TITLE: Initiation of Intravenous Access for Post-Mastectomy Patients: Safety and Guidelines

DATE: 22 July 2015

RESEARCH QUESTIONS

1. What is the clinical evidence regarding the safety of initiating intravenous access in post-mastectomy patients on the affected side?

2. What are the evidence-based guidelines regarding the initiation of intravenous access for post-mastectomy patients?

KEY FINDINGS

One health technology assessment was identified regarding the safety of initiating intravenous access in post-mastectomy patients on the affected side.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were used to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2005 and July 9, 2015. Internet links were provided, where available.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.
Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Patients who have had a mastectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention</strong></td>
<td>Q1: IV access initiated on the same side as the mastectomy (including, but not limited to, IV for adjuvant chemotherapy)</td>
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<td></td>
<td>Q2: Initiation of IV access (including, but not limited to, IV for adjuvant chemotherapy)</td>
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<tr>
<td><strong>Comparator</strong></td>
<td>Q1: IV access initiated on the contralateral side to the mastectomy; No comparator</td>
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<td>Q2: No comparator</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>Q1: Safety and harms (e.g., lymphedema, peripheral nerve damage)</td>
</tr>
<tr>
<td></td>
<td>Q2: Guidelines for initiation of IV access in post-mastectomy patients (e.g., recommendations regarding post-mastectomy timing and location of IV access)</td>
</tr>
<tr>
<td><strong>Study Designs</strong></td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines</td>
</tr>
</tbody>
</table>

IV = intravenous.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One health technology assessment was identified regarding the safety of initiating intravenous access in post-mastectomy patients on the affected side. No relevant systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One health technology assessment was identified regarding the safety of initiating intravenous access in post-mastectomy patients on the affected side. However, due to the restricted access of the document, no summary can be provided.
REFERENCES SUMMARIZED

Health Technology Assessments


Access to UPenn intranet required

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
No literature identified.

Guidelines and Recommendations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Systematic Reviews and Meta-analyses – Mastectomy Not Specifically Mentioned


Non-Randomized Studies

Bilateral Mastectomy


IV Post-Axillary Surgery


Mastectomy/Post-Breast Surgery Not Specifically Mentioned


Case Study


Clinical Practice Guidelines – Unspecified Methodology