

AUTHOR'S REPLY

Dear Sir,

I appreciate the experience and comments of Dr Rajeev Sharma regarding the exchange of intravenous cannula over the stylet of the spinal needle, using it as a guidewire.^(1,2)

This technique is an extrapolation of the catheter over the guidewire technique for intra-arterial and central venous catheter placement. Regarding the concerns raised by the authors in their experience of ten paediatric patients, I would like to highlight that gentle pressure should be maintained over the vein after the insertion of the stylet during the removal of the damaged cannula and reinsertion of the fresh cannula. This will help in stabilising the stylet and thus prevent its dislodgement and the creation of a false track. In addition, haematoma formation will be reduced this way. The apprehension of continuing blood leakage can be prevented by avoiding cannula tip damage during its railroading over the stylet. The hub of the stylet should be cautiously detached so that the cut end is straight.

All invasive procedures, including intravenous cannulation, should be performed under adequate aseptic precautions. I agree with Dr Sharma regarding the cost factor, but this technique is an alternative option for the exchange of damaged cannula in children with difficult venous cannulation (where the presence of a functional intravenous line is a concern rather than the financial implications).

Yours sincerely,

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