



# The NEW ENGLAND JOURNAL of MEDICINE

## VIDEOS IN CLINICAL MEDICINE

Videos in Clinical Medicine have been published on this Web site since April 13, 2006. For more information, see the editorial, [Videos in Clinical Medicine — A New Journal Feature](#).



### **Ankle-Brachial Index for Assessment of Peripheral Arterial Disease**

Although other methods exist to assess the peripheral vasculature, measurement of the ankle-brachial index remains a simple, reliable method for diagnosing peripheral arterial disease. This video presents the indications for use of the ankle-brachial index and demonstrates how it is measured.

Grenon SM, Gagnon J, Hsiang Y. N Engl J Med 2009;361:e40, November 5, 2009.

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### **Bone Marrow Aspiration and Biopsy**

Bone marrow aspiration is performed to assess cellular morphology and to conduct tests on the bone marrow. Bone marrow biopsy is often performed in tandem to provide information about the marrow and the extent of disease. This video demonstrates both procedures.

Malempati S, Joshi S, Lai S, Braner DAV, Tegtmeyer K. N Engl J Med 2009;361:e28, October 8, 2009.

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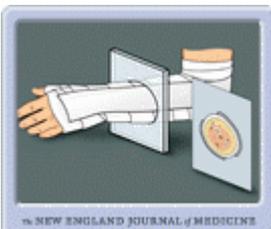


### **Blood-Pressure Measurement**

Evaluation of blood pressure is used in assessing cardiovascular health, in screening for hypertension, and in monitoring the effectiveness of treatment. This video demonstrates the appropriate technique for the indirect measurement of blood pressure in adults.

Williams JS, Brown SM, Conlin PR. N Engl J Med 2009;360:e6, January 29, 2009.

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### **Basic Splinting Techniques**

Many distal-extremity injuries can initially be managed in an outpatient setting with the use of basic splinting techniques. Splinting immobilizes injured extremities, prevents further injury, decreases pain and bleeding, and allows healing to begin. This video demonstrates splinting techniques for common injuries.

Fitch MT, Nicks BA, Pariyadath M, McGinnis HD, Manthey DE. N Engl J Med 2008;359:e32, December 25, 2008.

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### **Peripheral Intravenous Cannulation**

The ability to obtain peripheral intravenous access is an essential and potentially lifesaving skill for all physicians. This video demonstrates how to cannulate peripheral veins with the use of an intravenous catheter.

Ortega R, Sekhar P, Song M, Hansen CJ, Peterson L. N Engl J Med 2008;359:e26, November 20, 2008.

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### **Umbilical Vascular Catheterization**

Placement of umbilical catheters is an important skill for the treatment of critically ill neonates. Catheters can provide vascular access for resuscitation, monitoring, fluid administration, blood transfusion, and parenteral nutrition. This video demonstrates the placement of both umbilical-artery and umbilical-vein catheters.

Anderson J, Leonard D, Braner DAV, Lai S, Tegtmeier K. N Engl J Med 2008;359:e18, October 9, 2008.

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### **Placement of a Femoral Venous Catheter**

A femoral venous catheter may be necessary when peripheral access to the circulatory system is compromised and no other sites for placing a central catheter are available. This video demonstrates the insertion of a femoral venous catheter and explains the indications and potential complications.

Tsui JY, Collins AB, White DW, Lai J, Tabas JA. N Engl J Med 2008;358:e30, June 26, 2008.

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### **Cricothyroidotomy**

Cricothyroidotomy is an emergency procedure performed on patients with severe respiratory distress when orotracheal or nasotracheal intubation has failed or is not feasible. This video shows viewers how to perform an emergency cricothyroidotomy in an adult.

Hsiao J, Pacheco-Fowler V. N Engl J Med 2008;358:e25, May 29, 2008.

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### **Female Urethral Catheterization**

Female urethral catheterization, the insertion of a catheter through the urethra into the urinary bladder to permit drainage, is a fundamental skill for the practicing health care professional. This video covers the indications, current methods, and potential complications.

Ortega R, Ng L, Sekhar P, Song M. N Engl J Med 2008;358:e15, April 3, 2008.

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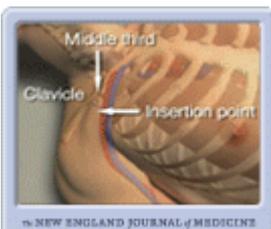


### **Examination of the Larynx and Pharynx**

This video demonstrates examination of the larynx and pharynx using indirect laryngoscopy, with either a simple dental mirror or a flexible fiberoptic endoscope.

Holsinger FC, Kies MS, Weinstock YE, Lewin JS, Hajibashi S, Nolen DD, Weber R, Laccourreye O. N Engl J Med 2008;358:e2, January 17, 2008.

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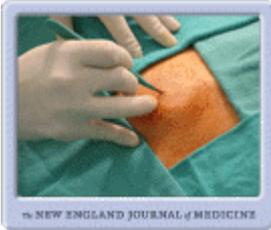


### **Central Venous Catheterization — Subclavian Vein**

The placement of a central venous catheter is indicated for the continuous monitoring of central venous pressure and for the delivery of critical or caustic medications. This video demonstrates one technique for placement of a catheter in the subclavian vein and considers how to avoid potential complications.

Braner DAV, Lai S, Eman S, Tegtmeier K. N Engl J Med 2007;357:e26, December 13, 2007.

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### **Abscess Incision and Drainage**

Skin and soft-tissue infections, including cutaneous abscesses, are commonly encountered in primary care and emergency departments. This video covers basic indications and contraindications and demonstrates the technique of incision and drainage of a cutaneous abscess.

Fitch MT, Manthey DE, McGinnis HD, Nicks BA, Pariyadath M. N Engl J Med 2007;357:e20, November 8, 2007.

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### **Chest-Tube Insertion**

Chest-tube insertion can be lifesaving. The technique requires an understanding of the chest anatomy, equipment, indications, and complications. This video demonstrates a common technique used to insert a chest tube.

Dev SP, Nascimento B Jr, Simone C, Chien V. N Engl J Med 2007;357:e15, October 11, 2007.

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### **Positive-Pressure Ventilation with a Face Mask and a Bag-Valve Device**

Providing positive-pressure ventilation with a face mask and a bag-valve device can be a lifesaving maneuver. Although seemingly simple, the technique requires an understanding of the airway anatomy, the equipment, and the indications. This video demonstrates the equipment and technique used to provide positive-pressure ventilation with a face mask and a bag-valve device.

Ortega R, Mehio AK, Woo A, Hafez DH. N Engl J Med 2007;357:e4, July 26, 2007.

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### **Pelvic Examination**

The purpose of the pelvic examination is to identify developmental or anatomic abnormalities, infection, neoplasms, tubal pregnancies, ovarian cysts, uterine fibroids, and other conditions or disorders. This video demonstrates how to perform a comprehensive pelvic examination, including an examination of the external genitalia, a Papanicolaou test to screen for cervical dysplasia, a bimanual examination, and a rectovaginal examination.

Edelman A, Anderson J, Lai S, Braner DAV, Tegtmeier K. N Engl J Med 2007;356:e26, June 28, 2007.

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### **Central Venous Catheterization**

The placement of a central venous line is an essential technique in the treatment of many hospitalized patients. This video demonstrates the placement of a central venous catheter in the internal jugular vein and considers complications and how to avoid them.

Graham AS, Ozment C, Tegtmeier K, Lai S, Braner DAV. N Engl J Med 2007;356:e21, May 24, 2007.

