Introduction:
Central Line-associated Bloodstream Infection (CLABSI) is an important concern in the ICU, mainly in those with high density of use of central venous catheter. Any measures that may have an impact on the reduction of CLABSI are important in reducing morbidity and mortality of hospitalized patients. Therefore we present retrospective study comparing the fixation site (neck vs. thorax) of the catheters implanted in the jugular vein, guided by ultrasonography and evaluating its impact on the incidence of CLABSI.

Methods:
A retrospective unicentric study comparing the infection rates between the year of 2012, when the traditional technique of catheter fixation on the neck was used and 2015, when 100% of the catheters were fixated on the thoracic region. Fisher´s test was used to... (validate the data?) (pra que serve o teste de fisher?)

Results:
During the year of 2012, 98 internal jugular vein catheters were installed in our unit using the traditional technique, fixing the catheter on the neck. In this period, 6 cases of CLABSI were detected. On the other hand, in the year of 2015, 127 internal jugular vein catheters were installed in the same unit, all of them, using the thorax as the point of fixation. Although the number of catheters installed this year was higher, there were no case of CLABSI. It appears that this position, provides a better fixation of the catheter, avoiding that the bandage gets uncovered.

Conclusion:
Fixation of the internal jugular vein catheter in the thorax seems to contribute to the prevention of CLABSI. Further prospective and randomized studies are required to evaluate the contribution of fixation of the jugular vein catheter in the thorax in the CLABSI prevention, but, this simple change seems promising. (que tal?)