Central Venous Lines

Patient Information Leaflet

Ward 10 Mon—Sat 8am to 6pm
Telephone 01202 704775

Ward 11 out of hours and weekends
Telephone 01202 704776
Ask for the nurse in charge

X-ray Department 01202 704109

What Is A Central Venous Catheter?

A central venous catheter is a long fine hollow tube with an opening at each end. One end gives access from outside your body to the other end which is placed in a large vein in your chest. It can stay in this position for several months.

Attached to the line is a cuff this keeps the line in position under the skin and prevents if falling out, it also helps prevent infection. There will be about 12 inches of the line remaining outside your chest. It has a plastic clamp on it which must always be closed when the line is not in use. The end of the line must always have a plastic bung or cap attached to it when it is not being used.

If you need to have more than one drug at a time, you may have a double or triple lumen line inserted, that is, a line with 2 or 3 ends.
Why Do You Need To Have One?

This line may be used to give your chemotherapy, fluids, blood and other drugs directly into your bloodstream. Some chemotherapy drugs can not be given into the veins in your hand or arm, so these drugs must be given into a larger vein this is why you need this type of line.

It may also be used for taking blood samples which are needed regularly, so you do not have to have lots of needle stabs in your arm.

Some patients are able to continue their treatment at home with a central line in place.

What To Tell The Doctor

It is very important that you tell the doctor or nurse before attending to have the line put in if you are on any medication to prevent or treat blood clots, such as warfarin, heparin or aspirin.

You must not take aspirin for one week before line insertion, as this prevents blood clotting normally.

Before we put the line in place, we will take blood samples to make sure your blood count is satisfactory and your blood is able to clot normally. If your blood does not clot normally, we may insert a temporary line.

How Is It Put In?

The line is inserted by a nurse specialist or a doctor. First your chest is cleaned with an antiseptic solution. A local anaesthetic is used to numb the area where the line is put in. You may be given sedation so that you are drowsy and relaxed while the line goes in.

A small opening is made on the skin near to the collarbone to find the vein, this is called the ‘insertion site’. The ‘exit site’ is where the line comes out of your chest just above the nipple which can be on your right or left side.

After the line is in place you will have a chest x-ray to make sure it is in the right position.

For a double or triple lumen lines, you will have a stitch holding the line in place for about 3 weeks. The stitch will be covered by a see-through dressing and
will be removed once your skin has healed around the cuff.
Most people have their central lines inserted as an outpatient.
Make sure you have something light to eat and a drink early in the day. As you cannot have anything to eat or drink for the 4 hrs before the line is inserted in case you have some sedation.
It is best if you get a friend or relative to bring you into hospital and to collect you, as if you have sedation, you will not be able to drive for 12 hours.
You should not drink alcohol for 8 hours after having sedation. It is also advisable to bring an overnight bag and be prepared to stay in hospital, just in case there is a problem.

You should not feel any pain when the tube is being put in but you may feel a bit sore for a few days afterwards. A mild painkiller such as paracetamol will help to ease this.

What are the risks of central line insertion?
As with most procedures there is a small risk of complications which may include:

- **Accidental puncture of the lung.** This allows air to leak into the chest and sometimes needs a tube to be placed in your lung to drain off the air.

- **The catheter tip in the vein is not in the correct position.** About 1 in 20 patients need to have a catheter adjusted into a better position.

- **Accidental puncture of the adjacent artery.** This may cause bleeding.

- **Infection.** As with all surgical procedures there is a risk of infection occurring.

- **Bruising.** There may be some bruising on your chest following insertion.

Please ensure you have received answers to all your questions before consenting to the procedure. If you have any problems or queries, please contact one of the procedure team nurses on 01202 704775.

Caring For Your Line

Who will care for it?

While in hospital your central line will be looked after by nursing staff. This involves:

- Cleaning the exit site and applying a new dressing weekly until the stitch is removed.

- Flushing the line weekly to stop the line becoming blocked when it is not being used.

- Looking at the site and line every day to detect early any problems with the tubing or exit site.
Before you leave hospital you will be given instructions on how to care for your central line until you return for your next hospital appointment. If necessary your district nurse will be informed and will call at your home to flush your line. If you have any problems at home, please ring the Hospital on 01202 704775 8am—6pm: Monday - Saturday
01202 704776 out of hours/weekends

How you can help to care for your central line

Caring for the exit site

To prevent infection your central line must be kept clean and dry at the exit site, where it comes out of your chest, and also at the end where the bung is attached.

While the stitches are in place the see through dressing will be changed once a week unless a problem occurs such as the start of an infection. After the stitches are taken out, you will not need a dressing, but the line will still need to be looped up and kept in place with some tape.

The site should be kept clean and washed daily with clean water and then immediately patted dry with a clean towel that is only used by you.

(If you feel more secure with a dressing in place you can continue to use one, please discuss this with your chemotherapy nurse).

