

PREOPERATIVE DIAGNOSIS: , Chronic renal failure.,POSTOPERATIVE DIAGNOSIS: ,Chronic renal failure.,PROCEDURE PERFORMED:, Insertion of left femoral circle-C catheter.,ANESTHESIA: , 1% lidocaine.,ESTIMATED BLOOD LOSS:, Minimal.,COMPLICATIONS: , None.,HISTORY: , The patient is a 36-year-old African-American male presented to ABCD General Hospital on 08/30/2003 for evaluation of elevated temperature. He was discovered to have a MRSA bacteremia with elevated fever and had tenderness at the anterior chest wall where his Perm-A-Cath was situated. He did require a short-term of Levophed for hypotension. He is felt to have an infected dialysis catheter, which was removed. He was planned to undergo replacement of his Perm-A-Cath, dialysis catheter, however, this was not possible. He will still require a dialysis and will require at least a temporary dialysis catheter until which time a long-term indwelling catheter can be established for dialysis. He was explained the risks, benefits, and complications of the procedure previously. He gave us informed consent to proceed.,OPERATIVE PROCEDURE: , The patient was placed in the supine position. The left inguinal region was shaved. His left groin was then prepped and draped in normal sterile fashion with Betadine solution. Utilizing 1% lidocaine, the skin and subcutaneous tissue were anesthetized with 1% lidocaine. Under direct aspiration technique, the left femoral vein was cannulated. Next, utilizing an #18 gauge Cook needle, the left femoral vein was cannulated. Sutures were removed, nonpulsatile flow was

observed and a Seldinger guidewire was inserted within the catheter. The needle was then removed. Utilizing #11 blade scalpel, a small skin incision was made adjacent to the catheter. Utilizing a #10 French dilator, the skin, subcutaneous tissue, and left femoral vein were dilated over the Seldinger guidewire. Dilator was removed and a preflushed circle-C 8 inch catheter was inserted over the Seldinger guidewire. The guidewire was retracted out from the blue distal port and grasped. The catheter was then placed in the left femoral vessel \_\_\_\_\_. This catheter was then fixed to the skin with #3-0 silk suture. A mesenteric dressing was then placed over the catheter site. The patient tolerated the procedure well. He was turned to the upright position without difficulty. He will undergo dialysis today per Nephrology.