

What happens next?

We will take an X-ray of your chest to make sure the line is in the correct place. The doctor will check this before using the line.

If you have been given sedation, you will be sleepy and a nurse will look after you until you recover. It is important that you stay lying down for about an hour as some people feel unsteady.

There may be oozing from around the insertion site. This is normal and further dressings can be applied.

It is normal to feel a little discomfort or ache at the site of the line and your shoulder for 24 hours. Mild painkillers will settle this. Should you develop a dry cough, become breathless or experience excessive pain, you must tell the nurse. If you are an outpatient contact the Home IV Team to seek advice.

A nurse will remove the stitch at the insertion site after 5 to 7 days. The stitches, which hold the line in place are removed after 3 weeks.

How is it removed?

You will need a blood test before your line is removed by the CNS or doctor.

The line sticks to the underlayer of skin so it is not easily pulled out and needs to be gently released. The area around the line will be cleaned and then made numb with a small injection of local anaesthetic. This stings a little. A small cut is made in your skin. This allows the line to be released.

You will feel a little pressure but it will not hurt. Once the cuff is free the line comes out easily. Then gentle pressure is applied over the cut as well as one or two stitches.

The stitches will have a dressing over them and this should remain on for as long as possible or until your stitches are removed in 7–10 days. A nurse can remove your stitches at your doctor's surgery.

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What is a
Hickman?

Introduction

This leaflet tells you about Hickman lines: what they are, what they are used for and how they are inserted.

What is a Hickman line?

It is a narrow tube that is put into a vein in the chest. It allows your antibiotics to be given directly into the bloodstream. (It is also called a central line, CVC or Groshong line.)

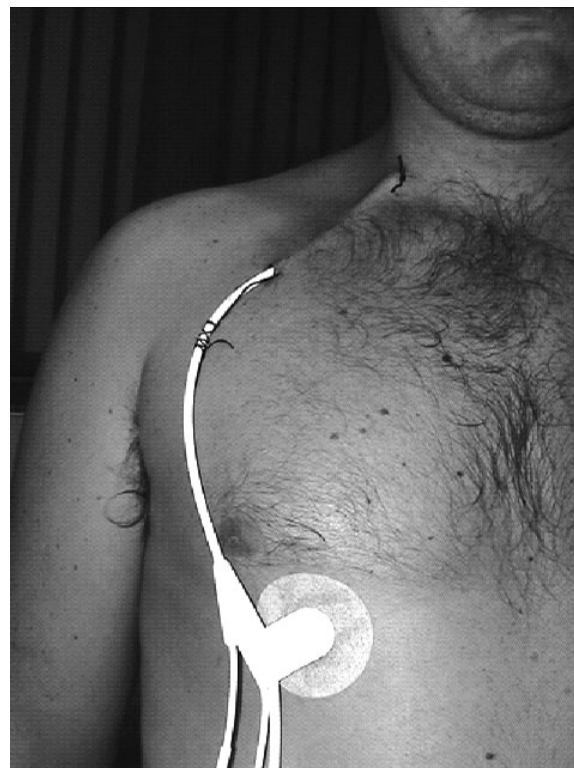
The line is inserted through a vein in the neck or top of the chest. The tip lies in a big vein, just near the heart. It is “tunnelled” under the skin and comes out on your chest or your shoulder. At this end there is a cuff, which allows the surrounding tissue to attach to and secure it. The tunnel and cuff also help to prevent infection. The line can stay in place for weeks or months.

The centre of the CVC is called the lumen and you may have between 1 and 3 lumens.

A specially trained nurse called a Clinical Nurse Specialist (CNS) will insert the line at your bedside.

Are there any risks?

You will need to give written consent before we insert the Hickman. We will discuss the risks and benefits of the procedure with you and also answer any questions or concerns.



The risks are lung damage (pneumothorax), bleeding, infection, thrombosis (blood clot), phlebitis (inflammation of the vein) and the line could go up into one of the veins in the neck. However, these risks are rare and rarely serious.

Preparation

The CNS will give you a full examination to make sure that it is suitable for you to have the line inserted at the bedside. We will take a blood sample beforehand

to check the clotting speed of your blood. If you are taking warfarin or any other medicines to thin your blood, we will advise you to stop these beforehand. The doctor or nurse will discuss this with you.

We advise you not to eat or drink for at least 4 hours before the procedure as the sedative may make you feel nauseous.

How is a Hickman put in?

We will usually give you a sedative through a small, plastic tube put into your vein in your hand or arm. This will make you feel sleepy – you will be awake, but you will not be able to remember much about the procedure. We will be monitoring the oxygen levels in your blood and give you extra oxygen if needed. The CNS will decide on which side of the chest or neck to insert the CM. The CNS will clean the area and then give you an injection of local anaesthetic to numb the skin. This usually stings a little.

The CNS will then insert the CVC. You may feel a “tugging” sensation, but you should not feel any pain. The CVC will be stitched in place at the insertion and exit site.

I am a little anxious!

We can show you a Hickman before it is put in, often a fellow patient on the ward will be delighted to show you theirs and we can give you a sedative tablet beforehand.