**LOOK INFRACLAVICULARLY! THE ROLE OF AXILLARY VEIN CENTRAL CANNULATION IN CRITICALLY ILL TRAUMA PATIENTS**

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Introduction: Central venous access is essential in resuscitation of critically ill patients in emergency department (ED). Challenges are faced when attending to trauma patients with neck and pelvic injuries where common access to central cannulations are no longer possible. We present a case of which these limitations were encountered and axillary central vein cannulation was done as an alternative in obtaining venous access.

Case description: A 19-year-old lady presented to our ED by ambulance following a motor vehicle accident of which her motorcycle skidded due to slippery road on her way to work. Trauma alert was activated and patient was sent to the Damage Control Suite (DCS) Upon assessment, she was drowsy but arousable and shock index calculated was high. Primary and secondary survey done revealed a suspected cervical, pelvic and right upper limb injuries with a negative extended FAST scan. Immediate venous access was required for resuscitation and attending team faced difficulties in view of her multiple injuries sustained. We proceeded with ultrasound-guided axillary vein central cannulation and patient was successfully resuscitated.

Discussion: With better accessibility of ultrasound machines in ED, we have seen increased usage of ultrasound-guided vascular access in cases of difficult cannulation. Although the practice of axillary vein cannulation is not as often seen in ED, it can be considered when facing difficulty in obtaining venous access especially critically ill trauma cases due to the sustained injuries. The procedure must be done ideally using aseptic technique but in situations when venous access is required quickly for resuscitation, a clean procedure must be ensured. Access is obtained ideally using a central or trauma line, with use of angiocatheter or a large bore cannula as an alternative. Anticipated complications with this procedure includes axillary artery injury and pneumothorax. Axillary vein as an alternative central cannulation has been looked into in previous studies where it is being practiced for procedures such as cardiac surgery or in intensive care settings.

Conclusion: Axillary vein central cannulation is useful as an alternative route of venous access in resuscitating critically ill trauma patient with suspected neck, upper limbs and pelvic injuries.

*Keywords: trauma, central vein cannulation*