University Hospitals of Leicester
NHS Trust

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

Radiology Department

Information for Patients

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Introduction

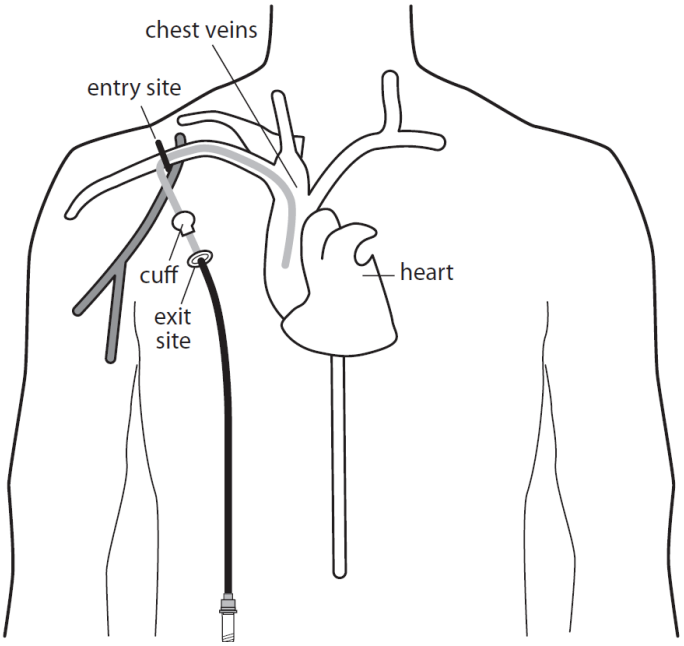
If you are an outpatient please read your appointment letter carefully. Check which hospital your appointment is at.

Please read all of this leaflet. It tells you about your procedure. It has important information and instructions.

What is a Hickman line?

A Hickman line is a thin, flexible tube. It is also called a skin **tunnelled catheter**.

- We put the tube into a large vein in your chest or neck. We use local anaesthetic to numb if first.
- The tip of the tube sits in a large vein above your heart. The other end comes out from under the skin on your chest.



Why do I need a Hickman line?

It can be used to give you long term treatments. This can be for 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.

We can use a Hickman line to give nutritional support (TPN) into the vein. You may have this if your digestive system is not able to cope with food for any reason.

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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 often.

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 blood tests before the procedure. This is to check if your blood clots normally to stop bleeding. These will be arranged for you.

What if I am taking blood thinners?

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it. Or, you may need or take a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter. It is also at the end of this leaflet. We will ask you what blood thinning medicine 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), edoxaban (Lixiana), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin, enoxaparin and heparin.

You may have already been given instructions on blood thinners by the doctor who referred your 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 specialist nurse or a doctor who specialises in imaging and X-ray treatments (a radiologist) will do the procedure. The hospital has a team of nurses who have had specialist training to do this procedure. They will confirm that you know why the procedure is being done, the potential risks and the chances of success. You will sign a consent form to confirm this. This may be on an iPad or a paper form. **You should feel that you know enough 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 to say no. We will talk to you about your options.

If you feel during the procedure that you want it to stop we will talk to you about your options. This is to help you decide what you want to do.

If the doctor or specialist nurse feels that your condition has changed they will talk to you about if the procedure is still needed. They may ask for the doctor who wanted you to have the procedure to talk to you and review your condition.

What happens when the Hickman line is inserted?

We usually do the procedure in the Radiology department.

A member of the vascular access team or a doctor will do your procedure.