It is important that you take care of your central line to prevent it from becoming infected or blocked. The following guidelines should be used.
If your central line is not in use all the time it must remain clamped.

Regular flushing of your line is essential to prevent it becoming blocked. Firstly, the stale fluid within the line is withdrawn and thrown away. The line is then flushed with saline and Hepsal which is an anti-clotting agent. A new bung is then attached. If your central line has two or more ends, each end must be flushed separately.

District Nurses are able to flush your line, if necessary, when you are at home.

Alternatively you can return to the Hospital to have your line flushed if it is more convenient for you to do so.

If you have a cold and shivery attack during or after flushing your line, contact the hospital immediately as this could be due to an infection in the line.

When your line is not being used, remember to check daily that the bung is securely attached and the clamp is closed.

**PLEASE NOTE:** This should always be a sterile procedure so do not hesitate to remind anyone who handles your central line to wash their hands and to wear sterile gloves in order to protect you from infection.

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**Frequently Asked Questions.**

**Can I eat and drink before having my central line inserted?**

You can have an early light breakfast then have nothing to eat or drink for 4 hours before your appointment in case you need some sedation.

**Will I need to stay in hospital after my central line has been inserted?**

Some patients will be admitted if they are starting chemotherapy treatment on the same day as the central line is inserted.

Patients who are going to have their central line inserted but no chemotherapy that day, do not have to stay in hospital if the procedure is routine. However, it is always advisable to bring an overnight bag and be prepared to stay.

**How will I know if something is wrong?**

Complications do sometimes occur. Contact the hospital as soon as you suspect that something is wrong or if any of the following happen:
If you have a temperature above normal, fever, chills or feel generally unwell, this could indicate the beginning of an infection.

- Pain, redness or swelling around the exit site.
- Oozing from around the line.
- Cracks or leaks in the line.
- Pain or swelling in your neck or arm.

If you have any worries about your central line position or appearance do not hesitate to contact the ward. Someone will always be able to talk to you.

**What stops the central line falling out?**

There is a small cuff around the central line that can be felt under the skin, just above the exit site. The tissue under the skin grows around this cuff over a period of about three weeks and holds the line safely in place. Until this has happened you may have a stitch holding the line in place.

**Can I have a bath / shower and swim?**

Any advice we give about a particular activity or sport takes into account the risk of infection or damage to your central line. As a general rule we encourage people with lines to take a shower. **The tunnel line site should be patted dry with a clean towel immediately after showering.** This is preferable to submerging your line and exit site in bathwater because of infection risk. Swimming is discouraged for the same reason.

**Can I lead a normal social life?**

Having a central line in place should not interfere with your social life. However, your chemotherapy drugs may temporarily restrict certain social activities either immediately after treatment or if your ‘blood counts’ are low. Your nurse or doctor will give you more specific information.

**Can I play sports?**

Sports such as tennis and golf or vigorous gym exercises are discouraged. There is a risk that your central line could become dislodged because of excessive upper body movement. There are many other pursuits which are acceptable, if in doubt ask your nurse or doctor.

**Can I go on holiday?**

Please talk to your doctor before planning a trip abroad. It is possible to holiday at home and abroad with a central line in place. However, you need to consider the type of treatment you are having, the duration and destination of your holiday, and whether you have someone to help care for your central line. If you do travel by air, carry all medication in your hand luggage.
Will my central line affect my sex life?

Having a central line in place should not interfere with your sex life. To minimize the risk of damage to your line ensure it is secure before making love. Sometimes while you are feeling unwell or having cancer treatment you may lose interest in sex.

Adequate contraception is essential during cancer treatment to avoid pregnancy because of the risk of damage to the baby. Further information is available in the Cancer Bacup booklet ‘Sexuality and Cancer’.

What happens if the line breaks

In the unlikely event of your line cracking or breaking, don’t worry: clamp, pinch or tie your central line immediately between the break and the exit site. Contact the hospital as soon as possible. You will have to return to have it repaired or replaced.

Do not use scissors near the line and, if applicable, only use the clamp on the thicker, strengthened part of the line.

How is the central line removed when it is no longer needed?

The central line is removed by releasing the cuff which holds it in place under the skin. You will be asked to lie flat on a bed. Your chest will be cleaned with antiseptic. A local anaesthetic is given to numb the area around the cuff. A small incision is made to release the cuff and the line is removed. Two stitches are put into the skin to close the wound. We will arrange for these to be removed after one week.

If you take warfarin or aspirin, these must be stopped at least 4 days before removal.

Useful numbers

Ward 10. Outpatients ward
Monday to Saturday 8am to 6pm
01202 704775.

Ward 11
All other hours and weekends
01202 704776

Please note on bank holidays and over Christmas and Easter ward 10 is shut.
Please contact the staff on ward 11 in case of an emergency and ask to speak to the nurse in charge.

Notes / Questions.