
Abstract:

Central venous cannulation is a commonly performed procedure which facilitates resuscitation, nutritional support, and long-term vascular access. Mechanical complications most often occur during insertion and are intimately related to the anatomic relationship of the central veins. Working knowledge of surface and deep anatomy minimizes complications. Use of surface anatomic landmarks to orient the deep course of cannulating needle tracts appropriately comprises the crux of complication avoidance. The authors describe use of surface landmarks to facilitate safe placement of internal jugular, subclavian, and femoral venous catheters. The role of real-time sonography as a safety-enhancing adjunct is reviewed.

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