CORRESPONDENCE

RADIAL ARTERY CANNULATION
AFTER FAILED FIRST ATTEMPT

- A Case Report -

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In certain clinical situations it becomes imperative not to fail in our first attempt to cannulate the radial artery for invasive monitoring.

We describe a technique for successful arterial cannulation in case we fail to cannulate in our first attempt. If the arterial cannula is removed before second attempt, oozing of arterial blood from first puncture site creates a hematoma, which causes disappearance of arterial pulsations and spasm of artery. This makes an immediate second attempt at arterial cannulation difficult and many times impossible. Previously, displacing the overlying interstitial fluid by applying pressure in edematous patients to make arterial palpation easy and facilitate cannulation has been described1. We describe another technique for successful arterial cannulation in case we fail in our first attempt to cannulate.

After puncturing radial artery, if one is not able to negotiate the arterial cannula further, we keep the first cannula with the stillete inside the artery. Arterial pulsations are preserved proximal to the puncture site and thus second arterial cannula is cannulated over this proximal arterial pulsation. After successful arterial cannulation with the second arterial cannula, the first cannula is then removed.

We have tried this technique successfully after a failed first attempt at arterial cannulation in many patients and thus suggest fellow anesthetists to try the same.

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Fig. A
First arterial cannula cannot be threaded with formation of hematoma

Fig. B
Second arterial cannula cannulated over proximal pulsations keeping the first cannula with stillete in situ.

Fig. C
First cannula removed

Fig. D
Successful arterial cannulation with second cannula

References