SCIENTIFIC SYMPOSIUM

Indwelling Catheters – Not Just End of Life, but Quality of Life

IPC as First-Line Treatment: From Scientific Evidence to Patient-Centred Care

10:00–15:00 | Scientific presentations · Clinical experience · Home care

Why this symposium?

When should indwelling pleural or peritoneal catheters be considered? Can we move beyond viewing them as a last resort and discuss them earlier in the care pathway—with patients' needs, symptom control and quality of life at the centre?

For selected patients with symptomatic malignant pleural effusion, international guidelines support indwelling pleural catheters (IPCs) as a first-line definitive treatment option alongside pleurodesis. For recurrent malignant ascites, tunneled peritoneal catheters may reduce the burden of repeated procedures, although the evidence base and patient selection differ. This symposium brings scientific literature, practical experience and perspectives from Swedish regions together to explore how treatment can be offered at the right time.

What we will explore

- **Earlier treatment and patient selection** — IPC versus pleurodesis, indications and shared decision-making.
- **Optimising outcomes** — daily drainage protocols, spontaneous pleurodesis and infection prevention.
- **Value of care** — costs, hospital utilisation, resource requirements and patient burden.
- Life at home and hands-on learning — nurse training, patient education, drainage support and practical catheter implantation training using a model.

Programme

Morning | 10:00–12:00

10:00–10:10	**Welcome and introduction** Rethinking catheter care: earlier treatment and quality of life.
10:10–10:40	**IPC as first-line treatment: what does the literature say?** Guidelines, patient selection and IPC versus pleurodesis.
10:40–11:10	**Can daily drainage improve pleurodesis rates?** Evidence from ASAP and AMPLE-2; translating protocols into practice.
11:10–11:35	**Reducing catheter-related infections: the role of microsilver technology** ArgentiC and available evidence on infection prevention; limitations and clinical implications.
11:35–12:00	**Indwelling peritoneal catheters for recurrent ascites** Patient selection, symptom relief, opportunities and risks.

12:00–13:00 LUNCH & NETWORKING

Afternoon | 13:00–15:00

13:00–13:30	**Health economics: are we using our resources effectively?** Hospital visits, repeat procedures, drainage supplies, nursing support and cost-effectiveness.
13:30–14:00	**Experience from other regions in Sweden** Regional treatment pathways, practical lessons and collaboration with home care.
14:00–14:15	**Coffee break**
14:15–14:30	**From hospital to home: supported catheter care** The ewimed service concept: nurse training, patient education and support for caregivers.
14:30–14:55	**Hands-on workshop: catheter implantation model** Practical demonstration and guided training using an implantation model; catheter placement and handling.
14:55–15:00	**Closing remarks** Key take-home messages.

From treatment decisions to everyday life at home

Home care teams are essential to a safe and seamless transition after catheter placement. We will discuss clear responsibilities, practical drainage training and accessible support for patients, caregivers and healthcare professionals. Where appropriate, individualised education can help patients manage drainage independently and spend more time in their own environment.

This symposium is intended for physicians, nurses and other healthcare professionals caring for patients with recurrent pleural effusion or ascites.

Scientific framing: *The evidence for first-line IPC use is strongest in symptomatic malignant pleural effusion. Higher spontaneous pleurodesis rates with daily drainage are supported by randomised studies. Clinical evidence for ArgentiC-associated infection reduction should be presented by indication and study design, without assuming proven benefit across all catheter settings.*