

# Venesection

**Venesection** is the surgical exposure of a vein, its opening and the introduction of a vessel. It is performed when access to the venous system cannot be secured by puncture.

## Performance of procedure

In local anesthesia from a short transverse skin incision above the selected vein trunk, we isolate it in the range of 1.5–2 cm.

We tie off the peripheral part of the vein, we put another ligature under it centrally, but we don't tie it yet, we just keep it taut so that it doesn't suffer from bleeding or air embolism. In the central direction, while allowing the pull on the hanging ligature, we introduce the cannula as long as possible and knot the established ligature around the vessel. The cannula is always brought out through a special point incision 2-3 cm below the original incision. Here we fix it with a stitch to the skin and only then perform a suture of the wound.

## Cannula removal

Both after puncture and preparation insertion, it is performed by simple pulling and compression.

## Veins used

- The saphenous vein in front of the inner ankle or in the groin is used to insert the cannula
- ulnar vein
- Vena basilica
- external jugular vein

In principle, it is better **to give preference to the preparation of a vein on the upper limb or on the neck**. The patient is thus not limited in movement and also because venous cannulation on DK is burdened by a higher percentage of thromboembolic complications, especially when left in for a longer time.

## Links

### related articles

- Venipuncture
- Provision of peripheral venous access - in detail
- Central venous catheter
- Central vein cannulation (pediatrics)
- Arterial catheter

### references

- ZEMAN, Miroslav – KRŠKA, Zdeněk, et al. *Chirurgická propedeutika*. 34. edition. Praha : Grada, 2011. pp. 230,231. ISBN 9788024737706.