

Having a PICC or midline catheter inserted to allow delivery of your medicines

Department of Radiology

Information for Patients

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Introduction

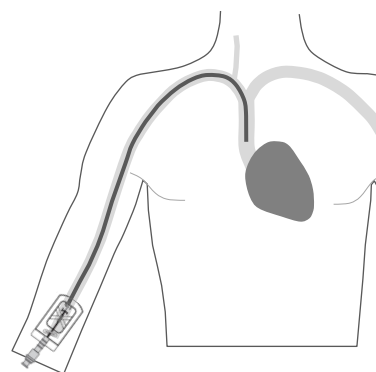
If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your examination. Please read it carefully as it contains important information and instructions.

What is a PICC or midline?

A PICC (**p**eripherally inserted **c**entral **c**atheter) and midline are both thin flexible tubes called catheters that are inserted into one of the large veins in your arm.

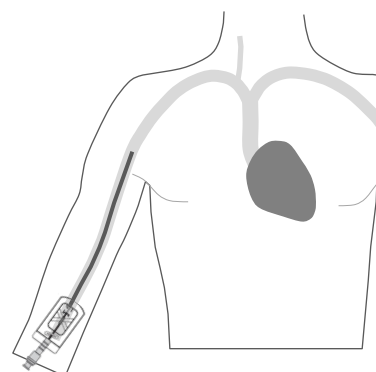
- **This picture shows the position of a PICC:**

A PICC is positioned from your elbow and has the tip sitting just above your heart



- **This picture shows the position of a midline:**

A Midline is positioned from your elbow to the top of your arm, at the midway point to your heart.



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Why do I need a PICC or midline?

A PICC or midline can be used to give you treatments such as chemotherapy, antibiotics and fluids directly into your blood. This means you will not need to have needles into the veins in your arms every time you have treatment.

You may be able to go home with a PICC or midline in place.

A midline can remain in place for up to 1 month and a PICC for up to 1 year.

These catheters are used for giving you drugs and medicines that cannot be given through smaller veins.

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You will meet a member of the vascular access team before you have the procedure, but this is not usually until the day of the procedure.

A radiologist or specialist nurse will do the procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the Radiologist or specialist nurse you do not want to have the procedure then you can decide against it at any time.

If the Radiologist or specialist nurse feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

Before the procedure

A specialist nurse will check your veins to see if they are suitable to have a PICC or midline. They will arrange an appointment for you to have the line inserted. If they decide that a PICC or midline would not be suitable for you, they will be able to talk about other options with you.

Most people who have this type of procedure can have it done as a day case procedure. This means you have the procedure and go home the same day.

Some people have to stay in hospital for longer. This depends on your own situation. Your doctor will talk to you about these with you before you decide to have the procedure.

How do I get ready for the procedure?

You do not need to do anything special to get ready. You can eat and drink normally before the procedure.

What happens during the procedure?

- The procedure will usually take place in the X-ray department. You will lie on the X-ray table flat on your back with your arm out.
- The PICC or midline is inserted into a large vein usually near the bend of your elbow.
- Everything will be kept clean (sterile). Your skin will be cleaned with antiseptic and you will have some of your body covered with sterile sheets.
- The skin over the vein will be numbed with local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this soon wears off and the skin should then feel numb.
- A small plastic needle (called a cannula) is inserted into the vein and then the catheter is threaded through the cannula and up the vein in the arm.
- The X-ray machine will be used to check the position of the end of the line during insertion.
- The procedure should take about 20 minutes.

What happens after the procedure?

- **Eating and drinking:**

You may eat and drink normally after the procedure.

- **Getting around:**

You will be able to get up and move about immediately after the procedure.

- **Leaving hospital:**

Most people who have had this type of procedure under local anaesthetic will usually be able to leave hospital after 1 hour.

- **Resuming normal activities, including work:**

Most people who have had this procedure can resume normal activities by the next day but you may have a little discomfort in your arm.

You might need to wait a little longer before resuming more vigorous activity.

When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor or nurse specialist for their advice.

