



I'm not robot



Next

Ultrasound guided radial artery cannulation

Group SA (n = 33)	Group LA (n = 33)	Gro (n =
10(30.3) ^b	20(60.6%) ^a	3(9
20(60.6%) ^b	9(27.3%) ^a	4(1
10(36.4%)	15(54.5)	8(9
23(69.7%) ^b	8(24.2%) ^a	2(6

terquartile range) or number (%).LAX, long-axis/in-plane; s/out-of-plane.

difference between group SAX and other group.

difference between group LAX and other group.

	χ ²	P	SAGP		CP		P
			P	P	P	P	
Cannulation attempts							
First attempt	33	35 (53.8%)	22	28.9	< 0.0001*	0.002	< 0.001
Second attempt	7	10 (15.4%)	7				
Third attempt	2	6 (9.2%)	4 (6.2%)				
Failure	4 (6.1%)	14 (21.5%)	22	32.9	< 0.001	0.01	< 0.001
First location time (s)**	31(28-34)	35(14-48)	128	123.8	< 0.001	< 0.001	< 0.001
Cannulation time (s)**	29(24-42)	45(28-54)	138(7-363)	17.42	< 0.001	0.002	< 0.001
Hematoma***	1,5(0.8 to 3)	13,8(5.8 to 25.2)	29,2(18.9 to 42)	20.02	< 0.001	0.008	< 0.054
Vasospasm***	3,0(0.5 to 11.3)	3,1(0.5 to 11.8)	6,2(2.0 to 16.3)	1.06	0.587	1.00	0.68 0.44
Posterior wall puncture***	4,5(1.2 to 13.4)	41,5(7.7 to 54.4)	35,4(21.6 to 67.5)	40.5	< 0.001	< 0.001	< 0.001
Thrombosis	0	0	0				

* For the dichotomy of one vs more than one attempt. **M (IQR)(min-max). ***Rate(95%CI). The P value and 95% CI are calculated from χ² test. M = Median, IQR = Inter-Quartile Range, min-max = minimum and maximum. M-LAP Modified Long-Axis In-Plane, SAGP Short-Axis Out-of-Plane, CP Conventional Population.

The first location time (seconds) was significantly longer in the M-LAP group (31(28-34)) than in the SAGP (35(14-48)) (χ² = 115, P < 0.001) and P-LAP (34(18-48)) (χ² = 115, P < 0.001). Table 1. Measure

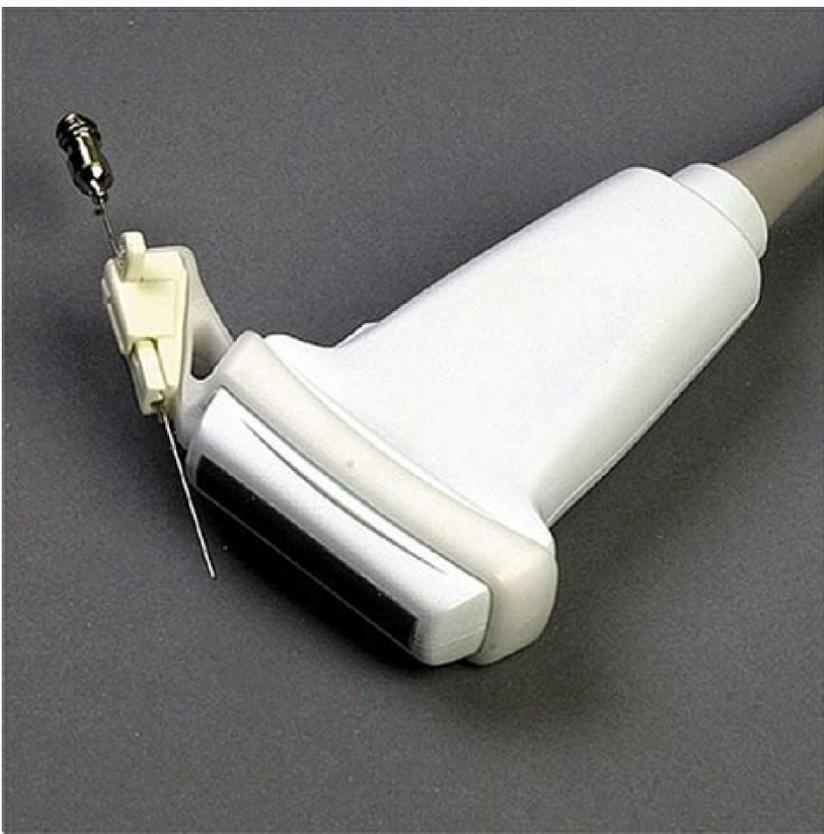


Figure 2

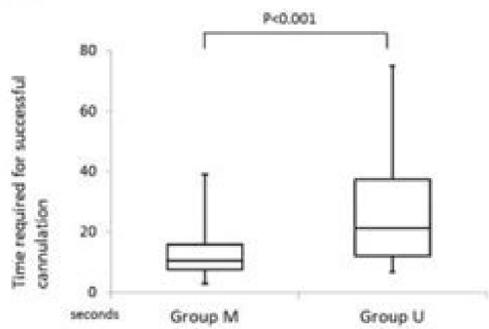
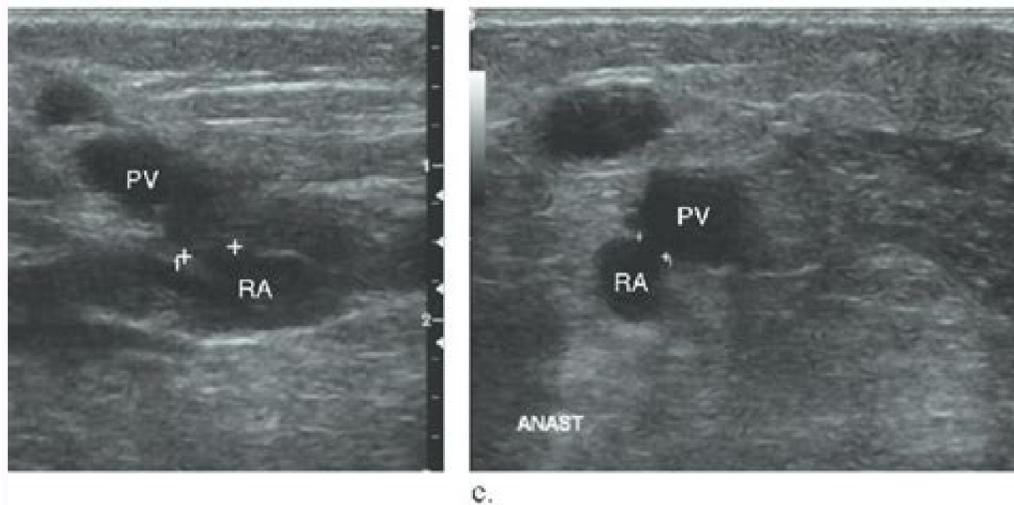
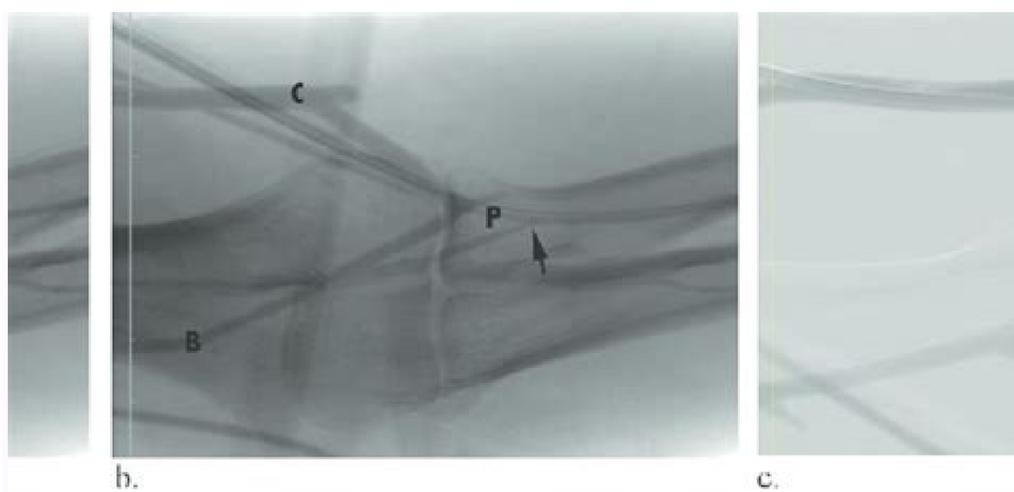


