

A specific dressing for safety Huber needles soon available

With 27,000 chemotherapies and 1,500 implantable catheter ports installed each year, the René Gauducheau centre of Nantes pioneered the use of safety Huber needles as early as 2004.

In this cancer centre specializing in the treatment of solid tumours, Huber needles were previously the primary cause of BEAs. But while safety needles have won universal praise from nursing staff, dressings have become unsuitable.

Sophie Rochard, the responsible pharmacist at the René Gauducheau centre, and Philippe Bourcier, the medical device manager for the pharmacy, bring up the problems encountered, and the very positive reaction to the new dressings specifically developed by Laboratoires Pérouse.



POLYFILM® : a clear dressing with reinforced non-adhesive central window

Polyfilm® is of sufficient size for safety Huber needles and has an non-adhesive central window that makes it easy to remove the dressing.

Capital Equipement Médical: What are your experience with safety Huber needles and your selection criteria?

Philippe Bourcier: We have been using secure Huber needles for 4 years, and the nurses have been asked to fill in evaluation forms for each tested model. The yardsticks are first safety – there are devices which are only partially secure and with which there is a possibility of contact with the contaminated needle. The possibility of maintaining positive pressure, good visibility of the puncture site, ease of use and patient comfort are four major selection criteria.

Sophie Rochard: For technically satisfactory products, price is also an issue: hospital budgets are increasingly tighter, and the financial aspect often holds up projects and requires setting priorities to make choices. Safety Huber needles were the first priority identified in terms of safety, and we currently use the Polyper® Safe needle, which was selected after positive evaluation by our users.

CEM: What types of dressings do you use on safety Huber needles, and with what results?

S.R. and **P.B.:** Mainly Tegaderm® or TETRAplaie®. The Tegaderm® film offers the advantage of being a clear polyurethane film, which provides visibility of the cutaneous environment around the needle for easy monitoring of local skin condition, but it adheres to the upper part of the needle, which complicates handling and may cause pain to the patients: therefore the nurse places a compress between the needle and dressing to avoid adhesion, which nullifies the usefulness of the clear dressing and may cause maceration due to sweat accumulation...

The TETRAplaie® dressing has a built-in compress and therefore will not adhere to the needle but it is opaque and must be removed if a local problem is suspected.

In both cases, the major problem is related to dressing size: safety Huber needles are larger than standard needles. Therefore current dressings are too small and continuously come off.

CEM: How do you currently get round this problems?

P.B.: By fiddling with the dressing... Adhesive strips around the dressing, which must be renewed every day or every other day, which is a real problem in patients hospitalized for 5 days of treatment: with suitable dressings, they would keep the same throughout chemotherapy... with less handling, less pain and less septic risk.

S.R.: Besides patient comfort, doing up three dressings while only one would be sufficient means it is a lot of wasted time for nurses who are already overloaded, and significant material extra cost.

CEM: What would be the ideal dressing?

P.B.: It should measure about 13 cm by 15 cm and be clear, have good peripheral adhesiveness, and include a non-adhesive portion at needle level, so that the dressing can be removed without the risk, of pulling out or moving the needle, with the inherent risk of BEA to the staff and pain to the patient. Our nurses place the straight line under the dressing and it would be good if the dressing had a slot for the line to come out in order to reduce the risk of the dressing coming off during movement. The dressing should be supplied with adhesive strips to fix the needle to skin, saving time, with only one package containing all the requisites. Lastly, it should be made of strong material, because, with the non-adhesive centre window, it would no longer be necessary to interpose a compress between the dressing and needle with the higher risk of tear.

S.R.: The skins of our patients are often fragilized by radiotherapy and therefore more easily intolerant to the adhesive of dressings, which should be designed for optimum tolerance.

CEM: A new dressing from Laboratoires Pérouse, specifically designed for Huber needles, was presented to you. What is your opinion?

S.R.: We are one of the reference centres for Laboratoires Pérouse. They consult us about some of their development projects. Regarding this new Polyfilm® dressing, it meets most of the above-mentioned expectations.

P.B.: Polyfilm® is of sufficient size for secure and nonsecure Huber needles and can ensure optimum fixation throughout the treatment. It is clear for visibility and has a non-adhesive centre window making it easy to remove the dressing. Adhesive strips are supplied in the same bag. This new dressing has been presented to the nursing teams and has won universal praise; they are looking forward to receiving the first products to start the tests!

Comments collected by Elisabeth Millara
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After her hospital training, Sophie Rochard has been working for about 10 years for the health care industries, on drugs, and on medical equipment, in a wide variety of positions: quality assurance, production, marketing, sales hospital business unit management, before being appointed as responsible pharmacist of the CLCC René Gauducheau, in 2002.

Philippe Bourcier, a pharmaceutical assistant, has been working for 25 years at the CLCC, where, among other things, it has set up the medical device unit and clinic supply management fully ensured by the pharmacy of the institution, in order to relieve the nurses of all logistic aspects.