

## From the Editor's view

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As I pull the journal together for publication, I am astounded that we are already well into the second half of the year. This issue is a quicker read than the last, but you may want to give yourself time after reading to reflect on what it takes to reach for success.

### Our articles

We always want our journal articles to incite thought, discussion, and improvement in the vascular access field. In this issue they do that, and more.

First, Dr Mark Scott and his colleagues assessed emergency room patients' willingness to pay to add the adhesive cyanoacrylate for better securement at the initial insertion of a peripheral intravenous catheter (PIVC). Securement is an important factor in preventing PIVC failure that results in more cannulation attempts and ultimately added pain for the patient. I hope you find this article as thought-provoking as I did.

In our second offering, Dr Nicole Gavin and her colleagues present a protocol for a pilot randomised control trial (the SURF trial), comparing the use of perforated and standard intravenous catheters. The need for large bore PIVCs for infusing contrast-enhanced computed tomography (CECT) can cause vascular complications in patients with difficult veins. This is the first study to compare perforated versus standard PIVCs in this population and will be of particular interest to those of you who deal with high-flow infusions.

### Going forward

Disseminating information is our vanguard in meeting and overcoming the challenges in our constantly changing world. Your knowledge and expertise about vascular access best practice and leading-edge thought is invaluable. Together we can improve quality of life for both patients and healthcare professionals. For our journal and AVAS to thrive, we really need your journal submissions. For those who are stuck at home more often right now, perhaps you might take some time to dust off that manuscript you've been too busy to finish. Or maybe you've been focusing on a problem that arose at work and you've come up with a unique and novel solution, one that you want to make sure others know about to help them in their roles. Send your submissions to, or contact me at, [info@avas.org.au](mailto:info@avas.org.au) and I will be glad to work with you to prepare your manuscript for publication

or answer any questions you have about publishing your work with us.

It is more than 6 months since the World Health Organization declared COVID-19 a pandemic and our lives are still being much affected, both at work and at home. I feel for your frustrations of sheltering in place and thank you for your dedication as healthcare workers. As ever, I am awed by your willingness to continue putting yourselves at risk for the benefit of us all. Thank you does not say enough.

Stay safe and well,

Linda M. Verde  
Editor-in-Chief