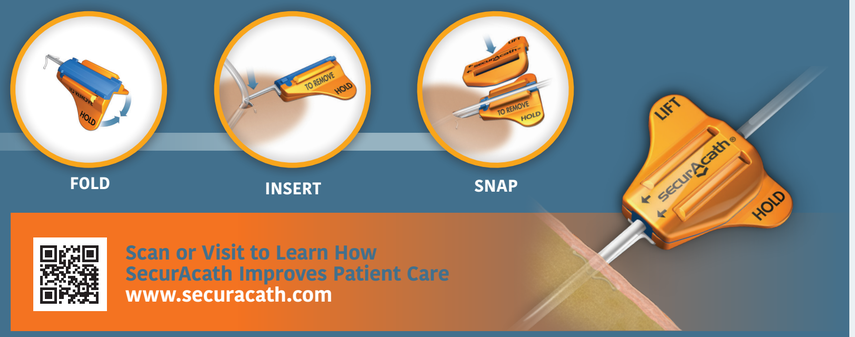
Eliminates Costly Suture Needle Stick Risk

- 385,000 sharps injuries to healthcare workers in the U.S. annually, over 2 million globally [15]
- 22% are caused by suture needles [16]
- Average cost to hospital of up to $3766 per exposure [17]
- Serious cases involving bloodborne pathogen transmission far exceed average cost
- Lifetime HIV-related medical costs up to $490,045 [18]
- Chronic Hepatitis C lifetime cost $64,490 [19]
- Fear, anxiety, emotional distress and productivity loss of healthcare workers create additional unnecessary burden
- Violation of limiting employee's sharps exposure with engineered controls if available, CFR 1941.1030 = $7,000

Reliable securement of pediatric catheters is a serious clinical problem. Sutures and adhesives have been used for years with moderate success. Catheter migration and dislodgement are frequent complications of pediatric catheters.

How does the SecurAcath work?

- Small, blunt, nitinol securement feet are placed just beneath skin right at the catheter insertion site
- Cover is snapped onto base to affix to catheter shaft
- No sutures or additional skin punctures are needed
- No adhesives needed for securement
- Remains in place for life of catheter
- Works with a variety of vascular access and drainage catheters



Scan or Visit to Learn How SecurAcath Improves Patient Care
www.securacath.com

Effective in a Wide Range of Pediatric Applications

SecurAcath has demonstrated its effectiveness at securing catheters in a variety of applications in neonates. [20-28]

Protecting our youngest patients from premature line replacements, adhesive or suture related skin tears and infection is key to achieving the desired outcomes from these percutaneous catheters.


PICC


TUNNELED CICC


PERCUTANEOUS CICC


FEMORAL CICC


DRAINAGE

"Catheter dislodgment and/or tip migration may lead to malfunction of the device and, in worst cases, to complete removal. Pediatric patients undergoing chemotherapy and/or high dose steroids are more prone to these complications. Different approaches to reduce these events have been described, such as the use of non-cuffed third generation polyurethane secured with both suture-less devices and subcutaneously anchored securement systems (SASS). For children with cancer, catheter removal must also be considered as one of the many painful procedures they undergo during the course of disease, with additional stress for the patients and their families. New devices (such as SASS) lead both to easier fixation and removal of the catheter if necessary, eliminating the issue of polyester cuff-equipped catheters, whose adoption should be progressively abandoned in pediatric patients with cancer."

– Crocoli, et al. Vascular Access in Pediatric Oncology and Hematology: State of the Art, Children (2022) 9, 70.

securAcath®

BECAUSE PATIENTS DESERVE BETTER™