

# Having a Hickman line inserted to allow delivery of your medicines/treatments

Department of Radiology

Information for Patients

Produced: August 2022

Review: August 2025

Leaflet number: 86 Version: 5

## 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 procedure and how to get ready for it. Please read it carefully as it contains important information and instructions.

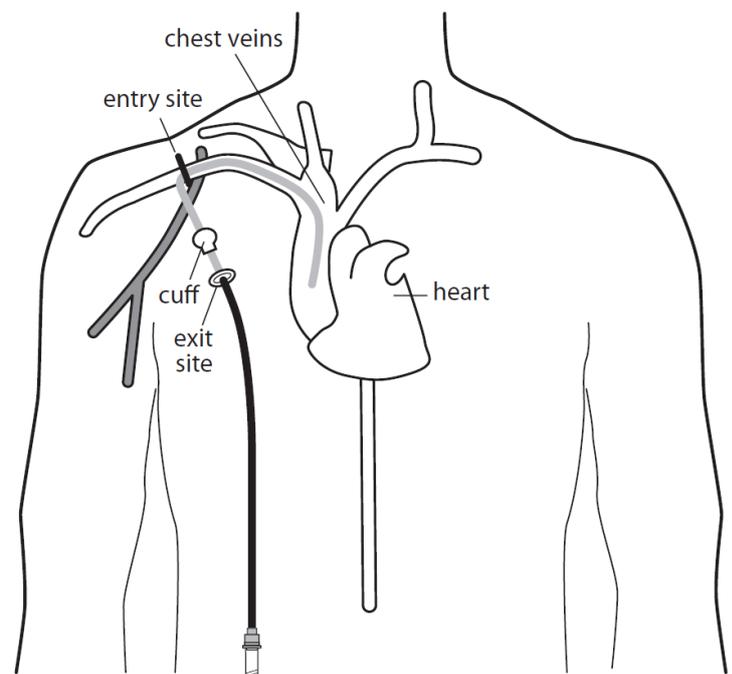
## What is a Hickman line?

A Hickman line, also called a skin tunnelled catheter, is a thin flexible tube. It is inserted, under local anaesthetic, into a large vein in your chest or neck.

The tip of the tube sits in a large vein above the heart. The other end comes out from underneath the skin on your chest.

## Why do I need a Hickman line?

A Hickman line can be used to give you long term treatments such as chemotherapy, antibiotics and intravenous fluids. This means you will not need to have needles into the veins in your arms every time you have treatment. A Hickman line can also be used to give nutritional support (TPN) into the vein, if your digestive system is not able to cope with food for any reason.



Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## How long will I have the Hickman line?

You may be able to go home with the Hickman line in place. It can stay in place for up to 12 months. It may stay in longer if the catheter stays in good condition and is checked regularly.

## How to get ready for your Hickman line

### When to stop eating and drinking:

- **Do not** eat for 4 hours before your procedure
- **Do not** drink for 1 hour before your procedure.

### Blood tests:

You will need to have some blood tests before the procedure to check if your blood clots normally to stop bleeding. These will be arranged for you.

### Blood thinning medication:

If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the radiology department for advice by phoning the number on your appointment letter as soon as possible. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

**Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.**

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure. Please still call the radiology department so we can check this.

## 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.

A doctor or specialist nurse will perform the procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. The hospital has a team of trained nurses who have had specialist training to do this procedure. 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 specialist nurse or doctor you do not want to have the procedure then you can decide against it at any time. 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.

If the doctor 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.

## What happens when the Hickman line is inserted?

This procedure will be done by a member of the vascular access team or a doctor.

The procedure will usually take place in the X-ray department.

- You will lie on the X-ray table flat on your back.
- An ultrasound scanner is used to look at your veins to decide which is the most suitable vein to use.
- 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.
- An ultrasound machine is used to guide a needle into the vein. A thin wire is pushed through the needle and it's position is checked using X-rays.
- A small tunnel is prepared under the skin where the Hickman line will go. A cuff is attached to the line and this will help keep it in place when it heals. This also acts as a barrier to infection when fully healed.
- The Hickman line will be made secure with a stitch and dressings. The dressings will need to be changed after 24 hours. A district nurse or hospital nurse will be asked to do this for you.
- The procedure should take about 30 to 40 minutes but can take longer.

## 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 a Hickman line can have it done as a day case procedure and only need to stay in hospital for a few hours afterwards. However, there may be other reasons why you have to stay in hospital for longer.

