

# Questions and Answers - Part 15

O Wenker

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## Abstract

### Figure 1



## INTRODUCTION

This site was created in order to stress your brain for a few minutes (3 questions) while surfing by. Every once in a while we will update this section with new questions and answers. This will give you the opportunity to check your knowledge in different anesthesiologic fields. If you would like to be informed whenever we update this section please subscribe for free as reader of The Internet Journal of Anesthesiology.

## DISCLAIMER

One should keep in mind that the current opinion in Europe may differ from the one in Australia or in the U.S. Having an international readership, it might be difficult to satisfy everybody with the given answers or the suggestions for additional reading. In order to assure the accuracy of this section, all the questions and especially the answers will be reviewed by several international members of the editorial board. Nevertheless, it is difficult to ensure that all the information given is entirely accurate for all circumstances. The publishers disclaim any liability, loss, or damage occurred as consequence, directly or indirectly, of the use

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## QUESTION 1

### Figure 4



## QUESTION 2

### Figure 3



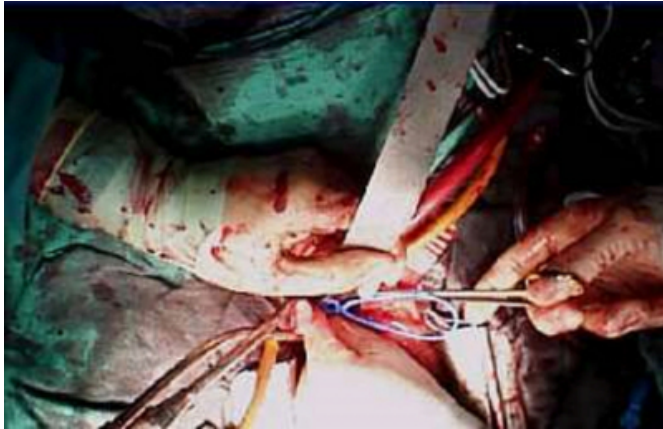
## QUESTION 3

How are the 2 typical approaches for internal jugular vein cannulation called?

**ANSWER 1**

This EKG shows a 2nd degree AV-Block (Wenckebach) Mobitz type I

**Figure 5**

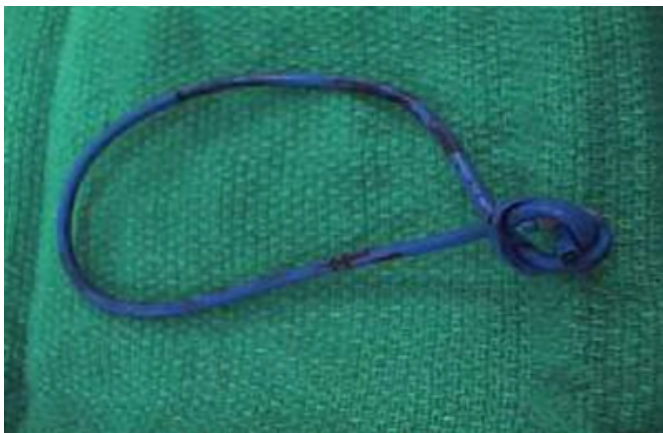


**ANSWER 2**

The chest X-ray shows a knotted pulmonary artery catheter in the right ventricle.

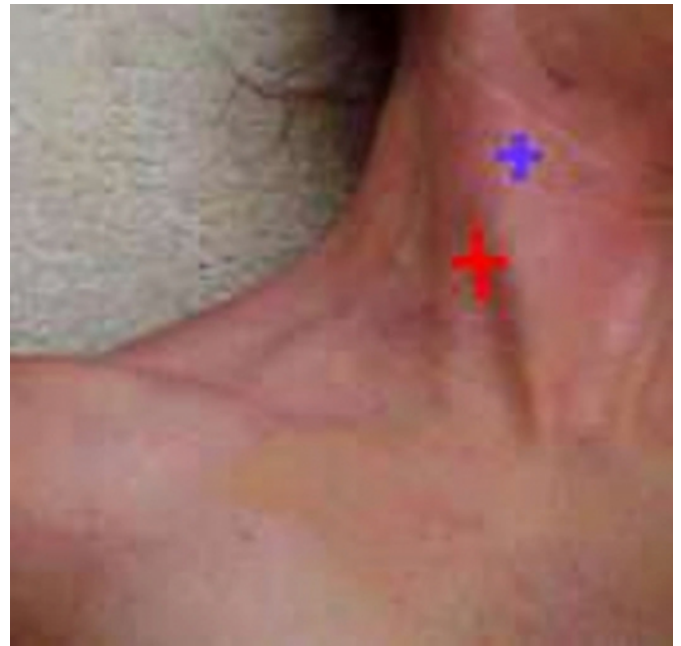
Cardiac surgery was necessary to remove this PA catheter (shown in image below)

**Figure 6**



The knotted pulmonary catheter after removal from the right ventricle:

**Figure 7**



**ANSWER 3**

1. The high or anterior approach (blue mark in image)
2. The low or central approach (red mark in image)

{image:7}

**References**

**Author Information**

Olivier C Wenker, M.D.