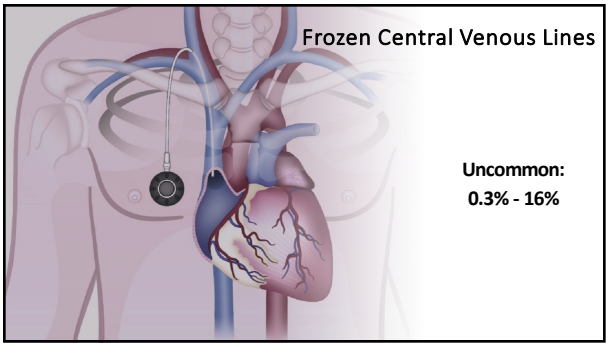
Scott L. Stevens MD

Getting Out of a Pinch

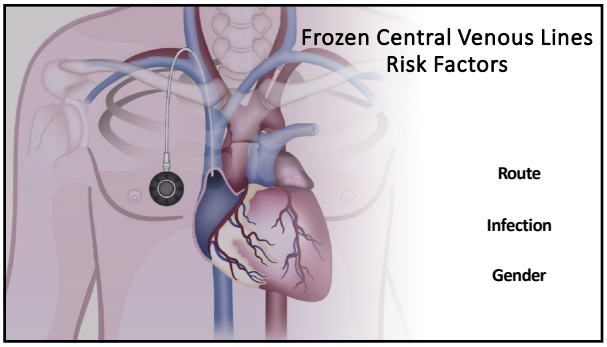
A Technique to Remove Frozen Central Lines