### If your procedure was done as a day-case:

**If your Hickman line was put in a vein in your neck** you will be able to go home after 1 hour.

**If your Hickman line was put in a vein in your chest** you will have a chest X-ray after 2 hours to check that there have been no complications. You can leave once the X-ray has been checked by the doctor.

**When you leave hospital you must not drive for the rest of the day.** Someone else must drive you home.

## Resuming normal activities, including work:

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

You might need to wait a little longer before restarting 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 advice.

## What are the possible 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. The risk is small because the line is put in under sterile conditions and a sterile dressing always covers the insertion sites. 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 or pus coming from the insertion sites. When the line is first inserted you may see a straw coloured fluid at first, which is normal.
- Redness or pain around the line.
- If you have a temperature or feel shivery.

**Local bruising or pain at the site of insertion:** This usually settles over a few days. You can take your normal simple pain killers such as paracetamol if needed.

**Bleeding:** You may notice some bleeding at the exit site of the catheter. This normally stops very quickly.

**Blood clot (thrombosis):** If this occurs you may notice that your neck or arm swells up. If this happens you need to contact the hospital immediately.

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.

**Lung collapse (pneumothorax):** This happens in less than 1 in 100 patients (less than 1%) and may require further treatment to avoid breathing complications.

**Blockage of the line:** Blood can clot in the line if it not flushed appropriately. If the line gets blocked it cannot be used. Please read about 'Care of your Hickman line' on the next page.

## Care of your Hickman line

### Dressing the line:

The Hickman line has an entry site (where it was put in) and an exit site (where the line comes out of your skin). The stitch around the entry site will be removed after 7 days.

You will also have a stitch around the exit site. This can remain in place as it adds support to the catheter while the cuff underneath the skin heals. These are covered with a sterile absorbent dressing. The dressing will be removed after 24 hours and a clear sterile dressing applied as long as there is no bleeding at the site.

Once the entry site has healed and dried and you have left hospital you will no longer need a dressing on this site.

You must always have a dressing on the exit site.

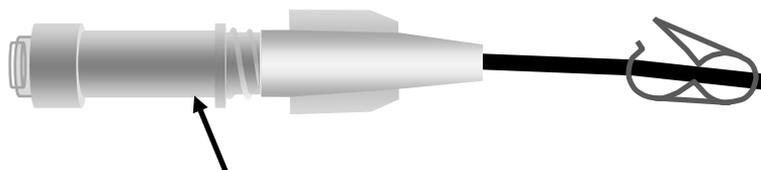
To help prevent infection the dressing will be removed, the skin cleaned and a new dressing placed every 7 days. This could be done by either your district nurse or the hospital nurse. If the dressing becomes loose or tatty ask the nurse to change the dressing as soon as possible.

**It is important that you do not get the Hickman line dressing wet.** If you usually have a shower you will need to cover your dressings with a waterproof dressing. If your dressings do get wet they will need to be changed. The person who inserts your line will be able to give advice. **You will not be able to go swimming while you have a Hickman line.**

### Flushing the line:

Your Hickman line will need to be flushed every 7 days when the line is not in constant use. This is to prevent the line getting blocked. This could be done by either your district nurse or the hospital nurse using normal saline 0.9%. 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 make sure 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. This device will also need to be replaced every 7 days at the same time as the line is flushed



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

**You will be given a 1 week supply of equipment** that the district nurse will need to care for your Hickman line when you are discharged from the hospital. Further supplies will be prescribed by your GP.

## What are the risks from radiation in this procedure?

The main risk from having X-rays is an increase in the risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination gives a dose on top of this natural background radiation. The risks of radiation are slightly higher for an unborn child so we must ask some patients aged 10 to 55 years about their periods and possibility of being pregnant.

The benefits of this examination are likely to outweigh any potential risk and the risk from not having the examination could be greater. We will take all safeguards to minimise the amount of X-rays you receive.

## What if I need to talk to someone?

If you have any questions or concerns, please feel free to ask a member of staff or contact a member of the vascular access team.

### During normal office hours:

The vascular access team can be contacted on 0116 258 5156

### Out of normal office hours:

- Patients who are undergoing cancer treatment can contact the emergency number given by the chemotherapy suite if you need any help or advice immediately (24 hours a day)
- Patients who are under the care of the LIFFT (nutrition) Team can call the home care providers or the NHS helpline on 111 for line related issued.
- Patients cared for by the Outpatient Antimicrobial Therapy Team (OPAT) can call up to 8pm, using the contact numbers provided. After 8pm NHS 111 should be contacted.

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

જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)