

Reply to letter ‘Ultrasound-guided infraclavicular cannulation of the subclavian vein – still an ongoing misconception’

Dear Editor in Chief,

Thank you for offering us the chance to respond to the interesting opinions raised in the letter written by Drs Gawda and Czarnik. In essence, they recommend that the term ‘subclavian vein’ should be replaced with ‘proximal axillary vein’. In reply to this suggestion, we would highlight the following points.

Firstly, in our article, we do clearly draw attention to the fact that there is a discrepancy over anatomical and colloquial/historical nomenclature, writing, ‘*Strictly speaking, whilst the technique we describe is commonly referred to as “subclavian vein cannulation” in the published literature, anatomically it is in fact an infraclavicular proximal axillary vein cannulation*’.

Secondly, the authors contest our statement that ‘the described technique is commonly referred to as subclavian vein cannulation’. In this, we believe they are mistaken. Searching PubMed for ‘Subclavian vein’ yields 6011 results and Google over two million. Searching for ‘subclavian cannulation’ on Google yields over quarter of a million results, and ‘subclavian AND vein AND cannulation’ 3739 PubMed references. Furthermore, the major manufacturers of vascular ultrasound use the same terminology (for example: <https://www.sonosite.com/uk/media-library/3d-how-subclavian-vein-catheter-insertion>), as do multiple international societies including the American Vascular Surgery Society. Our article was

therefore written for practicing clinicians, amongst whom the term ‘subclavian cannulation’ is the norm. We hope Drs Gawda and Czarnik are therefore satisfied with our chosen nomenclature.

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