



The aim of the present study was to explore a simple and safe method for central venous catheterization (CVC) from the right internal jugular vein (RIJV) by comparing carotid artery (CA) positioning with sternocleidomastoid (SCM) positioning” Yu et al (2016).

Abstract:

The aim of the present study was to explore a simple and safe method for central venous catheterization (CVC) from the right internal jugular vein (RIJV) by comparing carotid artery (CA) positioning with sternocleidomastoid (SCM) positioning. The medical records of patients who underwent CVC between January 2011 and January 2015 were retrospectively reviewed.

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Central venous catheters were inserted into the RIJV either above the level of the cricoid cartilage using the CA-directed method (419 patients, Group 1) or below the level of the cricoid cartilage using the SCM-directed method (436 patients, Group 2). Success rate and related complications of catheterization were evaluated in the two groups. The total success rate of RIJV cannulation in Group 1 (97.2%) was higher than that in Group 2 (94.5%).

Moreover, the success rate at first attempt was significantly higher in Group 1 than in Group 2 (92.4% vs 86.9%). The incidence of hematoma was 1.6 per cent in Group 1 and 3.8 per cent in Group 2. The rate of other complications such as pneumothorax, catheter-related infections, and catheter occlusion did not significantly differ between the groups. In conclusions, CA-directed RIJV cannulation is more effective and simple to perform than the SCM-directed method, and should become the preferred CVC technique in the absence of ultrasound guidance.

Reference:

Yu, Z.Y., Yuan, P., Pan, Y. and Zhang, Z.M. (2016) Right Internal Jugular Vein Cannulation: Carotid Artery-directed versus Sternocleidomastoid-directed Methods. *The American Surgeon*. 82(2), p.161-5.

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