



# Surgical approach for totally implantable venous access port: a full strategy to avoid the percutaneous approach complications

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Dear Editor,

We read with interest the article by Klaiber et al. published online in January 2021 in the *Langenbeck's Archives of Surgery* [1]. The authors concluded their meta-analysis stating that the cutdown technique for totally implantable venous access port in the cephalic vein reduced the risk of pneumothorax and hemothorax when compared with closed cannulation of the subclavian vein.

We appreciate the results of the study. The cutdown technique is historically and scientifically the most intuitively safe method to prevent hemothorax and pneumothorax [2]. In unsuccessful cases, the authors suggest the closed cannulation with ultrasound technique.

However, in our opinion, the rescue technique, in case of failure to use the cephalic vein, can continue to be surgical. We have described, by the same incision, the use of either the coracobrachialis [2] or the external jugular vein [3]. These two techniques add a small amount of time during the procedure; however, in our personal experience, neither pneumothorax nor hemothorax has been experienced [4]. Furthermore, the pieces of evidence of closed cannulation with ultrasound are not still solid [1].

## References

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