Practical Points of Diagnosis and Treatment in Medicine.

VE NESEX ION.

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While sometimes employed in such conditions as apoplexy, uræmia and pneumonia, venesection is of greatest value in the treatment of congestive heart failure. In general, most benefit may be expected from venesection when there is great respiratory distress, with engorgement of the veins and cyanosis. The clinical conditions, therefore, which may demand venesection are: (1) Acute congestive failure such as is commonly accompanied by paroxysmal dyspnœa or acute pulmonary œdema; and (2) chronic congestive failure with œdema and high venous pressure persisting despite rest and digitalis.

The aim of venesection is to relieve directly the strain on the right ventricle and indirectly that on the left by the rapid withdrawal of 20 to 25 oz. of blood. As the clinical condition sometimes requires immediate venesection, it may be necessary in a few cases to adopt the simple expedient of incising the engorged vein. The external jugular or preferably, the cephalic vein at the lateral border of the biceps muscle just above the flexure of the elbow, is pierced through the skin with the point of a knife, the wall of the vein being thereafter slit open by an outward cut.

While the above method has the advantages demanded by an urgent occasion, the following more deliberate method is preferable if time allows. This technique, besides ensuring that sufficient blood will be drawn to secure relief for the heart, is neat, reliable and effective.

The arm is held firmly in the extended and supine position, while the skin over the cephalic vein is cleaned with iodine. After local subcutaneous infiltration with a 2 per cent. solution of novocain in saline, an incision about \( \frac{1}{2} \) in. in length is made longitudinally over the vein which is then exposed and dissected clean. Lengths of catgut or fine silk are passed under each extremity of the exposed vessel by means of an aneurysm needle, and the vein is then snipped with scissors diagonally through half its thickness. Blood often spurts out at this incision and the greater the force of the outflow the more benefit is to be expected from the operation. If the escape of blood diminishes before enough has been withdrawn, the flow may frequently be promoted by applying light pressure around the arm above the elbow, by alternate pronation and supination of the forearm, and by wiping away with sterile gauze any clot that may have formed at the incision in the vein. When sufficient blood has been withdrawn the ligatures are tied firmly and cut short, while the skin edges are brought together with horsehair stitches. The wound is dressed with iodine and a bandage.

A method of venesection that has found favour of late years is aspiration through a large-bore needle. The needle, which is connected by pressure tubing to an exhaust-bottle, is passed directly into the vein through the skin. Air is removed from the bottle by a hand-bulb or pump, and the blood then flows freely into the bottle until an adequate quantity has been obtained.
Venesction

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