Figure 2. Time required for successful cannulation (T2) . T2 was significantly shorter in Group M than in Group U.



Clemmesen et al. From the University of Toronto, Toronto. Address reprint requests to Jonathan Ailon, M.D., Department of General Internal Medicine, St. Michael's Hospital, 30 Bond St., 4CC-146, Toronto, ON M5B 1W8, Canada, or at , PMID:29787409 18. However, arterial cannulation is often difficult in the hard-to-catheterize radial artery in elderly patients because they often have age-related arterial wall changes and tortuous arteries due to various underlying diseases [4-6]. Takeshita J, Yoshida T, Nakajima Y, Nakayama Y, Nishiyama K, Ito Y, et al. PMID:30638922 28. Peters C, Schwarz SKW, Yarnold CH, Kojic K, Kojic S, Head SJ. PMID:25857597 14. [9] first showed that the SAX-OOP approach with the DNTP technique was superior to the LAX-IP approach for peripheral vascular access in a phantom study. We expect that use of ultrasound with DNTP will increase the efficiency of radial artery cannulation and minimize tissue damage and complications by reducing the number of needle passes in elderly patients. PLoS One. However, separate observers were blinded to the cannulation method to minimize bias. Anesthesia was induced with 1% lidocaine, propofol, and rocuronium based on our routine protocol. Ultrasound-guided radial artery catheterisation increases the success rate among anaesthesiology residents: a randomised study. The incidence of hematoma was significantly lower in the DNTP group (7% vs. The use of ultrasound makes it more feasible to identify the radial artery in cases requiring multiple attempts. Therefore, we selected the SAX-OOP approach with the DNTP technique for ultrasound-guided radial artery cannulation. Ultrasound guidance in difficult radial artery puncture for blood gas analysis: A prospective, randomized controlled trial. Ueda K, Bayman EO, Johnson C, Odum NJ, Lee JJY. PMID:9495429 20. After confirmation that the needle tip remained in the radial artery, the outer catheter was pushed to the end, and the core needle was removed. This study was performed by CONSORT guidelines. 2015;62: 1161-8. PMID:23417581 26. 2012;49: 185-97. A randomized, controlled and blinded study in phantoms performed by ultrasound novices. PMID:20724734 32. Available: 23. The process of radial artery cannulation requires successful radial artery puncture in addition to advancement of the catheter. Moreover, catheterization may become more difficult after a failed attempt due to arterial spasm [25, 31]. Scheer B, Perel A, Pfeiffer UJ. The timer was stopped when an arterial waveform appeared on the vital signs monitor. London: The Royal College of Radiologists; 2012 [cited 2019 Nov 9]. 2012;37: 334-9. [10] demonstrated no significant difference between anesthesia residents, fellows, and faculty in the first-attempt and overall success rates for radial artery cannulation with the ultrasound-guided DNTP technique or the palpation method. PMID:19923502 3. PMID:12133178 2. Notably, in both groups, hematoma developed in more than half of the cases requiring more than one attempt (40 of 71 cases; 56.3%, Table 4). Success was confirmed when an arterial waveform was observed on the vital signs monitor. Patients enrolled in the study were allocated to either the ultrasound-guided DNTP technique group (DNTP group) or the palpation method group (palpation group) with a 1:1 ratio. Therefore, 256 subjects (128 in each group) were enrolled to account for a 1% dropout rate (PASS 14 Power Analysis and Sample Size Software, 2015. Several studies have compared an ultrasound-guided method with palpation for radial artery cannulation in adult patients [10-16] and children [17, 18]. 2004;104: 2263-8. The cannulation practitioners in our study performed arterial cannulation in at least 40 cases with either method to become familiar with the techniques. 2019;33: 1919-1925. Twisted blood vessels: symptoms, etiology and biomechanical mechanisms. PMID:28682811 25. PMID:22354107 22. 