

INS 2025 Speaker Spotlight

1) What inspired you to focus on these particular areas in your presentation?

Why the femoral vein? Throughout my career, I have made it a point to ask *why*—every time I see a patient, I ask: Why is this being ordered? What does the patient truly need? And what approaches are available? Every day when I leave the hospital, my answers to these questions always begin with “because.”

For decades, the femoral vein has been largely overlooked in the adult population, typically reserved for emergencies, and with good reason. The concerns were clear: 1) the inguinal crease is a high-risk area for infection, 2) there is an increased risk of deep vein thrombosis (DVT), and 3) patients are often unable to ambulate. However, these challenges existed *before* the widespread use of ultrasound. Prior to ultrasound, clinicians could not easily visualize the superficial femoral vein in the thigh, nor could they safely perform pseudo-tunneling or traditional tunneling to the common femoral vein.

Patients with contraindications to thoracic access often suffered as a result. This sparked a question in my mind: *Why not* use the superficial femoral vein in the mid-thigh, particularly in patients with no other viable options? But inspiration is only the first step; the real challenge lies in ethically integrating new practices into patient care.

Through extensive literature reviews, I found that most of the complications associated with femoral vein access occurred before ultrasound-guided techniques were introduced. With the ability to accurately visualize the vasculature, measure vessels, and assess potential complications, the risks associated with the femoral approach could be significantly mitigated.

So, my answer to the question *Why the femoral vein?* is simple: for patients with no other options, it became a mission to develop safe, evidence-based techniques for femoral access. In these cases, the benefits of using the femoral vein clearly outweighed the risks.

2) What are the biggest challenges currently facing professionals in this industry, and how can they be addressed?

- I believe the biggest challenge faced by vascular access professionals is that, while they possess the necessary skills and expertise to place various types of devices, they may not always have the defined scope of practice to carry out those procedures. In my view, every specialty is both multi-disciplinary and intra-disciplinary. Multi-disciplinary in that it requires a medical director to oversee the program, collaboration with infection control professionals, and management with expertise in vascular access devices. Intra-disciplinary in that it involves a range

of nursing professionals—LPNs, RNs, Advanced Practice Nurses, and Doctor prepared nurses—each bringing their own extensive knowledge and certification. Whether on the infusion or insertion side of vascular access, this specialty can work towards broadening both its scope of practice and educational opportunities to benefit patients and practitioners alike.

3) Can you share a moment when a challenge in your career taught you an invaluable lesson?

- a. Early in my career, a PICC was ordered for a kind and patient priest. I was eager to help and confident in my ultrasound skills. As I prepared for the procedure, I took the time to build rapport with him and explained that the procedure would only take a few minutes, and he would not need to be stuck again for access or phlebotomy. I set up, accessed the vessel, but encountered difficulty threading the catheter completely. I reassured him that the issue was likely with the right-sided vasculature, and we would attempt the left side. However, that side also failed. I ultimately referred him to radiology.

A few days later, I passed by his room and greeted him with a smile. To my surprise, he invited me in. With calm sincerity, he said, “You came in so confident, telling me this would be quick and that I wouldn’t have to be stuck again. But then, you could not do it. You never mentioned that this could happen. It’s not fair to set such high expectations and then not meet them.” His words humbled me deeply. In that moment, I realized the importance of honesty with patients. From then on, I made it a point to always mention that, while I strive for success, there is a possibility that I may not be able to complete the procedure. We all bring strong skills to our work, but every patient’s vasculature is unique, and not every case will go as planned, and our patients deserve to know that too.

4) Who or what has been your greatest influence or inspiration in your career?

My greatest personal influence: Long before I joined the vascular access specialty, I worked as a paramedic and an emergency room nurse. My brother and I both suffer from Crohn’s disease, and whenever we are hospitalized, we make it a point to stay together. One day, I received a call from him saying he was extremely sick and needed to go to the ER. Fortunately, I was working that shift. My brother has an intense fear of needles, and I knew he trusted me, so I promised him I would handle his IV. I gathered my supplies, put on my gloves, and placed his IV, confident in my abilities.

Three days later, he became septic and required central access—something he could not tolerate due to his needle phobia. I spoke with the nurse practitioner in charge of his care, and we developed a plan to administer anxiolytics before the procedure and sedation

prior to placing the central line. After discussing this with my brother, he agreed to go forward with the plan.

The next day, when we went to the procedure room, the pre-procedural medication had not been ordered on the floor. The team told us not to worry, that they would assess him once we were there. I argued, stressing that this was not the plan, but ultimately, I was not in charge. My brother was already terrified. When we reached the procedure area, they told me I could not accompany him. He was already crying.

Fifteen minutes later, the nurse came to find me. She said they could not calm him down, and he was insisting I come help. I entered the room, and he said, “Matt, you promised me I’d be sleeping, please help me, please...” I held his feet, crying, and just kept apologizing. Despite giving him enough sedatives to sedate a horse, it was too late—he was already too worked up to be sedated effectively.

It was in that moment that I vowed to myself, “This should never happen to any patient. I can do better, and one day I will.” It was also then that I realized he likely became septic from my IV placement. My brother’s experience has inspired me to focus on making uncomfortable procedures more manageable and patient-centered.

My greatest clinical inspiration has come from the opportunity to learn from two remarkable mentors: Dr. Ledonne and Dr. Pittiruti. Through attending national and international conferences, I had the privilege of witnessing their advanced practice and groundbreaking techniques. What struck me most was their unwavering commitment to doing what was best for their patients, a freedom that any clinician would aspire to. Early in my career, I traveled to observe Dr. Ledonne, and later, I had the privilege of traveling to Italy to learn from Dr. Pittiruti.

Their influence, combined with my own determination not just to perform procedures, but to deeply understand them, has been the driving force behind the development of our bedside vascular access program. Today, we are proud to be the first program in the country to offer comprehensive vascular access—including peripheral, central, tunneled, and implantable devices—at the bedside for patients across the lifespan, from neonates to the elderly.

My greatest inspiration in research has come from Dr. Nancy Moureau, whose unwavering support has been pivotal in shaping my work. Even when the vascular access community considered my innovations unconventional, she encouraged me to publish my techniques and outcomes. Dr. Moureau’s mentorship has been instrumental in my academic growth, leading to more than 25 publications and the authorship of 50 book chapters on complex clinical scenarios.

5) What strategies do you use to make complex topics more accessible and engaging to your audience?

There is an art to making complex topics both accessible and engaging for an audience. In my experience, the subject itself can often feel overwhelming, but breaking it down into manageable steps enables the attendee to truly understand, rather than simply listen. When it comes to vascular access device placement, it's crucial to emphasize that every procedure begins with an ultrasound-guided micro-puncture technique. Everything that follows—whether mechanical, interpretive, or diagnostic—builds upon that foundation.

The best mentors I have learned from are those who teach with clarity and simplicity, rather than trying to impress, intimidate, or overwhelm their students. I view my presentations like a blank page in a coloring book—together, we start adding color, filling in the picture. While we may not finish it during the session, the goal is to spark curiosity and inspire the attendee to seek out more information on their own, filling in the details long after the presentation ends.