In the United States alone, more than 5 million central venous catheters (CVCs) are attempted annually, of which, conservatively, 10% are associated with complications [1,2]. Without including data from any other nation, this means our specialty performs thousands of daily CVCs and oversees hundreds of quotidian complications" Brindley et al (2016).

Extract:

"In the United States alone, more than 5 million central venous catheters (CVCs) are attempted annually, of which, conservatively, 10% are associated with complications [1,2]. Without including data from any other nation, this means our specialty performs thousands of daily CVCs and oversees hundreds of quotidian complications. It is safe to conclude—although "safe" may be precisely the wrong word—that although CVCs are routine, they can also be routinely perilous. For something so common, we need to know more about how bedside decisions are made. We also need to know whether we adequately mitigate danger within the practical constraints of everyday practice. The work of Soni et al [3] from the University of Texas is a necessary and welcome first step.

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Definitive conclusions are tempered by the study's limitations. The authors freely acknowledge that their work is methodological modest: only a survey. They also concede the percentage of responders is very low: only 5.9%. Expressed another way, despite impressive efforts (they distributing 17 000 questionnaires), the return was disappointing (slightly over 1000 replies). First, this outlines how difficult it can be to study attitudes and behaviors. Second, it should caution those who speciously conclude that we can easily embark on pan-national and multi- disciplinary follow-ups. We should also acknowledge that surveys, such as ultrasound, have inherent limits. Both are 2-dimensional simulacrums, open to both response bias and interpretation bias: too often we often conclude what we want to conclude." Brindley et al (2016).

Full Text

Reference:

Brindley, P.G., Gillman, L.M. Mar'ae Asieri, M. and Karakitsos, D. (2016) Ultrasound-guided central venous cannulation: Seeing clearer, being safer. Journal of Critical Care. 36, p.284-286.

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