- You will lie on the X-ray table, flat on your back.
- We will use an ultrasound scanner to look at your veins in your neck and chest. This helps us decide which is the best vein to use.
- We will keep everything clean (sterile). We clean your skin with antiseptic. This may feel cold. We cover some of your body with sterile sheets.
- We will inject some local anaesthetic into the skin over the vein. This may sting to start with. This soon wears off and the skin should then feel numb.
- We will use an ultrasound machine so we can guide a needle into the vein. We will push a thin wire through the needle. We will take X-ray pictures to check where it is.
- We will make a small tunnel under the skin where the Hickman line will go. There will be a cuff attached to the line. This will help keep it in place when it heals. It also helps to stop you getting an infection when the wound has healed.
- We will put in a stitch to keep the Hickman line in place. We will put dressing over it. The dressings will need to be changed after 24 hours (1 day). 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 as usual after the procedure.

Getting around:

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

Leaving hospital:

Most people have this done as a day case procedure. They stay in hospital for a few hours and then go home the same day. But, some people have to stay in hospital for longer.

If your procedure was done as a day-case:

- **If your Hickman line is in your neck** you will be able to go home after **1 hour**.
- **If your Hickman line is in your chest** you will have a **chest X-ray after 2 hours**. This is to check that there have been no complications. You can leave when a doctor has checked your X-ray and said it is OK.
- **When you leave hospital you must not drive for the rest of the day.** Someone else must drive you home.

Restarting normal activities, including work:

- Most people who have this procedure can restart normal activities by the next day. You may have mild discomfort in your neck or arm.
- You may need to wait a little longer before restarting heavy exercise or 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.

Are there any risks?

As with any procedure there is a risk of complications. Below are the most common risks and complications. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

Infection. There is a risk of you getting an infection in the line. The risk is small because we put the line 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 right away:**

- 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 happens you may see or feel that your neck or arm swells up. **Contact the hospital right away if this happens**.

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%). This may need to be treated to avoid breathing complications.

Blocked line. Blood can clot in the line if it is not flushed right. 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 a **exit site** (where the line comes out of your skin).
- The stitch around the entry site will be removed after 7 days.
- The stitch around the exit site can stay in place. It helps support the catheter while the cuff under the skin heals.
- The sites are covered with a sterile absorbent dressing. The dressing will be removed after 24 hours (1 day) and a clear sterile dressing applied as long as there is no bleeding at the site.
- When 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.

Every 7 days the dressing will be removed, the skin cleaned and a new dressing put on. This helps to prevent infection. This could be done by either your district nurse or the hospital nurse. If the dressing becomes loose or tatty you should ask the nurse to change the dressing as soon as possible.

Do not get the Hickman line dressing wet. This is important. 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 must not go swimming while you have a Hickman line**.

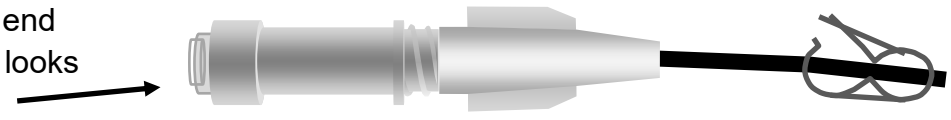
Flushing the line:

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. The district nurse will need this to care for your Hickman line when you are discharged from the hospital. Your GP will prescribe further supplies.

What are the risks from exposure to radiation in this procedure?

The main risk from exposure to X-rays is a higher 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, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this procedure are likely to outweigh any possible risks. The risks of not having the procedure could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?

If you have any questions or concerns, ask a member of staff or call a member of the vascular access team.

During normal office hours (Monday to Friday, 9am to 5pm, but not on bank holidays):

Call the vascular access team on **0116 258 5156**

Out of normal office hours:

If you have problems with your line or need urgent help or advice:

- **Cancer patients**: If you are having cancer treatment, call the emergency number given by the chemotherapy suite (24 hours a day).
- **Nutrition (LIFFT) Patients:** If you are under the care of the LIFFT (nutrition) Team, call the home care providers or NHS 111.
- **OPAT Patients:** If you are cared for by the Outpatient Antimicrobial Therapy Team (OPAT), the contact numbers provided up to 8pm. After 8pm, call NHS 111.

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