



In this study, we compared the landmark topographic method with the formula technique for estimating depth of insertion of right subclavian CVCs” Anandaswamy and Marulasiddappa (2016).

Abstract:

BACKGROUND AND AIMS: Subclavian central venous catheterisation (CVC) is employed in critically ill patients requiring long-term central venous access. There is no gold standard for estimating their depth of insertion. In this study, we compared the landmark topographic method with the formula technique for estimating depth of insertion of right subclavian CVCs.

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METHODS: Two hundred and sixty patients admitted to Intensive Care Unit requiring subclavian CVC were randomly assigned to either topographic method or formula method (130 in each group). Catheter tip position in relation to the carina was measured on a post-procedure chest X-ray. The primary endpoint was the need for catheter repositioning. Mann-Whitney test and Chi-square test was performed for statistical analysis using SPSS for windows version 18.0 (Armonk, NY: IBM Corp).

RESULTS: Nearly, half the catheters positioned by both the methods were situated >1 cm

below the carina and required repositioning.

CONCLUSION: Both the techniques were not effective in estimating the approximate depth of insertion of right subclavian CVCs.

Reference:

Anandaswamy, T.C. and Marulasiddappa, V. (2016) A comparative study of landmark-based topographic method versus the formula method for estimating depth of insertion of right subclavian central venous catheters. *Indian Journal of Anaesthesia*. 60(7), p.496-8.

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