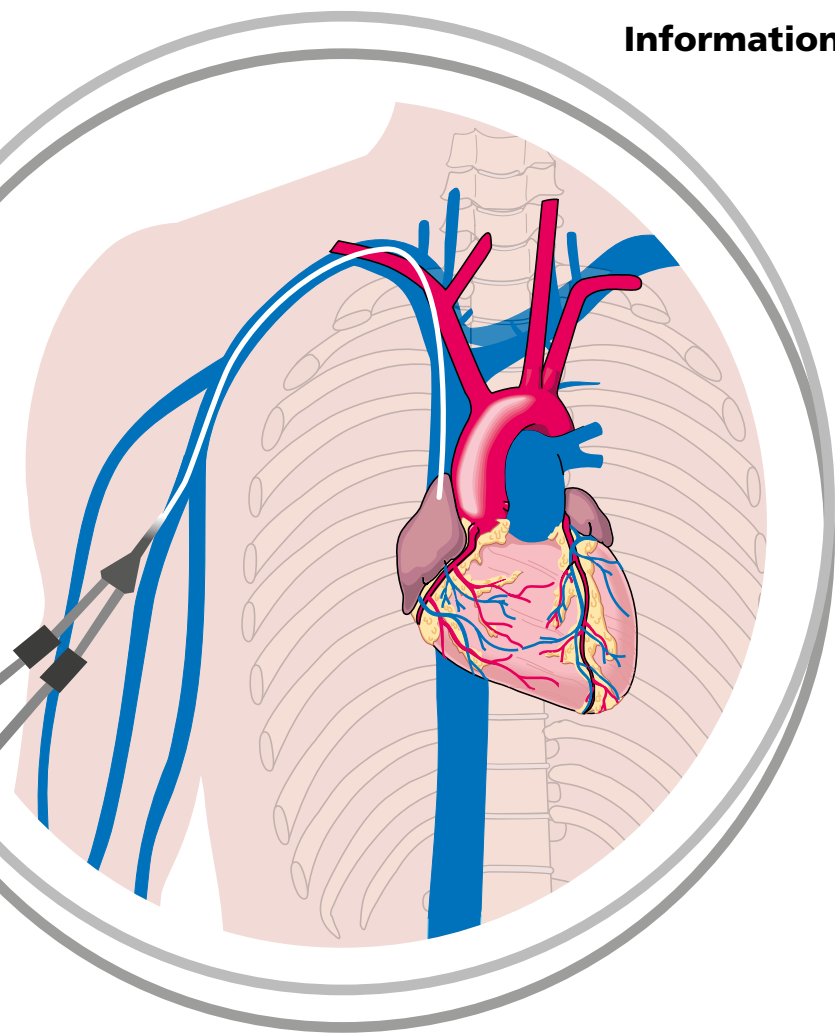


Insertion of a peripherally inserted central catheter

Information for patients



What is a peripherally inserted central catheter (PICC)?

A PICC is a narrow, hollow tube called a catheter, which is put into a vein in the arm, usually above the elbow. The tip of the catheter is fed along the vein until it reaches the large vein, just above your heart.

What is a peripherally inserted central catheter (PICC) used for?

A PICC is usually recommended for people who need certain types of medicines or treatments that can irritate or damage smaller veins. It is also recommended if you need to have repeated injections over a long period of time, as this helps prevent damage to your veins.

The PICC can stay in place for as long as your treatment requires.

How does a peripherally inserted central catheter (PICC) work?

The hollow centre of the PICC is called the lumen. Your catheter may have 1 or 2 lumens, depending on the treatment you require. This allows you to have more than one treatment at the same time.

At the end of the tube on the outside of your body, each lumen will have a special cap, to which a drip line or syringe can be attached.

How is peripherally inserted central catheter (PICC) placed?

A specially trained nurse called a vascular access practitioner (VAP) will insert the PICC at your bedside, after examining the veins in your arm to find the one most suitable for your PICC device.

What risks are involved with a peripherally inserted central catheter (PICC)?

You will need to give your written or verbal consent (agreement) before we can insert the PICC. The VAP will discuss the risks and benefits of the procedure with you beforehand. They will also answer any questions or concerns you may have.

The common risks associated with this procedure, but they are all rare, include:

- bleeding
- infection
- thrombosis (blood clot)
- phlebitis (inflammation of the vein)
- the line going into one of the veins in the neck. If this happens, the PICC will be removed and re-inserted.

What happens during the procedure?

