

LETTER

Is pocket ultrasound ready for prime time?

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See related research by Biais *et al.*, <http://ccforum.com/content/16/3/R82>

The recent trial by Biais and colleagues adds to a growing body of literature supporting point-of-care ultrasound in the critical care setting [1]. The authors demonstrate that, in the hands of two expert users, a newer pocket-sized device was comparable with conventional ultrasound machines for several key echocardiographic parameters. Clearly in the right hands, the Vscan™ (GE Healthcare, Wauwatosa, WI, USA) is a promising tool, but we must be cautious not to extrapolate these data to non-expert users.

The novelty and convenience of pocket ultrasound should not distract from the requirement for proper training in medical school or for postgraduate medical education [2]. The emphasis must be on adequate training in a defined skill set within the scope of practice for a given specialist before pocket ultrasound becomes a management tool at the bedside.

Furthermore, the device's limitations must also be delineated. The Vscan™ has a single-phased array transducer, which is suitable for cardiac and abdominal windows, but the absence of a linear probe limits the use of this device for ultrasound-guided vascular access. For instance, in the medical ICU setting, the Vscan™ has great potential to guide bedside procedures such as thoracentesis and paracentesis but at this time is not appropriate to aid in central line placement.

The authors do not directly bring cost into their discussion, but an advantage of the pocket device is that it retails at nearly one-quarter of the price of the comparison machine used in their trial.

These various benefits and limitations must be taken into consideration when determining whether the Vscan™ is cost-effective for a given clinical setting.

Competing interests

The author declares that he has no competing interests.

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References

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