2015;70: 1039-44. There are several limitations in this study. When the radial artery was punctured and blood appeared in the catheter hub, the practitioner slightly reduced the angle and advanced the needle a few millimeters. (D) The probe was moved proximally again, and the needle tip disappeared from the display. 2013;14: 471-3. PMID:15238427 34. PMID:30077047 30. PMID:10781761 Categorical data were expressed as number of patients (percentage) and compared using Pearson's χ^2 test or Fisher's exact test. As elderly patients show decreased response to beta-receptor stimulation and increased systemic vascular resistance and sympathetic nervous system activity, they often show non-stable blood pressure and heart rate during anesthesia [3]. The minimum number of cases required was determined by previously reported learning curves and recommendations for ensuring patient safety [19-22]. They all practiced at least 40 radial arterial cannulations using the ultrasound-guided DNTP and palpation methods before the first patient enrollment. Then, the outer catheter was pushed to the end, and the core needle was removed. 21. The numbers of attempts [1 (1,1) vs. 2019;14: e0213683. From a total of 256 patients, 128 were allocated to each group (Fig 1). Posthospital Fall Injuries and 30-Day Readmissions in Adults 65 Years and Older. Ultrasound can be applied with a short-axis view of the targeted artery using an out-of-plane approach (SAX-OOP approach) for arterial cannulation. PLoS ONE 16(5): e0251712. An attempt was defined as needle penetration of the skin. When the hyperchoic dot disappeared as the needle tip exited the ultrasound plane, the needle was advanced toward the radial artery with the probe held in place. 2018;47: 54-59. 2000;85: 1110-3. The first-attempt success rate (85.9% vs. Reg Anesth Pain Med. 2017;8: 590-610. The use of ultrasound was the most powerful factor in increasing the success rate on the first attempt, and the diameter of the radial artery also affected the first-attempt success rate. Ultrasound-guided radial arterial cannulation: long axis/in-plane versus short axis/out-of-plane approaches? Acta Anaesthesiol Scand. More research is needed to discern the risk factors of arterial cannulation. Together, these results demonstrate that use of ultrasound with the DNTP technique can aid both puncture of the radial artery and advancement of the catheter. PMID:23535230 17. Rooke GA. 2009;109: 1763-81. Hanson MA, Juhl-Olsen P, Thorn S, Frederiksen CA, Sloth E. Ultrasound-guided versus palpation-guided radial artery catheterization in adult population: A systematic review and meta-analysis of randomized controlled trials. Bhattacherjee S, Maitra S, Baidya DK. 2016;33: 522-7. Correlates and impact on outcomes of worsening renal function in patients \geq or = 65 years of age with heart failure. Shiloh AL, Savel RH, Paulin LM, Eisen LA. Am J Cardiol. With DNTP, the probe moves along the arteries in small increments, and the needle is advanced in the same direction. Recruitment of participants began on March 6, 2019 and follow-up ended on July 29, 2019. Therefore, we performed this prospective, parallel group, randomized, controlled trial to compare the ultrasound-guided DNTP technique with the palpation method in elderly patients. Brzezinski M, Luisetti T, London MJ, Konrad C, Schüpfer G, Wietlisbach M, Gerber H, Am Heart J. The previously reported first-attempt success rates with the DNTP technique in adult patients were 83% [10] and 95% [15]. J Vasc Access. If we set the elderly population to be 75 years or older, age-related arterial wall changes and tortuous arteries would have been more prevalent in the study population. Ultrasound-guided DNTP technique. The radial artery (RA) was identified in an out-of-plane approach with an ultrasound probe. The cannulation practitioner selected the right or left arm for radial artery cannulation depending on surgery site, location of blood pressure cuff, and his/her preference. The cannulation practitioner was blinded to the ultrasound images and measurement values. 