Are there any risks or complications?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

Infection:

There is a risk of you getting an infection in the line, but the risk is slight because the line is put in under sterile conditions and a sterile dressing always covers the insertion site. The dressing should be replaced weekly. Patients having chemotherapy will be more at risk of infection due to the effects of their treatment on their immune system.

If you have any of the following, please contact your hospital doctor or nurse immediately:

- Discoloured fluid coming from the insertion sites.
- Redness or pain around the line.
- If your arm feels hot to touch.
- If you have a temperature or feel shivery.

Blood clot (thrombosis):

When a catheter sits in a vein there is an increased chance of a blood clot forming in the vein. Symptoms are swelling in your hand or arm. If this happens you will need to contact the hospital and get treatment.

You can help prevent blood clots by doing some light exercises and keep using the arm as normal. This will help the flow of the blood in the vein.

Inflammation (phlebitis):

When the PICC or Midline has been inserted into the vein it can sometimes irritate the wall of the vein. Symptoms are soreness and redness of the skin around where the line goes in.

If you have any of these complications, or you are worried about anything to do with your PICC or midline, please contact the hospital immediately.

Care of your PICC or midline

Dressing the line:

The PICC or midline is secured to your arm with a special dressing and can be covered with a tubular bandage for security, if you wish, as long as it is not tight.

To help prevent infection the dressing will be removed, the skin cleaned and a new dressing put on every week. This could be done by either your district nurse or the hospital nurse. If the dressing becomes loose or tatty ask the nurse to change the dressing as soon as possible.

When the nurses are changing your dressing it is recommend that you make a note of the amount of the catheter showing from the skin to the end of the line. If there appears to be 3cm more line than usual showing please tell the hospital immediately.

It is important that you do not get the PICC or midline dressing wet. If you usually have a shower you will need to cover your arm with a waterproof sleeve. The nurse who inserts your line will be able to give you advice. You will not be able to go swimming while you have a PICC or Midline.

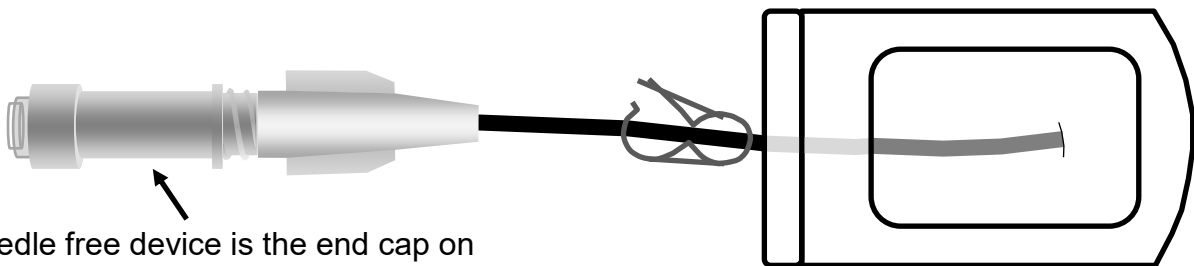
Flushing the line:

Your PICC or Midline will need to be flushed weekly with a special liquid called heparinised saline. This liquid helps to keep the line open and stop it getting blocked. This could be done by either your district nurse or the hospital nurse. The white clamp must be kept closed when the line is not in use. This should always be on the thick reinforced part of the line.

Needle free device (Caps):

You should also ensure the needle free device on the end of the line is always in place. You should contact the district nurse or the hospital if the needle free device falls off: **NEVER** replace it with a dirty device.

You will be given a 4 week supply of equipment that the district nurse needs to care for the line when you are discharged from the hospital.



The needle free device is the end cap on the end of your line. It looks a bit like this.

Contact details

The vascular access team can be contacted as follows:

- During normal office hours on 0116 258 6861
- Outside of normal office hours via the main hospital switchboard 0300 303 1573.

Or you can contact your hospital doctor with any concerns you may have 24 hours a day. You can do this via the main hospital switchboard 0300 303 1573.

Chemotherapy patients

If you are a chemotherapy patient and have any problems or need advice you should contact the chemotherapy suite immediately.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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