

# Iatrogenic catheterisation of subclavian artery while cannulating internal jugular vein: What else one can do?

Sir,

We have gone through the published letter titled 'Iatrogenic catheterisation of the subclavian artery while cannulating internal jugular vein'.<sup>[1]</sup> We welcome the authors' five key suggestions to prevent this mistake while performing internal jugular vein (IJV) cannulations in paediatric patients, but have a few suggestions.

Real-time ultrasonography is the standard of care for central venous catheter placement. As indicated in the authors' third key suggestion, it is essential to puncture the vein under constant ultrasonic observation. We would like to emphasise that our main aim at this point is to avoid posterior vessel wall puncture. Several methods are suggested in the literature to achieve this objective such as the bevel-down method and the pen-holding method.<sup>[2,3]</sup>

We would like to add a suggestion here that it would be better to use a 22 G peripheral intravenous catheter (instead of a vascular access puncture needle) attached with an aspiration syringe for puncturing IJV in paediatric patients. It gives more stability during the passage of the guide wire. This method prevents unnecessary dilatation of the vessel wall as we can also attach a pressure transducer to the hub of the 22 G catheter to check the trace in case of doubt.

One should not forget to integrate the anatomic knowledge from conventional landmark techniques while performing ultrasound-guided IJV cannulation.<sup>[4]</sup> Trendelenburg positioning to improve the IJV lumen will undoubtedly aid in improving success rates and lowering complication rates, including iatrogenic arterial catheterisation, particularly in paediatric patients.

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## Conflicts of interest

There are no conflicts of interest.

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