

Subclavian vein catheterization beats jugular, femoral placement

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(HealthDay)—For patients in intensive care units who need a catheter, placement in the subclavian vein appears to lower the risk of bloodstream infection and deep-vein thrombosis, compared to jugular or femoral placement, a new study finds. The report was published in the Sept. 24 issue of the *New England Journal of Medicine*.

For the study, researchers randomly assigned 3,027 patients to have catheters placed in one of three locations: nontunneled central venous catheterization to the subclavian, jugular, or femoral vein. The primary outcome measure was a composite of catheter-related [bloodstream infection](#) and symptomatic deep-vein thrombosis.

The researchers found subclavian-vein catheterization was associated with a lower risk of bloodstream infection and symptomatic thrombosis than jugular or femoral-vein catheterization. However, subclavian-vein

[placement](#) was also associated with a higher risk of pneumothorax.

Lead researcher Jean-Jacques Parienti, M.D., Ph.D., from the department of biostatistics and clinical research at Cote de Nacre University Hospital in Caen France, told *HealthDay* that "the subclavian route is the safest for the patient, provided that everything is done to reduce the risk of mechanical complications during insertion."

More information: [Full Text \(subscription or payment may be required\)](#)

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