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The needle and the damage done: Clinical and behavioural markers of severe femoral vein damage among groin injectors

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AIM: To identify factors associated with severe femoral vein (FV) damage among groin injectors (GIs) ~~on oral opioid substitution treatment~~

DESIGN: A cohort study.

SETTING: Drug treatment centres in South East England.

PARTICIPANTS: GIs attending an ultrasound 'health-check' clinic.

MEASURES: Femoral ultrasonography and clinical grading of venous disease in each leg.

METHOD: Comparison of 67 GIs with severely damaged FV and 86 GIs with minimal/moderate damage.

FINDINGS: The majority were men (69.3%) and the mean age was 36.2 years with mean duration of injecting drug use (IDU) of 13.3 years. There were no significant between-group differences in age, gender or duration of IDU. Severe FV damage was associated with longer duration of groin injecting (GI; $P<0.005$), use of thick needles (blue-hub, 23G; or green-hub, 21G; $P<0.001$), benzodiazepine injection ($P<0.005$), history of deep vein thrombosis (DVT, $P<0.001$) and recurrent DVT ($P<0.001$), presence of depressed groin scar ($P<0.001$) and chronic venous disease (CVD, $P<0.001$). Logistic regression analysis revealed needle size (β 1.2, Wald 4.9, $P<0.05$) and DVT (β 3.3, Wald 38.5, $P<0.001$) as the main predictors of severe FV damage.

CONCLUSION: Needle and syringe exchange services should consider only supplying appropriate lengths of orange-hub needle (25G) on request from GIs. Early cessation of GI, avoidance of benzodiazepine injection and prompt diagnosis and treatment of DVT might also reduce the prevalence of severe FV damage among GIs and the associated healthcare burden. Routine examination of injecting sites among these patients should include an assessment of severity of venous disease in each leg.

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