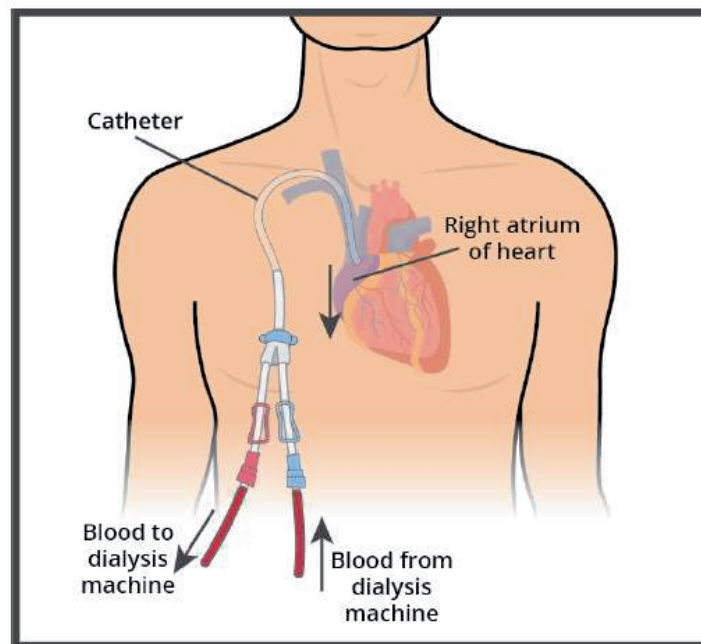


Going Home With A Central Venous Catheter



Information for patients and carers

Important facts you must know

In order to have regular haemodialysis treatment, dialysis staff require access to your **blood stream**. This is known as 'Vascular access', and will require a surgical or specialised procedure.

What is this leaflet for?

This leaflet explains about central venous catheters (CVC for short) and how you should look after them.

The three most common types of vascular access are:

- Arterio Venous Fistula (AVF) – usually referred to as your Fistula
- Arterio Venous Graft (AVG) – usually called your Graft
- Central Venous Catheter (CVC) - usually called your “perm cath or line”.

How does a CVC work?

The CVC is a soft flexible tube that is placed into a large vein, usually in your chest. Occasionally it may be placed in a vein in the neck or groin. The CVC has two openings known as “**lumens**” or “**ports**”. During haemodialysis, the lumens are connected to the haemodialysis machine; one lumen takes blood from your body to be cleaned and the cleaned blood returns to your body through the other lumen.

The point where the CVC goes through your skin is called the **exit site**.

When is a CVC used?

A CVC can be used while you are waiting for surgery for AVF or AVG formation or repair, it can also be used as a permanent method of vascular access if for some reason an AVF or AVG cannot be made.

There are two different types of CVC: tunnelled and non tunnelled.

Tunnelled CVC

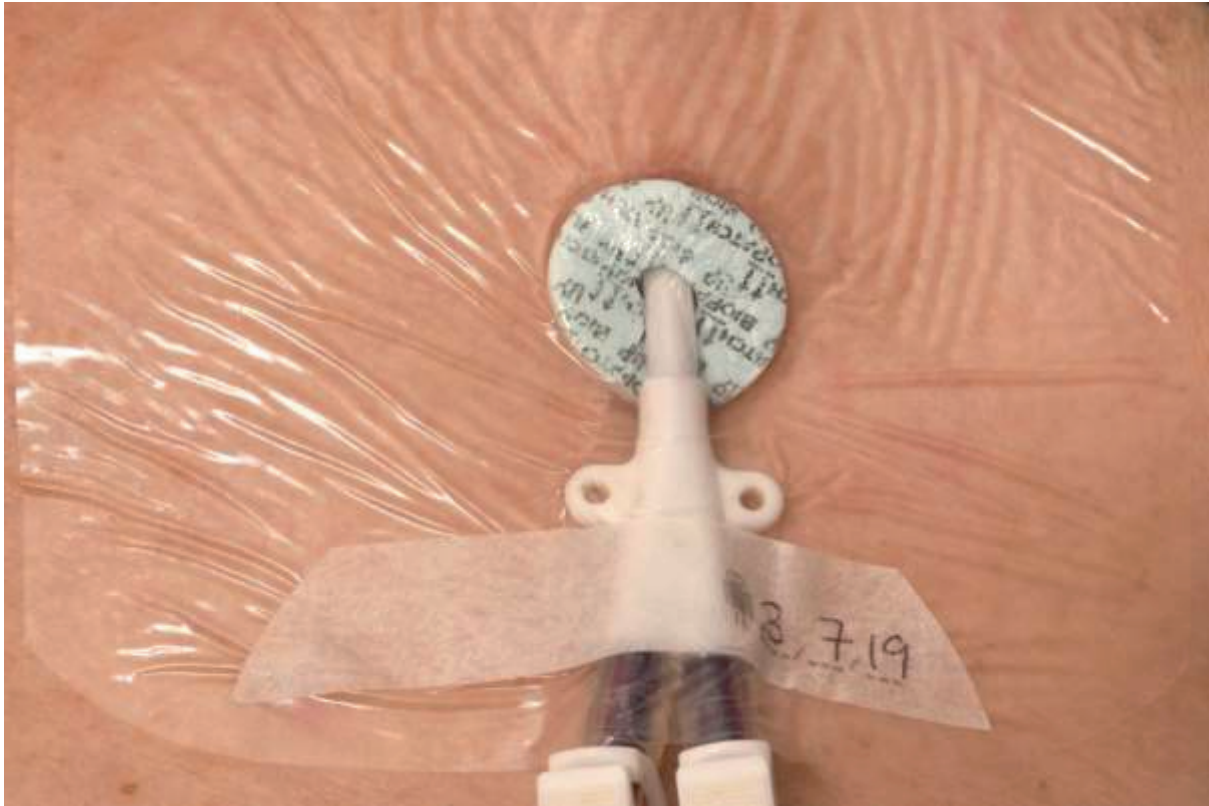
Tunnelled CVCs are inserted under X-Ray guidance, can be used long term and are usually located in the chest.

