The easy internal jugular (Easy IJ) technique reviewed in this article involves placement of a single-lumen catheter in the internal jugular vein using ultrasound guidance” Moayedi et al (2016).

Abstract:

BACKGROUND: The easy internal jugular (Easy IJ) technique involves placement of a single-lumen catheter in the internal jugular vein using ultrasound guidance. This technique is used in patients who do not have suitable peripheral or external jugular venous access. The efficacy and safety of this procedure are unknown.

OBJECTIVE: We aimed to estimate efficacy and safety parameters for the Easy IJ when used in emergency department (ED) settings.

METHODS: We conducted a prospective study of the Easy IJ in stable ED patients with severe intravenous access difficulty. The study was conducted simultaneously at two academic EDs and a community university-affiliated ED. Patients were selected for failure of alternative access, hemodynamic stability, and ability to increase the IJ diameter with the Valsalva maneuver. Emergency physicians prepped the skin and inserted an 18-gauge, 4.8-cm
catheter using a limited sterile technique. We collected the following data: patient body mass index, age, procedure time, pain score, initial success, loss of patency, occurrence of pneumothorax, infection, or arterial puncture.

RESULTS: We recorded 83 attempts in 74 patients, with a median age of 44 years and a median body mass index of 27 kg/m². The initial success rate was 88%, with a mean procedure time of 4.4 min (95% confidence interval 3.8-4.9). The average pain score was 3.9 out of 10 (95% confidence interval 3.4-4.5). Ten of 73 successful lines (14%) lost patency. There were no cases of pneumothorax, arterial puncture, or line infection.

CONCLUSION: The Easy IJ was inserted successfully in 88% of cases, with a mean time of 4.4 min. Loss of patency, the only complication, occurred in 14% of cases.

Reference:


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