No disclosures



Frozen Central Venous Lines

Uncommon:
0.3% - 16%

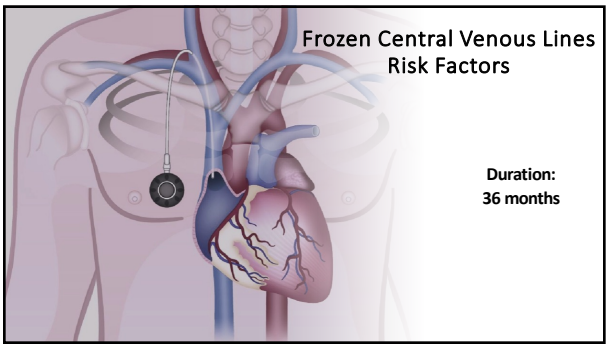


Frozen Central Venous Lines Risk Factors

Route

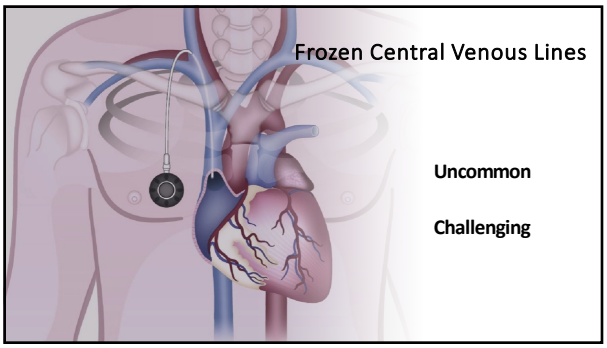
Infection

Gender



Frozen Central Venous Lines Risk Factors

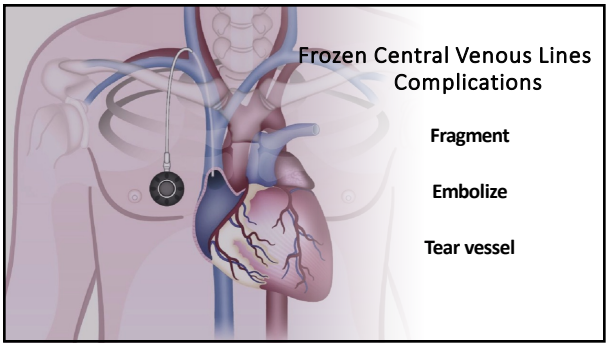
Duration:
36 months

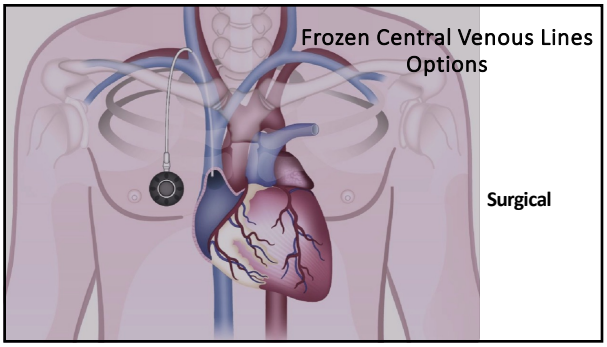


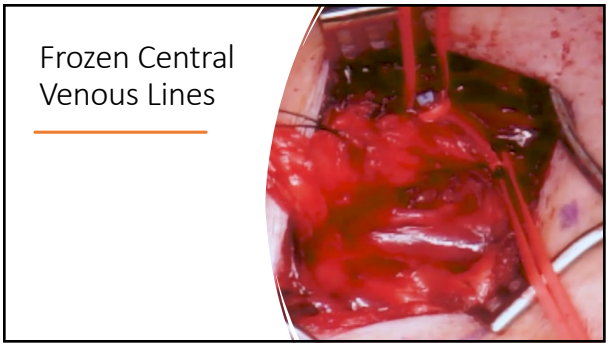
Frozen Central Venous Lines

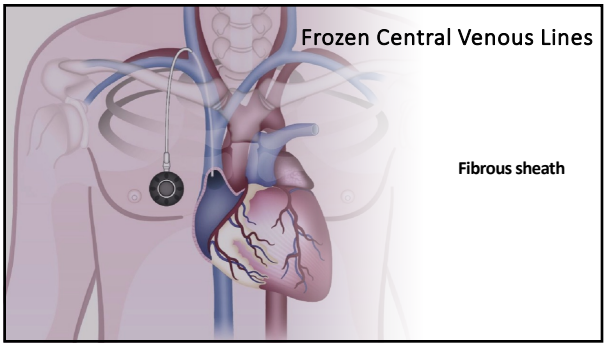
Uncommon

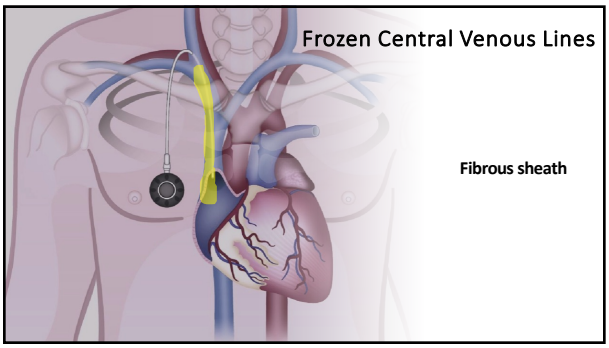
Challenging

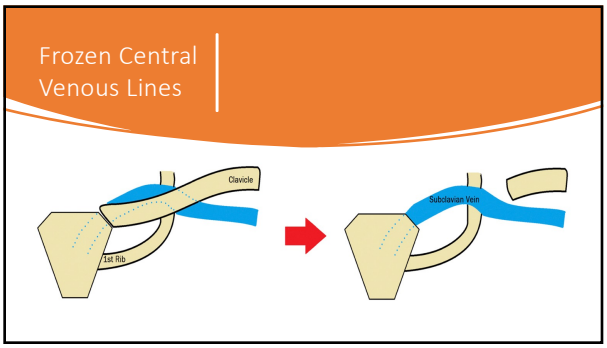

Frozen Central Venous Lines
Complications
Fragment
Embolize
Tear vessel


Frozen Central Venous Lines
Options
Surgical

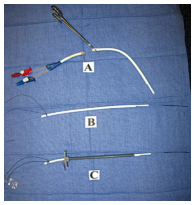

Frozen Central
Venous Lines

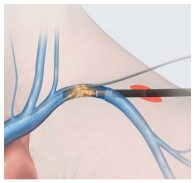

Frozen Central Venous Lines
Fibrous sheath

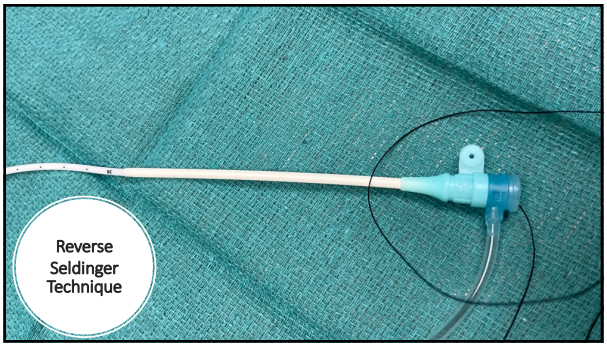

Frozen Central Venous Lines
Fibrous sheath

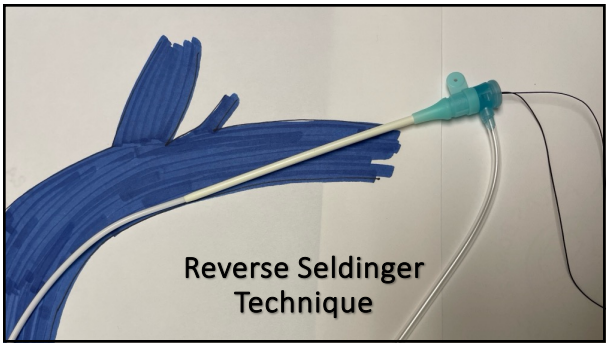

Frozen Central
Venous Lines
Clavicle
1st Rib
