Biopatch - Frequently Asked Questions

Q. Which intravenous catheters are Biopatch dressings placed on?
A. Biopatch should be placed on all central venous catheters.

Q. What is considered a “central” venous catheter?
A. A central venous catheter (CVC) is any vascular catheter that terminates at or close to the heart or in one of the great vessels.*

The following intravascular catheters are CVCs:

- internal jugular
- subclavian
- femoral
- tunneled (e.g. Hickman, Broviac)
- pheresis
- implanted (e.g. Porta-Cath)
- PICC (peripherally inserted central line)
- hemodialysis
- pulmonary artery

Q. Are there times when a Biopatch is not indicated?
A. Yes, when access is planned to be short term, e.g. < 24 hours, placement of Biopatch is not necessary. See examples below:

- port is accessed for an outpatient infusion or transfusion
- pheresis catheter is placed for stem cell retrieval, then removed

Q. Are there any types of CVCs or clinical situations where Biopatch should not be used?
A. There are 2 exclusions and 1 caution.

- There is no manufacturer’s prohibition against use on tunneled catheters, however the Renal Service has determined that Biopatch should not be used on tunneled, dialysis catheters. Biopatch may be used on other dialysis catheters and may be used on other tunneled lines if a dressing is needed. **
- Biopatch should not be used on Infants < 2 months and preterm infants
- Clinical judgment should be used for patients with non-intact skin at the insertion site (e.g. severe burns)

Q. Are there any other invasive devices that Biopatch should be placed on?
A. Yes, Biopatch may be placed on the following devices that are not considered CVCs; however they do enter the central vasculature and may contribute to bloodstream infections.

- CVVH – continuous veno-venous hemofiltration
- IABP - intra-aortic balloon pump
- PVAD - peripherally inserted ventricular assist device
- Pacing wire
- ECMO – extracorporeal membrane oxygenation (if able to be placed around insertion site)

Q. If a patient is admitted with a CVC in place and does not have a Biopatch in place - what should I do?
A. There are 2 scenarios:

- If the catheter was placed emergently (e.g. during a code) and aseptic technique was not used, the catheter needs to be replaced as soon as possible (when patient is stable); Biopatch may be placed then.
- If the catheter was placed aseptically and the dressing is clean, dry, and intact, place Biopatch at the next routine dressing change.

Q. Is MGH using Biopatch on any other types of invasive devices such as G-tubes or orthopedic pins?
A. No. While Biopatch is approved for other uses, these indications are not part of this roll-out which is aimed at reducing central line bloodstream infections. Groups that want to pursue other uses should contact Materials Management.

* Great vessels include: aorta, pulmonary artery, superior & inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, common femoral veins.
** A well-healed cuffed or tunneled line may not require a dressing

Questions? Call Paula Wright, Infection Control Unit – 3-2474