

USE OF TRANSILLUMINATION TECHNIQUE IS NOT LIMITED TO VENOUS CANNULATION ONLY!

Dear Sir,

I read the recent article by Payal et al⁽¹⁾ with great interest. The authors described the use of transillumination by using a cold light source to facilitate venous cannulation in paediatric patients. I applaud the authors for revisiting this technique. However, I would like to mention a few more uses for this technique.

The authors only discussed the usefulness of transillumination for venous cannulation;⁽¹⁾ however, this technique is also useful for percutaneous arterial cannulation⁽²⁾ and the withdrawal of arterial blood for sampling.⁽³⁾ In paediatric patients, transillumination is also useful for umbilical catheterisation.⁽⁴⁾ The authors discussed the use of a torch and fibroscope as the light source for umbilical catheterisation,⁽¹⁾ but specialised devices like Veinlite (TransLite, Sugar Land, TX, USA) are available specifically for this purpose.⁽⁵⁾ Lastly, the transillumination technique has been successfully used for mapping prior to ambulatory phlebectomy.⁽⁶⁾

Yours sincerely,

Rajeev Sharma

Department of Anaesthesiology

ESI Hospital

Rohini Sector-15

New Delhi 110085

India

Email: rajeevkrsharmaji@gmail.com

REFERENCES

1. Payal YS, Agrawal S, Sharma JP. Use of transillumination technique for venous cannulation in paediatric patients under anaesthesia. *Singapore Med J* 2010; 51:449.
2. Pearse RG. Percutaneous catheterisation of the radial artery in newborn babies using transillumination. *Arch Dis Child*. 1978; 53:549.
3. Wall PM, Kuhns LR. Percutaneous arterial sampling using transillumination. *Pediatrics* 1977; 59:1032-5.
4. Balasubramaniam VP, Yasin S, Urquhart DS, Nicholl RM. Cold light transillumination as an aid to umbilical catheterisation. *Arch Dis Child* 2003; 88:5
5. Katsogridakis YL, Seshadri R, Sullivan C, Waltzman ML. Veinlite transillumination in the pediatric emergency department, a therapeutic interventional trial. *Pediatr Emerg Care* 2008; 24: 83-8.
6. Weiss RA, Goldmann MP. Transillumination mapping prior to ambulatory phlebectomy. *Dermatol Surg* 1998; 24:447-50.