Subclavian Vein

Frozen Central Venous Lines







Frozen Central Venous Lines

52 Y.O. Female: pending bone marrow transplant infected port

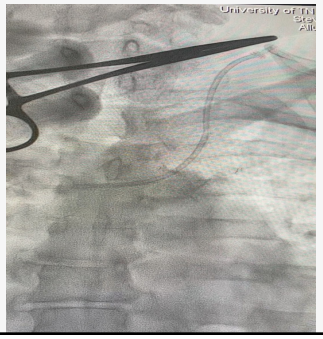
45 Y.O. Female: long-term venous access - nonfunctional

72 Y.O. Male: melanoma – surgeon unable to remove the catheter

Left Subclavian

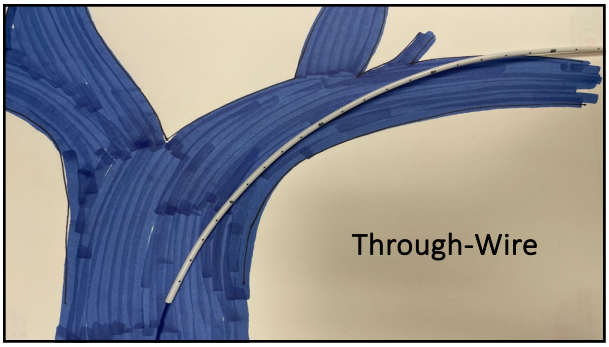
Greater than five years

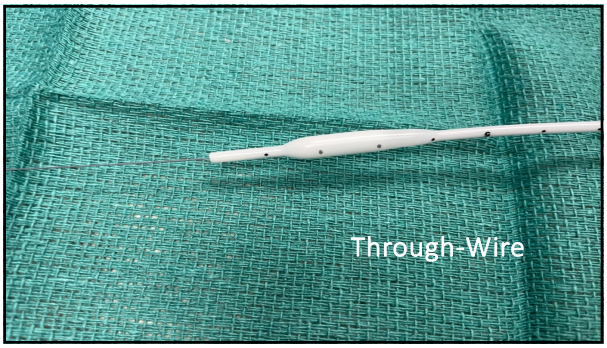
Frozen Central Venous Lines

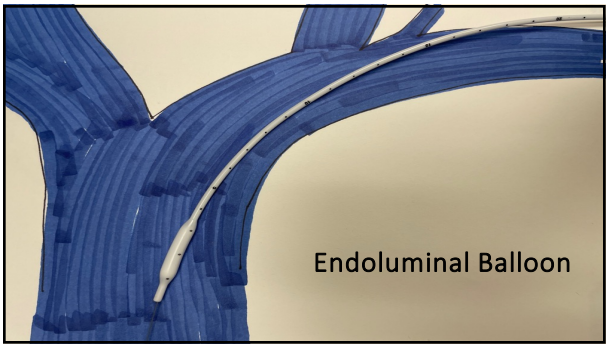


Frozen Central Venous Lines

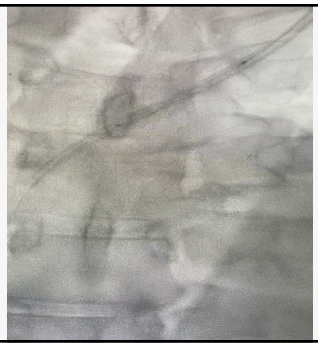
- **Through and through wire rail**
- **0.14 system**
- **Endoluminal balloon dilation**
- **Retrograde femoral sheath**



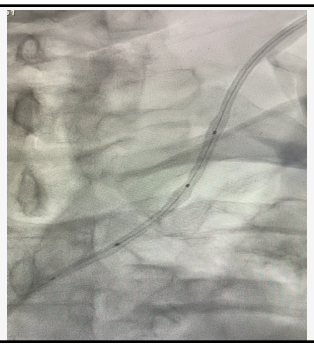




Frozen Central Venous Lines



Frozen Central Venous Lines



Frozen Central Venous Lines

Frozen Central Venous Lines

Frozen Central Venous Lines

- **Through and through wire rail**
- **0.14 system**
- **Endovascular balloon dilation**
- **Retrograde femoral sheath (reverse Seldinger)**