



We developed the new technique of the axillary vein catheterization, which is connected with the determination of only two anatomical points of reference for puncture site identification” Gawda et al (2016).

Abstract:

PURPOSE: We developed the new technique of the axillary vein catheterization, which is connected with the determination of only two anatomical points of reference for puncture site identification. The primary outcome of this study was to determine the rate of successful catheterizations and the assessment of procedure success rate, depending on cannulation side as well as physician experience. The secondary objective was to evaluate the early complication rate and to determine whether this method can be used in clinical practice.

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METHODS: The methodology of this prospective, cohort study included catheterization of the axillary vein via the infraclavicular approach. All procedures were performed by the first two authors, each of whom had different levels of experience with the technique. The choice of the cannulation side was based on clinical factors, and the technique was identical on the right and left sides.

RESULTS: The cannulation success rate reached 85.6% (N = 153). The correlation between physician experience and the procedure success rate as well as between cannulation side and procedure success rate were not significant. A common early complication was a puncture of axillary artery (14.4%) with the following proper cannulation in the majority of patients (77.3%, $p < 0.01$, exact test).

CONCLUSIONS: The procedure success rate, 85.6% (95% CI [80.0, 91.2%]), is comparable to other landmark-based techniques of the central vein cannulation. The moderately high percentage of axillary artery puncture points out that the approach should be used only as an alternative method to the central vein catheterization.

Reference:

Gawda, R., Czarnik, T., Weron, R. and Nowotarski, J. (2016) A new infraclavicular landmark-based approach to the axillary vein as an alternative method of central venous cannulation. The Journal of Vascular Access. February 5th. .

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