Letter

Should central venous catheters be used to drain pleural effusions? Authors' response

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We would like to thank MacDuff and Grant [1], as well as the many others who accessed it, for their interest in our article [2] on using central venous catheters for pleural drainage. We started using this technique about 5 years ago with the aim of achieving better patient comfort without compromising on adequate pleural drainage. We did not at that time have access to the specific chest drainage systems mentioned by MacDuff and Grant. While we agree that the central venous catheters we describe are not specifically designed for the purpose of pleural drainage, they are made of biologically inert materials with a long track record of intravenous use. We have not modified them before placement. To minimize the risk of complications at insertion, we were selective in our choice of patients and we monitor these patients closely from the safety and efficacy points of view.

We share MacDuff and Grant's views on the need to practice safely in the current medico-legal climate. Our management is frequently influenced by the need to be seen to be medico-legally correct. This, however, has probably resulted in the increased per-patient care cost. We find this to be especially true in the use of specially designed equipment whose usage levels are fairly low. In the case of the two catheter systems mentioned by MacDuff and Grant, the prices quoted in Singapore are between eight and 10 times higher than the cost of the single lumen central lines described.

We intuitively agree that these catheters with the multiple drainage lumens have a lower risk of catheter blockage compared with the central venous catheters. We are not, however, aware of any published literature that ascertains this. We have not experienced any catheter blockage with the catheters we use despite seeing fibrinous material in the drainage bag.

We have been caught by surprise at the number of readers who accessed this article, perhaps because this is an Open Access article. A number of these readers may work in financially stretched healthcare systems. We hope that by sharing our experience this technique may prove useful when it is difficult to procure specially designed sets, either because they are expensive or because they are not readily available. We caution readers, however, to select their patients carefully and to monitor the efficacy of the placement of these catheters. We do not advocate using this technique for the drainage of haemothoraces or empyemas.

References

1 MacDuff A, Grant IS: **Should central venous catheters be used to drain pleural effusions?** *Crit Care* 2004, **8**:56.
2 Singh K, Shi L, Bellomo R: **Pleural drainage using central venous catheters.** *Crit Care* 2003, **7**:R191-R194.