

Information about having a

Tunnelled Central Venous Catheter inserted



What is a Tunnelled Central Venous Catheter?

This is a hollow tube that we insert underneath the skin in the chest area and into a vein in the neck. We then position the catheter tip in a large vein just before it enters your heart.

A small cuff at the end of the catheter helps stop the catheter from coming out and also helps prevent infection.

Sometimes it is not possible to use the veins in the neck and we need to use a different type of catheter which we insert elsewhere on your body.

Who will do it?

A specially trained nurse or doctor.

Where will it be done?

In the x-ray department, a treatment room or an operating theatre.

How long will it take?

This can vary for a number of reasons however you can expect to be in the clinical area for about one hour.

Why have you been referred for a tunnelled central venous catheter?

We use the catheter to give you medicines, chemotherapy, fluids or blood directly into your bloodstream. One of the main benefits is the doctors and nurses will not have to keep finding veins in your arms and hands to give you your treatment. The catheter can remain in for the duration of your treatment.

When can I discuss the procedure?

You can discuss this with your referring doctor at the clinic or in the ward, and also with the nurse or doctor before your procedure.

Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complications of the procedure.

What do I need to do before the procedure?

You may already be in hospital or we may ask you to attend as an out-patient. You may need certain blood tests but we will discuss this with you.

Do not eat for 6 hours before the procedure but you can drink **small** amounts of clear fluid up to 2 hours before the procedure.

You will need to undress and wear a hospital gown.

What happens during the procedure?

This is a sterile procedure. The technique may vary but generally you will lie on your back on the procedure trolley or x-ray table.

We will clean the area over the vein with antiseptic solution and then inject a local anaesthetic. You may experience some slight discomfort when we inject the local anaesthetic. This will not last long.

The nurse or doctor will use ultrasound equipment to guide a fine needle into the vein, followed by a fine wire and some dilators to help the catheter pass under the skin. They then pass the catheter over the wire and into the blood vessel underneath the skin. We will use paper stitches on the puncture site and apply a transparent (see-through) dressing to the catheter exit site.

We will make arrangements with the district nurse or through your referrer to change the dressing after 24 hours.

A stitch will hold the catheter securely for the first three weeks.

You may need a chest x ray after the procedure to check the position of the catheter.

What happens afterwards?

If you are having your procedure as an in patient you will return to your ward. The nursing staff will monitor the puncture site to make sure there is no bleeding.

If you are having the procedure as an out patient you will either go home or return to the clinical unit you were referred from. We will issue you with instructions on the care and maintenance of your catheter and what to do if problems arise.

A district nurse or hospital nurse will remove the stitch holding the catheter in place after three weeks.

Are there any risks?

This is a safe procedure but as with any medical treatments some risks and complications can arise.

Where the skin is penetrated there is a risk of infection. Even with the best care some catheters can become infected. Many catheters can remain in place and we can treat the infection with antibiotics, however in some cases we will have to remove the catheter.

Signs of infection include a high temperature, flu like symptoms including hot and cold sweats, shivering, pain, redness, swelling or any discharge (e.g. pus) at the catheter exit site. If you experience any of these get medical advice from the doctor or nurse caring for you, your GP or NHS 24 on 111

Any procedure that involves placing a catheter inside a blood vessel carries certain risks which includes damage to the blood vessel, bruising or bleeding. Damage to the blood vessel is very rare, however you may need further treatment such as surgery, or another procedure to repair it.

A Pneumothorax (collapsed lung) may occur, you might need a chest drain to treat this.

Very rarely a blood clot (thrombosis) can occur. This does not often lead to a serious problem. We can give you medication to dissolve the clot while the catheter remains in place.

If your catheter accidentally breaks or gets cut you will need to stop air getting into it. You can do this by quickly clamping or tying the catheter above the tear or cut. Get medical advice immediately as your catheter will need to be removed or repaired. Contact your treatment centre, or out of hours NHS24 on **111**.

If you start to experience shortness of breath, coughing or chest pain call 999.

Caring for your catheter

Your district nurse or treatment centre will provide your weekly catheter care.

A hospital or district nurse will show you how to care for your catheter. Sometime we can teach patients to care for their own catheter and you can discuss this with the team looking after you.

Try to keep the handling of your catheter to a minimum.

Showering and bathing

You can shower over the transparent (see-through) dressing but do not use soap or shower gel in this area.

We do not recommend swimming with a tunnelled central venous catheter in place.

Further Information

If you have any questions please telephone the number on your appointment card or letter.

Please contact the team who referred you for your tunnelled central venous catheter insertion for information relating to your treatment.

