Background Patients with Intestinal Failure (IF) require reliable intravenous access for provision of Parenteral Nutrition. Venous access for Home Parenteral Nutrition (HPN) patients with Type 3 IF can be compromised due to thrombosis of deep veins. Preferred choice of veins for central venous catheter are the supra cardiac veins. Femoral tunnelled CVC are avoided due to concerns of catheter related blood stream infection (CRBSI) and are considered as a last resort when all other thoracic CVC access is exhausted. We assess the outcomes of tunnelled femoral catheters in our cohort of HPN patients.

Methods We did a retrospective analysis of a prospectively collected data of all HPN patients and venous access from January 2013 to December 2018 managed at a National HPN Unit. The details of venous access, complications of CVC, sex and details of stoma extracted from database.

Results In a cohort of 9 HPN patients with tunnelled femoral CVC, 6 were females and 3 were males leading to a total of 8418 days. A total 3 episodes of CRBSI were recorded in 1 patient. All of the 3 episodes (methicillin – sensitive Staphylococcus aureus (MSSA), Escherichia Coli and CNS) were successfully salvaged. The average no of days for femoral CVC was 93.5 days. The rate of CRBSI was 0.35 per 1000 catheter days. 8 patients had stoma or open abdominal wound. There were no episodes of ipsilateral femoral DVT. The CVC was replaced for 2 patients due to fracture of CVC.

Conclusion Tunneled femoral CVC CRBSI rate (0.35) is comparable to thoracic veins CVC CRBSI rate(0.31) in our unit. Furthermore femoral access could be considered as a reliable access to provide HPN. It may be considered as an option if more than 2 thoracic deep veins are occluded to prevent complete occlusion of SVC. We feel tunnelled femoral CVC is a safe option to consider for HPN

Introduction Enteral nutrition (EN) is the optimal route of feeding in critical care patients and naso-gastric (NG) feeding is the primary route. Mechanically ventilated patients are at risk of delayed gastric emptying (DGE). In 2016, in our NCCU, the delay inserting endoscopically-placed naso-jejunal tubes (NJTs) led to the use of unnecessary parenteral nutrition (PN) in 15% of cases. Bedside self-propelling NJT were piloted and a protocol was written for their use and insertion.

Methods This retrospective audit determined whether self-propelling NJT insertion protocol was being adhered to appropriately and the success rate of insertion.

Patients admitted to NCCU between October 2016-March 2018 were included if they met the following criteria:

1. Failure to absorb gastric feed (GRVs >400 ml within 24 hours), despite dual prokinetic therapy (metoclopramide and erythromycin for 2–8 hr).

Conclusions Patients with slow growing gynaecom/peritoneal cancers have been diagnosed with cancer for longer than other cancer types prior to commencing palliative PN. However once PN is commenced survival between groups in this cohort was similar. An extended follow up and a larger sample size may yet demonstrate significant differences. A prospective study is required to assess for other factors that may influence survival.