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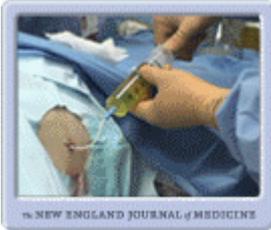


### **Orotracheal Intubation**

Emergency orotracheal intubation is indicated in any situation in which definitive control of the airway is needed. Specific indications include cardiac or respiratory arrest, failure to protect the airway from aspiration, inadequate oxygenation or ventilation, and impending or existing airway obstruction. This video demonstrates how to perform orotracheal intubation. Specific indications are discussed, along with contraindications, troubleshooting, and complications.

Kabrhel C, Thomsen TW, Setnik GS, Walls RM. N Engl J Med 2007;356:e15, April 26, 2007.

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### **Paracentesis**

Abdominal paracentesis can establish the cause of ascites or rule out spontaneous bacterial peritonitis in patients with ascites. Large-volume paracentesis in hemodynamically stable patients with tense or refractory ascites can alleviate discomfort or respiratory compromise. This video demonstrates how to perform the procedure.

Thomsen TW, Shaffer RW, White B, Setnik GS. N Engl J Med 2006;355:e21, November 9, 2006.

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### **Basic Laceration Repair**

Lacerations are among the most common reasons for visits to emergency departments. Although most lacerations will heal without treatment, laceration repair reduces infection, scarring, and patient discomfort. Various methods may be used to repair lacerations. This video demonstrates suturing, the most common method of wound closure.

Thomsen TW, Barclay DA, Setnik GS. N Engl J Med 2006;355:e18, October 26, 2006.

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### **Thoracentesis**

Thoracentesis may dramatically reduce respiratory distress in patients presenting with large pleural effusions. In addition, diagnostic thoracentesis is a valuable procedure in a patient with pleural effusion of unknown cause. This video demonstrates how to perform thoracentesis.

Thomsen TW, DeLaPena J, Setnik GS. N Engl J Med 2006;355:e16, October 12, 2006.

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### **Lumbar Puncture**

This video demonstrates how to perform a lumbar puncture to obtain a sample of cerebrospinal fluid for diagnostic or therapeutic purposes. Knowledge of the contraindications, the pertinent anatomy, and the methods to minimize the risk of complications is necessary for the safe and efficient performance of the procedure.

Ellenby MS, Tegtmeyer K, Lai S, Braner DAV. N Engl J Med 2006;355:e12, September 28, 2006.

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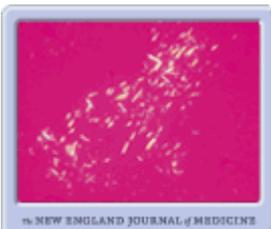


### **Male Urethral Catheterization**

Urethral catheterization may be indicated for diagnostic or therapeutic purposes: to decompress the bladder, permit irrigation, obtain sterile urine, measure urinary output, or measure the residual urinary volume after voiding. This video demonstrates how to perform male urethral catheterization.

Thomsen TW, Setnik GS. N Engl J Med 2006;354:e22, May 25, 2006.

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### **Arthrocentesis of the Knee**

Arthrocentesis is used to establish the cause of an acute monoarthritis or polyarthritis. It is also used to drain large effusions or hemarthroses and to instill steroids or local anesthetic. This video demonstrates how to perform arthrocentesis.

Thomsen TW, Shen S, Shaffer RW, Setnik GS. N Engl J Med 2006;354:e19, May 11, 2006.

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### **Nasogastric Intubation**

Common indications for nasogastric intubation include decompression of the GI tract in patients with bowel obstruction and gastric emptying in intubated patients to prevent aspiration. This video demonstrates the insertion of a nasogastric tube.

Thomsen TW, Shaffer RW, Setnik GS. N Engl J Med 2006;354:e16, April 27, 2006.



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### **Placement of an Arterial Line**

Placement of an arterial line is indicated for continuous monitoring of arterial pressure and direct arterial blood sampling. This video demonstrates two techniques for arterial line placement.

Tegtmeyer K, Brady G, Lai S, Hodo R, Braner D. N Engl J Med 2006;354:e13, April 13, 2006.



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