

CORRESPONDENCE



Choosing the right or left for the subclavian venous cannulation?

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Dear Editor,

We thank Lavillegrand and Maury for their comments [1] about our recent publication [2].

First, the different cannulation time is probably due to a different sonographic view as well as the cannulation site. The needle path including needle tip should be visualized throughout the subclavian vein (SCV) cannulation via a long-axis view, which is inevitable and makes the time for cannulation longer in the SCV group than in the IJV group. Therefore, the longer cannulation time in the SCV implies a complexity of visualization of needle path in the long-axis view as well as a technical difficulty in the SCV cannulation, which might favor the IJV cannulation.

Second, based on the previous results of Tarbiat et al. [3] and Schummer et al. [4], preferring the cannulation of left SCV to right SCV seems reasonable. However, these studies were designed to be observational studies and the central venous catheterization was performed using anatomical landmarks. Nonetheless, Schummer et al. [4] reported a very low incidence of arterial puncture in landmark-guided left SCV cannulation (0.6%), which is quite similar to our one observed in ultrasound-guided right SCV cannulation (0.6%). Accordingly, ultrasound-guided cannulation of left SCV may be able to lower the occurrence of mechanical complication rate. A further study comparing the outcomes of the ultrasound-guided left and right SCV cannulation is required to obtain critical information that decides the preference of the SCV cannulation site.

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Compliance with ethical standards

Conflicts of interest

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

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