Transhepatic vascular access in pediatric cardiology patients with occlusion of traditional central venous sites.
Central venous access in pediatric patients with complex congenital heart disease may be difficult. Percutaneous transhepatic access offers an alternative for patients with occlusion of traditional central venous sites. We reviewed our experience utilizing transhepatic access in 10 consecutive pediatric cardiology patients for central venous lines, cardiac catheterization and endomyocardial biopsy.
If traditional venous access sites are not usable because of thrombosis, nonconventional central venous access can be achieved by placing a transhepatic central venous catheter or a translumbar inferior vena cava (IVC) catheter. 

Transhepatic and translumbar venous access should be used only as a last resort, because they may induce thrombosis of the hepatic veins or IVC. Small central lines can be placed through collateral vessels, such as the intercostal vessels or chest wall collaterals if needed. Transhepatic IVC access. Hemodialysis vascular access options in pediatrics: considerations for patients and practitioners. Pediatr Nephrol. 2008 Apr 8. [Medline]. Iliac Artery Central Venous Transhepatic Biliary Tracheobronchial TIPS. Product Information. Product Information for WALLSTENT® Endoprosthesis with the UNISTEP® Plus Delivery System. WALLSTENT Venous Endoprosthesis: • Patients with bleeding disorders unresponsive to vitamin K or blood product therapy. WARNINGS/PRECAUTIONS: • The safety and effectiveness for use in the vascular system have not been established for all WALLSTENT product codes. Safety and effectiveness for use in pediatric patients have not been established. Safety and effectiveness for use at a lesion site within a vascular graft or at the anastomosis have not been established.