

LETTER TO THE EDITOR

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An Important Suggestion for External Jugular Vein Cannulation



Dear Editor:

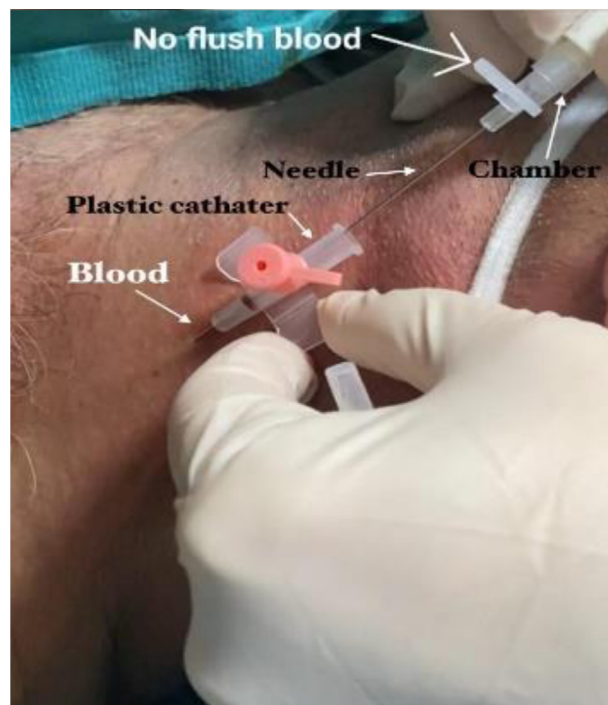
I read the article titled “External Jugular Vein Peripheral Intravenous Catheters: An Emergency Nurse’s Guide” with great interest.¹ In the article, the authors provide important information about the intravenous (IV) insertion procedure of external jugular cannulation (EJV), which is considered to be one of the popular rescue approaches to difficult IV access. I would like to share my experience as an anesthesiologist with 25 years of experience.

Peripheral IV cannulation is vital in anesthesia and intensive care units. EJV access is handy in cardiac arrest or emergency situations in the operating room and intensive care units and provides emergency access for the anesthesiologist.

Fortunately, the overwhelming majority of EJV cannulations are placed successfully. Traditionally, confirmation of the correct peripheral IV cannulation is made by visualizing an appreciable flash of blood into the chamber of the syringe.¹ However, as mentioned in the study by Adams and Zaryske,¹ a challenge with EJV is that it might be impossible to get a flash of blood into the syringe, owing to the lower blood pressure in the EJV.² Even though the common confirmation method for routine peripheral venous procedures is the visualization of blood in the chamber of the syringe, according to my clinical experience, the inability to observe blood does not always indicate incorrect placement for EJV cannulation. Hence, what should be done before considering the EJV cannulation as unsuccessful?

Sound advice could be found in a study published by Bechmann et al.² They suggested attaching a small syringe to the needle and holding gentle negative pressure on it while advancing the needle to increase blood return into the syringe and confirm entry into the EJV to solve this problem. We are using an alternative technique in our department which we strongly suggest to our residents when they try to perform EJV cannulation.

During the procedure, if the physician believes that they entered the EJV but no flash of blood appears in the chamber of the syringe, the needle (but not the plastic catheter) should be withdrawn into the plastic catheter slowly; blood may now appear in the plastic catheter (Figure). I am very curious



FIGURE

No flash of blood in the chamber but in the plastic catheter.

to know which techniques would authors recommend for solving this problem.—*Seza Senturk Apiliogullari, MD, Department of Anesthesia and Intensive Care, School of Medicine, Canakkale Onsekiz Mart University, Canakkale, Turkey; E-mail: drsezaapili@gmail.com. ORCID identifier: <https://orcid.org/0000-0001-6116-4322>. Twitter: @SApiliogullar.*

Author Disclosures

Conflicts of interest: none to report.

<https://doi.org/10.1016/j.jen.2022.11.007>

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J Emerg Nurs 2023;49:155.
0099-1767

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