

CORRESPONDENCE



Always choosing the left for the subclavian venous cannulation?

Jean-Rémi Lavillegrand^{1,2*}  and Eric Maury^{1,2,3}

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Dear Editor,

We read with great interest the study comparing US-guided cannulation of subclavian (SCV) and internal jugular (IJV) veins by Dr Shin et al. [1].

Whereas the main conclusion of the paper is that complication rates are similar at both sites, we think that several issues raised in this the paper should be addressed with caution.

First, the median access time for first attempt was very short in the two groups (5 s for IJV vs 15 s for SCV) and even statistically significant, the clinical relevance of this difference is questionable.

Second, while more catheter misplacements and arterial punctures were observed in the SVC group, the choice of the right site rather than the left for SCV cannulation may partially account for these differences. At the right SCV site, artery is more superficial and the route toward superior vena cava is less straightforward.

Indeed, Tarbiat et al. [2] observed that for SCV cannulation, the risk of misplacement was significantly higher on the right side than on the left side (9.6% vs 0%; $p=0.003$).

Furthermore, in an observational study including 1794 central venous subclavian catheterizations in ICU patients, fewer arterial punctures were observed when the left site was cannulated (0.6% vs 3.7%) [3].

Finally, preferring the left side for SCV cannulation might be a simple method for limiting mechanical complications and catheter misplacement.

Author details

¹ Service de Réanimation Médicale, Hôpital Saint-Antoine, Assistance Publique-Hôpitaux de Paris (AP-HP), 75571 Paris Cedex 12, France. ² Université Pierre-et-Marie Curie-Paris 6, Paris 6, France. ³ Inserm U1136, 75012 Paris, France.

Compliance with ethical standards

Conflicts of interest

On behalf of all authors, the corresponding author declares no conflicts of interest.

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*Correspondence: jrlavillegrand@gmail.com

¹ Service de Réanimation Médicale, Hôpital Saint-Antoine, Assistance Publique-Hôpitaux de Paris (AP-HP), 75571 Paris Cedex 12, France
Full author information is available at the end of the article