

Skin tunnelled catheter insertion and removal

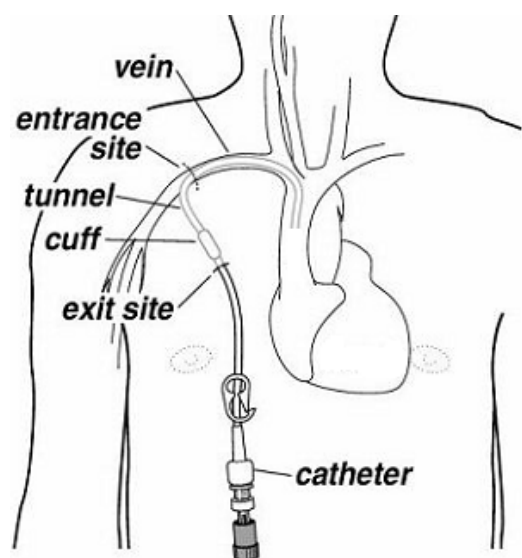
This leaflet is designed to help you understand what a skin tunnelled catheter is, why they are used and what is involved when you have one placed and removed.

What is a skin tunnelled catheter?

A skin tunnelled catheter is a type of central venous device. You may hear staff referring to it as a “Hickman line.” (This is the brand of catheter used.)

The catheter is a comfortable and safe means of giving chemotherapy and associated treatments. It is also possible to withdraw blood samples from the line when required.

The catheter is made of a thin, soft non-irritant material called silicone, which is latex-free. You cannot feel the catheter inside you. Once the catheter is in, it will not show under a shirt or blouse.



Why are tunnelled catheters used?

They are used for a variety of reasons:

- There are many different types of chemotherapies; some of these can only be given through a tunnelled catheter.
- If your arm veins are not suitable for treatment.

Preparation for your procedure

- You will be given a date and time for your catheter to be put in by the chemotherapy booking nurse.
- If you chose sedation, you **must not eat for 6 hours or drink for 2 hours before your line is placed**. Please use a small amount of water needed to take any of your regular medication.
- **Post sedation, you cannot drive for 24 hours** after you have had your line put in if you have been sedated. **Someone will need to drive you home afterwards.**

How is the catheter put in?

The catheter is inserted into a large vein in the lower part of your neck or upper chest. The catheter is tunnelled under your skin (not in the vein) to your chest wall just below your collar bone. It is only at this point your line becomes visible.

There is a cuff, which feels like a small lump under your skin in the ‘tunnel’, which holds the line

in place. Two stitches will be placed to hold the line in position while the cuff is taking to the tissue. The stitches will be removed by your nurse after 21 days.

Where the line comes out onto your chest it will be covered with a see-through, waterproof dressing.

The catheter will be put in by a vascular access specialist nurse or an interventional radiologist in the Radiology (X-ray) Department on Level 1. It is put in under sterile conditions to avoid the risk of infection. You will be asked to put on a hospital gown and lie flat on the bed. A small drip will be put into your arm if you chose to have sedation. Sedation makes you feel pleasantly relaxed. If you chose sedation we give you oxygen via a face mask to help maintain your oxygen levels, because you do not breathe quite as deeply under sedation. A routine monitoring clip will be put onto your finger to monitor your oxygen levels and heart rate throughout the procedure.

Risks and complications

As with every procedure there are some complications and risks. These will be fully explained to you before we place your line. Once the procedure has been explained and you are happy to proceed, you will be asked to sign a consent form.

After your tunnelled catheter has been placed

Once you have had your catheter placed, you will be able to sit up and have something to eat and drink. Your neck and chest may feel tender but for no longer than 48 hours. Having had something to eat and drink. If the catheter was placed without Fluoroscopy, a porter will take you in a wheelchair to the Radiology Department to have a chest x-ray. This is to confirm that the catheter is in the right position. The line cannot be used until the x-ray is done. It does not take very long to place the line, but there can at times be a delay in getting you to the Radiology Department – we will do our best to speed this up.

Who looks after the tunnelled catheter?

Your district nurse will be the main person responsible for looking after your catheter. She will change the dressing weekly (if you decide to have one) and clean the area where the catheter goes into your skin. She will also flush the line **weekly** to maintain patency and will also take any blood samples if necessary. We will contact your district nurse to let her know you have had a tunnelled catheter put in.

Bathing and showering

You may do both. However, if you have a shower, stand with your back to the water. When you have a bath, never fully immerse your line under the water. Getting it wet may increase the risk of infection. You will not be able to swim with a tunnelled catheter in place.

Please do not allow anything to pull or drag on the catheter.

Things to look out for

If the skin around your line becomes red, painful or if you feel “shivery” or cold after your line has been flushed, it may mean you have an infection. If your arm, shoulder or neck becomes painful, or swollen please contact the hospital department you are having treatment in or your district nurse.

How is the line removed?

The line sticks to the under layer of skin so it is not easily pulled out and needs to be gently released before it can be removed. The area around the line will be cleaned and then numbed with a local anaesthetic injection, which stings slightly. A small cut might be needed to release the line.

You will feel a little pressure but it will not hurt. Once the cuff is free, the line comes out easily. Gentle pressure is then applied over the vein and wound for a few minutes. Stitches may be needed but generally, just Steri strips and a dressing are used on the wound. Steri strips will loosen and fall off in 7-10 days.

The dressing should remain on for as long as possible or until your stitches are removed in 7–10 days. Keep the dressing clean and dry. Any swelling and bruising will resolve with time.

If you are concerned in any way about your line or your treatment, don't hesitate to contact the department you are having treatment in or your district nurse. We are here to help you in any way we can.

Contacting us

Radiology Day Case Unit, Tel 0118 322 8368 (Monday-Friday 8.30am-5pm).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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