The VAP uses an ultrasound machine to decide which vein is the most suitable for the PICC. The ultrasound machine uses sound waves to show a picture of your veins, through a probe that is rolled over your skin.

The ultrasound machine may also have a navigational system, which allows the VAP to see where the PICC is going during the procedure. It can also confirm that the PICC is in the correct position. If you have a pacemaker or abnormal heart rhythm, this will not be used.

The navigation system involves having two ECG electrodes stuck to your skin and a magnetic paddle placed on your chest. This will not be painful or cause discomfort.

Once the VAP has found a suitable vein, they will clean the area using antiseptic solution. You will be given an injection of local anaesthetic to numb the area where the PICC will be inserted. This injection may sting a little but will soon go numb.

The VAP will then insert the PICC. You will be asked to put your chin on the shoulder of the arm that the device is being inserted into. This is to prevent the PICC going up into one of the veins in your neck. You may feel a “pushing” sensation, but you should not feel any pain. The outside end of the PICC will then be secured with a stabilising device and dressing onto your arm.

The procedure should take 30-60 minutes.

What happens after the procedure?

You may be sent for an X-ray of your chest, to make sure that the PICC is in the correct place before it is used. Once it has been inserted, you should not feel the PICC when you move.

There may be some bleeding from around the insertion site (where the PICC was put in). This is quite normal. The nurse looking after you will replace your dressings if necessary.

It is important to keep yourself warm and drink plenty of fluids to help minimise the risk of complications.

What do I need to look out for?

If you notice after a change of dressing, or during treatment, that the length of tubing on the outside of your arm is getting longer, please tell the nurse looking after you and ask that the vascular access practitioner be contacted.

If you feel any pain, redness, swelling or change in sensation on the side of your body where the PICC has been placed, you must tell your hospital nurse or doctor **immediately.**

The nurses on the ward will discuss changing the dressings with you, and who to contact if you have any queries or concerns. If you need help once you have left hospital, please contact us on the numbers on the back of this leaflet.

Aftercare

The dressing on the line should be changed 24 hours after insertion, then weekly or sooner if the dressing becomes loose, wet or blood stained. This can be done either on the ward, or a community practice nurse or district nurse can be arranged to do this for you.

The line should be flushed after each use, or weekly when not in use, to prevent it from becoming blocked. This will be done when your dressing is changed, by the nurse looking after you in the community.

Do not hesitate to remind any health care practitioner who is going to handle the line to wash their hands, wear gloves and clean the cap thoroughly before and after use. This will help to prevent infections.

Will I be able to have a wash with the PICC line in place?

You will be able to shower and take baths with your PICC line in place. To prevent the dressing becoming wet, always use the bath guard provided or an alternative waterproof cover, such as clingfilm.

Please do not put your PICC line completely underwater.

Activities

You should avoid sports such as tennis, golf and vigorous gym exercise. This causes repetitive movement of the PICC in the vein, which will increase the risks of inflammation and damage to the vein. Please do not swim whilst you have your PICC line because this increases the chance of the line becoming infected.

Removing the PICC line

When your course of treatment has finished, the PICC will be removed by a qualified healthcare professional, either in the community or hospital setting. This is done by gently pulling the PICC out of your arm. This should not hurt at all. Afterwards, the wound will be covered with an airtight waterproof dressing, which needs to stay in place for 24 hours.

We are very interested in monitoring your experience of having a PICC, midline or other vascular access device. Once your vascular access device is removed, please ask the practitioner to inform us by email of your MRN number, and the date and reason for its removal.

Email: **Vascularaccess@nhs.net**

Information about your PICC

Please keep this page safe and ensure that any practitioner accessing your line is shown the information below. This is so that they can assess the line appropriately.

Patient MRN:

Vascular access type details:	Silicone PICC Number of lumens 1 2	Power PICC Number of lumens 1 2	Midline	
Date Inserted:		Patient Location:		
Insertion Site:	Right		Left	
	Basillic	Brachial	Cephalic	
Lot Number:				
Length of Catheter at Exit Site cm	External length of catheter (if applicable) cm	Position confirmed by:		
		3CG	CXR	
Fixation Device:	Securacath:		Statlock/Other:	

How to contact us

If you have any questions or need further information, please speak to the nurse looking after you or contact:

Vascular Access Department

Tel: **01865 221 653**

(Monday to Friday, 9am-5pm)

An answering machine is available for you to leave a message. We aim to respond to you within two working days.

Further information

For further information on how ultrasound is used to place your PICC, please go to www.nice.org.uk and search for 'TA49 – Information for the public'.

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



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