2017;18: 546-551. Spasm was identified by the operator as any significant resistance [23]. It was not possible to blind cannulation practitioners to method used. By applying this technique to the SAX-OOP approach, practitioners can trace the needle tip more accurately. Dynamic needle tip positioning—ultrasound guidance for peripheral vascular access. Statistical analysis was performed with SPSS software (version 25; SPSS, Chicago, IL, USA). Bobbia X, Grandjean RG, Claret P-G, Moreau A, Pommot S, Bonnet J-M, et al. The palpation method had a higher first-attempt success rate (72.3%) than expected based on a previous study (48%) [10]. Recently, the dynamic needle tip positioning (DNTP) technique was introduced to facilitate ultrasound-guided vascular catheterization. Ultrasound-Guided Dynamic Needle Tip Positioning Technique Versus Palpation Technique for Radial Arterial Cannulation in Adult Surgical Patients: A Randomized Controlled Trial. NCSS, LLC. Cardiothorac Vasc Anesth. Short-axis/out-of-plane or long-axis/in-plane ultrasound-guided arterial cannulation in children: A randomised controlled trial. In this study, the first attempt success rate was significantly higher in the DNTP group compared to the palpation group. In this study, we used a Sonosite M-Turbo (Bothell, WA, USA) ultrasound machine with a linear transducer probe (HFL 38X/13-6 MHz). Thrombosis was confirmed when a clot in the radial artery was detected by ultrasound [17]. Dynamic Needle Tip Positioning for Ultrasound-Guided Arterial Catheterization in Infants and Small Children With Deep Arteries: A Randomized Controlled Trial. In addition to these two approaches, the DNTP technique was introduced to assist ultrasound-guided vascular catheterization. Open Access Peer-reviewed Radial artery cannulation, which is a useful procedure for anesthetic management, is often challenging in elderly patients. Therefore, it may be more important than we think to successfully carry out radial artery cannulation on the first attempt to prevent multiple attempts and subsequent tissue damage. 2011;139: 524-529. A randomised controlled trial of radial artery cannulation guided by Doppler vs. (E) The needle was advanced, and it was confirmed that the needle tip remained in the radial artery. 2019;129: 178-183. (A) The needle was inserted through the skin, and the needle tip (arrowhead) appeared as a hyperchoic dot on the display. Focused ultrasound training standards. Therefore, we expected that the first-attempt success rate would be 50% using the palpation method in our study. The wrist was placed on a soft roll for mild dorsiflexion. 1998;86: 635-9. Aguirre Ospina OD, Rios Medina AM, Calderón Marulanda M, Gómez Buitrago LM. The overall success rate was also higher in the DNTP group (99.2% vs. This might induce potential bias that could arise from a participant's expectations. Ultrasound-guided radial artery cannulation with the DNTP technique significantly improved the first-attempt and overall success rates and reduced the numbers of attempts, redirections, cannulation time, and complications in elderly patients compared to the conventional palpation method. PMID:26986774 27. 2014;59: 1813-6. Consequently, a total of 256 patients was enrolled in this study, and 128 were randomly assigned to each group (Fig 1). The allocation results were sealed in envelopes that were opened just before artery cannulation. Comparison between ultrasound guided technique and digital palpation technique for radial artery cannulation in adult patients: An updated meta-analysis of randomized controlled trials. Blood. After the fifth attempt, the procedure was considered a failure, and the practitioner was free to select either method. Ultrasonography-guided radial artery catheterization is superior compared with the traditional palpation technique: a prospective, randomized, blinded, crossover study. Randomization was performed by an independent person using a computer-generated random number list. Anaesthesia. Lastly, although spasm was not reported by the operators, we might have missed some radial artery spasms because the definition of spasm used in this study was based on subjective criteria. Arrowheads on the ultrasound images indicate the needle tip of the angiocatheter. Patients were also excluded if they showed abnormal results on the modified Allen test or had history of hand or wrist surgery. PMID:30893349 29. The secondary outcomes were overall success rate, numbers of attempts and redirections, cannulation time, and incidence of complications. The number of attempts and the incidence of hematoma were analyzed in detail (Table 4). Ishii S, Shime N, Shibasaki M, Sawa T. Among 270 patients who were assessed for eligibility, 14 were excluded. Third, we defined patients who were 65 or older as elderly following many other medical studies [32-34]. [28] showed that use of ultrasound improved the first-attempt success rate for radial artery puncture in patients with difficult-to-obtain radial arterial blood gas analysis, as defined by non-palpable radial arteries or two previous puncture failures. 81% and the distance from the center of the vessel to the final needle tip position was shorter compared to the LAX-IP approach. JAMA Netw open. Kim E-H, Lee J-H, Song I-K, Kim J-T, Lee W-J, Kim H-S. However, Kiberenge et al. The factors that might be associated with first-attempt success were evaluated by logistic regression analysis. This study revealed that the first-attempt success rate was higher in the DNTP group (85.9%) than the palpation group (72.3%). The primary outcome was first-attempt success rate. Three patients declined to participate, and 11 patients did not meet inclusion criteria. Despite these limitations, this prospective, randomized controlled trial revealed for the first time the efficacy and safety of the ultrasound-guided DNTP technique in elderly patients. Continuous data were compared using Student's t-test or the Mann-Whitney U-test and expressed as mean (standard deviation) or median (first, third quartiles), respectively. The arterial line can be placed at various locations, but the radial artery is the most commonly used blood vessel due to its easy accessibility and presence of dual supply to the hands through the ulnar artery [2]. After patients entered the operating room, standard monitoring of pulse oximetry, non-invasive blood pressure measurements, and electrocardiography was applied. Anaesthesiology. However, in infants and children [26], the first-attempt rate did not differ significantly between the two approaches (58.0% for the SAX-OOP approach and 54.9% for the LAX-IP approach). PMID:12968244 4. Although several studies have compared the use of ultrasound with the conventional palpation method for radial artery cannulation [10-18], none of them investigated the efficacy and safety of the ultrasound-guided DNTP technique in adult patients. To our knowledge, no studies have identified the incidence of hematoma with the ultrasound-guided DNTP technique in adult patients. Pediatr Crit Care Med. 2019;2: e194276. PMID:22433458 7. Then the practitioner moved the probe slightly further without moving the needle. Ultrasound-guided regional anesthesia: how much practice do novices require before achieving competency in ultrasound needle visualization using a cadaver model. (B) The probe was moved slightly further without moving the needle, and the hyperchoic dot disappeared as the needle tip exited the ultrasound plane. This was confirmed by Takeshita et al. Hoffman GJ, Liu H, Alexander NB, Tinetti M, Braun TM, Min LC. The modified Allen test was performed and a positive test result was considered with adequate collateral blood flow from the ulnar artery. PMID:26140618 6. Radial artery cannulation: a comprehensive review of recent anatomic and physiologic investigations. Arterial cannulation is a procedure often performed for repetitive blood tests and real-time monitoring of patient blood pressure during surgery [1]. The first-attempt success rate was significantly higher in the DNTP group (85.9%) compared to the palpation group (72.3%; relative risk [RR], 1.47; 95% confidence interval [CI] 1.25-1.72; P < 0.001; Table 2). 2014;58: 446-52. Ultrasound-guided radial artery catheterization in infants and small children. palpation vs. The cannulation time for successful attempts was 42 (32,55) seconds in the DNTP group and 53 (36,78) seconds in the palpation group (P

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