

Patient information factsheet

Cancer care

Your central lines

This factsheet explains what you need to know about having a central line. If you have any questions please speak to a member of your healthcare team who will be pleased to help.

What is a central line?

A central line (sometimes called a Hickman line) is a long, thin tube which is placed into a vein (like a cannula, except it goes into a bigger vein), to the central part of the body (near the heart). It allows us to give you medicine straight into a vein.

This is better than having a cannula because it stays in for longer and there is less risk of leakage so it is safer. We can take blood through it too, which means you don't need needles for blood tests. It can stay in place for several months.

How is it inserted?

The central line is put in by a specialist doctor called a radiologist in the x-ray department, in an area a bit like an operating theatre.

The soft tube itself is inserted into a vein in your neck (entry site) through a small cut. Local anaesthetic is used, so you may feel pressure but not pain.

One end goes towards the heart, and the other is placed under your skin to come out about 10cm below your collar bone (exit site).

The central line is held in place by your body forming scar tissue around it, though this takes a few weeks.

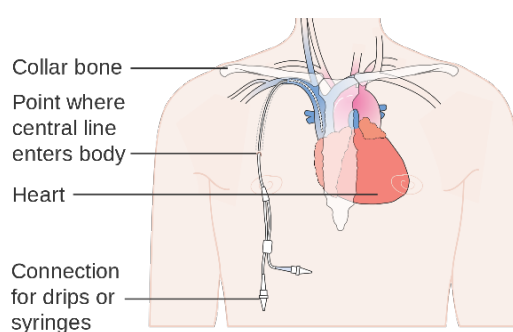


Diagram courtesy of CRUK

The central line is held in place with temporary stitches and a dressing. It will have 1, 2 or 3 ends (lumens) which each have a clip (clamp) and a bung on the end.

It is very important to have a dressing on to hold it in place. The stitches can be removed after 10-14 days.

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What will happen on the day?

- You won't be able to eat or have any drinks containing milk for six hours before your procedure in case sedation is needed.
- You can have water or squash (but not fruit juice), up to two hours beforehand.
- You will need to wash in an antibacterial scrub and will be given a hospital gown to wear (you will need to remove all your clothes above the waist).
- The doctor in the x-ray department will talk through the whole procedure with you and check that you're comfortable and understand the process. You will then be asked to sign a consent form.
- If your platelet count is low, you might need a 'top up' of platelets beforehand.

How does it feel?

Most people are a little anxious that the line will hurt, but finding local anaesthetic is all that is needed. If you are a TYA patient our youth support coordinator may be able to go with you.

It can be sore when the local anaesthetic wears off. Pain relief medicine will help. Ask your doctor which are the best painkillers for you.

How long will it take?

The procedure usually takes about 30 minutes.

What if the line cannot be put in?

It is rare for the radiologist not to be able to get a line in. If this happens they will usually try again on the opposite side.

Occasionally, if an emergency occurs in the department, we may need to reschedule your procedure for another day, but this is rare, and we do everything we can to avoid this happening.

What are the possible complications?

- **Bleeding** - if this occurs once you have gone home, put pressure on the wound and phone the acute oncology service (AOS) on **07867 973649** or contact **999**. If the bleeding is severe or continuous this is an emergency and you need to phone **999**.
- **Clots** - central lines must be flushed weekly. If a blood clot forms in the line it will be difficult to get blood out or put fluid in. If a blood clot at the end of the line blocks a vein, the arm may be blue or painful. If this happens tell us straight away. We can use a clot buster solution to help. Sometimes if it doesn't work the line might need to be removed.
- **Line moving out of position** - if it comes out a little way it's important that you do not push it back in as this can cause infection. An x-ray can be done to check the position if there is concern.
- **Infection** - let us know immediately if you have redness or oozing from the line site or have a temperature over 37.5C

Other safety advice

To prevent the line bleeding or moving, avoid pulling it. Even once the scar has formed, it is best to stop the ends hanging free. The line should be coiled (like in the photo above) and held with tape or a dressing. Never use scissors anywhere near your line.

How can I prevent infections in my line?

- Central lines should be kept clean and dry. You won't be able to have a bath in case the bungs go into the water. It's ok to shower though - use a small plastic bag (such as a sandwich bag or cling film) over the bungs and turn them upside down so that water does not get in.
- Do not wash the line site area but rinse any suds off as the last thing before you dry off.
- If water gets under the dressing it will need to be replaced.
- Your dressing will be replaced 24 hours after insertion and then every week.
- You will need to go to hospital or see the district nurse weekly to have your bungs replaced and the line flushed.
- Report any oozing or redness as early as you can.
- Sometimes infections happen no matter how careful you are as this is a side effect of chemotherapy and a low immune system. Talk to a member of your healthcare team for more information.

What if my line needs to be removed?

Lines need to be removed if they have moved out of position, if they stop working due to clots, or if they get a serious infection. Removal is done under local anaesthetic, quickly and easily. A second line can be put in after a short time.

Can I exercise?

Walking or cycling are the best forms of exercise. However, you do need to take care during certain activities. Swimming is not allowed due to the risk of infection. You should also avoid activities like rugby where the line can be pulled or knocked, and vigorous arm exercise like trampolining or tennis. Avoid lifting upper body weights but leg work is fine.

Who can I ask for more information?

Your nurse specialist or doctor will be happy to talk to you about any concerns you may have. You can also contact the acute oncology service (24-hour helpline) on **07867 973649**.

Useful links

www.macmillan.org.uk has useful information and a video - search 'central line'
www.cancerresearchuk.org

Who to contact

Acute oncology service (24-hour helpline) **023 8120 1345**

You can also contact your clinical nurse specialist for advice.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport