Central Venous Line (CVL) catheter dislodgement is a known complication. The most common advice to avoid this complication is to leave the catheter cuff about one third along the tunnel and/or placing additional sutures at the

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the exit wound (Step 1). An absorbable suture is placed around the cuff. It is recommended to use a cutting needle of size 3/0 or 4/0 (Step 2) (Kronfli & Flettm 2013). Upon completing the knot, a gentle tug is given to the catheter (Step 3). There will be no movement of catheter upon pulling as the catheter is prohibited from exiting by the secured cuff.

Non central cuff placement in close proximity to the exit wound enables the placement of suture around the cuff under full direct vision, hence avoiding puncturing the catheter when the suture needle is negotiated around the cuff. The thin plastic nature of the catheter is an establish risk of needle perforation (Dillon & Foglia 2006).

Approximately, 1.4 to 3.6% of catheters tend to dislodge with consequences (Babu & Spicer 2002, Jumani et al. 2013). Hence, cuff securement with a suture will ensure no catheter dislodgement throughout its use. Removing the catheter will also be easy as mobilising the cuff can be done close to the exit wound since a quarter of reported complication will require catheter removal (Jumani et al. 2013).

**REFERENCES**


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Received: 22 June 2017
Accepted: 11 August 2017