

Immediate latrogenic Injuries Associated with Central Venous Catheter Placement

How to Prevent, Identify, and Treat

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In the United States, it is known that procedural complications contribute to overall adverse healthcare events (1). Risks of placing an internal jugular central venous catheter include improper positioning, guidewire retention, arterial cannulation, pneumothorax, air embolism,

and bleeding (2–5). One study estimated an overall rate of central venous catheter insertion-related complications at 19.5% (6). Previous curricula have reviewed the management of procedural introgenic injuries from the time of identification but without a dedicated focus on prevention



Video 1. Instructional video for how to prevent, identify, and treat iatrogenic injuries associated with internal jugular vein central venous catheters.

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The video can be viewed in the online version of this article.

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ATS Scholar Vol 5, Iss 3, pp 462–463, 2024 Copyright © 2024 by the American Thoracic Society DOI: 10.34197/ats-scholar.2023–0102VO (7). The Safety Committee of the Japanese Society of Anesthesiologists reviewed some of the aforementioned conditions (2), but we are not yet aware of a publication that outlines iatrogenic injury prevention, diagnosis, and treatment in a systematic manner. In this video, we

outline strategies for preventing, identifying, and treating immediate iatrogenic injuries associated with the placement of internal jugular central venous catheters.

<u>Author disclosures</u> are available with the text of this article at www.atsjournals.org.

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