



We revisit a method that may provide increased safety and avoidance of pneumothorax during ultrasound-guided subclavian/axillary vein cannulation. This is achieved by directing the needle toward the subclavian vein at a point where it traverses over the second rib, providing a protective rib shield between the vessel and pleura as a safety net for operators” Senussi et al (2017).

Abstract:

The Centers for Disease Control and Prevention guidelines for the prevention of catheter-related bloodstream infections suggest using “a subclavian site, rather than an internal jugular or a femoral site, in adult patients.” This recommendation is based on evidence of lower rates of thrombosis and catheter-related bloodstream infections in patients with subclavian central venous catheters (CVCs) compared to femoral or internal jugular sites. However, preference toward a subclavian approach to CVC insertion is hindered by increased risk of mechanical complications, especially pneumothorax, when compared to other sites.

ReTweet if useful... Review of ultrasound-guided subclavian/axillary vein cannulation
[@ivteam #ivteam](https://ctt.ec/rK855+)

Click To Tweet

This is largely related to the proximity of the subclavian vein to the pleural space and the

traditional “blind” or anatomic landmark approach used in subclavian vein cannulation. We revisit a method that may provide increased safety and avoidance of pneumothorax during ultrasound-guided subclavian/axillary vein cannulation. This is achieved by directing the needle toward the subclavian vein at a point where it traverses over the second rib, providing a protective rib shield between the vessel and pleura as a safety net for operators. The technique also allows for increased compressibility of the subclavian/axillary vein in the event of bleeding complication.

Reference:

Senussi, M.H., Kantamneni, P.C., Omranian, A., Latifi, M., Hanane, T., Mireles-Cabodevila, E., Chaisson, N.F., Duggal, A. and Moghekar, A. (2017) Revisiting Ultrasound-Guided Subclavian/Axillary Vein Cannulations. *Journal of Intensive Care Medicine*. January 1st. .

doi: 10.1177/0885066617701413.

Thank you to our partners for supporting IVTEAM