The CVC is held in place by stitches to your skin, the stitches may be removed once the catheter is firmly in place 1 week for the upper stitches and 4-6 wks for the stitches holding in the wings of the CVC.

The pictures below both show a tunneled CVC and some examples of the different types of dressings that are used.



This is a 3M Tegaderm CHG dressing



This is a Bio Patch dressing

Non Tunnelled CVC

Non tunnelled CVC are short term and are usually located in your neck. If you have a non- tunnelled line, the stitches will need to remain in place for as long as you have the CVC.

How do I look after my CVC?

- Keep the dressing in place at all times. This will be changed regularly by the dialysis nurses.
- During dressing changes and when the CVC is being connected/disconnected, avoid breathing or coughing over your CVC to reduce the risk of germs entering your bloodstream.
- Avoid sharp objects or scissors near your CVC. If you need to shave around the CVC this can be done with extreme caution by the dialysis nurse. The dialysis nurse will never use scissors near your CVC.
- Avoid getting the dressing wet (avoid deep baths and swimming). Take care to keep it dry even when showering. Wash your hair over a sink to avoid getting the dressing wet.
- Never open the clamps or remove the end caps from the lumens. These prevent air and germs from entering your bloodstream.
- Avoid pulling on the catheter.
- Sometimes CVCs can become blocked. If this happens, you will need medication inserted into the lumen to unblock it.
- At the end of each haemodialysis, a substance which will prevent infection and clotting is inserted by the dialysis nurse into the CVC lumen. This is called a “**line lock**”.
- **Only specially trained dialysis staff should do anything with your CVC except in an emergency.**

If you are admitted to the Emergency Department, other medical staff may need to use the CVC to get blood samples or give medication, **but they must be aware that there is a line lock in the lumen** that needs to be removed before this can be done.

Seek urgent medical advice should the following occur:

- **CVC falls out**
In the unlikely event that this happens, immediately apply pressure to the site to stop any bleeding. Contact your dialysis unit or Renal Ward for advice. If you can't control the bleeding, this is considered an emergency so dial 999.
- **CVC dislodges, but does not fall out completely**
Immediately contact your Renal Unit or Renal Ward. You will need to come to the department to have this replaced. NEVER try to push the CVC back in as this could introduce infection or go into the wrong blood vessel.
- **Bleeding from around exit site**
Apply pressure to exit site, and contact Renal Unit for advice. If you can't control bleeding, this is considered an emergency so dial 999.
- **CVC caps fall off or clamps break/tubing becomes cut/punctured between the clamp and the skin**
Immediately contact your Renal Unit or Renal Ward for advice.

In the unlikely event that caps come off and clamps break at the same time, or if the tubing becomes cut or punctured between the clamp and the skin, to prevent air from entering the bloodstream, pinch the tubing between the broken clamp or punctured/cut tubing and the skin. **This must be treated as an emergency by dialling 999.**

You must lie on your left hand side with your feet up and head down until help arrives. This helps to prevent damage caused by air entering the bloodstream.
- **Infection**
Fever, chills, sweats, a painful, red or swollen exit site, generally feeling unwell, discharge from exit site - these could suggest that you have an infection. This must be treated urgently and you may need intravenous antibiotics. Contact the Renal Unit you are attending or NHS 24 urgently.
- **The dressing becomes wet or displaced, exposing the exit site**
Phone the Renal Unit you normally attend for advice. You may be advised to attend to have your CVC re-dressed to prevent infection.

How is my CVC removed?

When you no longer need your CVC arrangements will be made to have it removed. This is usually done in the Renal Ward by specially trained staff. This takes around 30 minutes and can be done as an outpatient with minimum discomfort.

Endorsed by RA/BRS Patient Safety (29.7.18)

Contact Details

Renal Units:

 Royal Infirmary Edinburgh Dialysis Unit (ODA): **0131 242 1210**

 St John's Satellite Dialysis Unit: **01506 523 887**

 Western General Hospital Satellite Dialysis Unit: **0131 538 31879**

Renal Ward

 **0131 2421206**

NHS 24

 **111**

Emergency

 **999**

 Your own GP:

**If in doubt always call your Renal Unit or
Renal Ward for advice**

LOT 1884 Layout & Readability reviewed by NHSL Patient & Carer Information Team v1.1 Sept2019, For Review:
Sept2021