

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

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 PICC or midline?

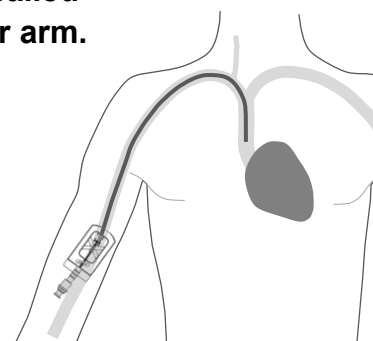
A PICC and midline are both thin, hollow, flexible tubes called catheters. They are put into one of the large veins in your arm.

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

A PICC is put in above the elbow.

The tip sits inside one of your veins just above your heart.

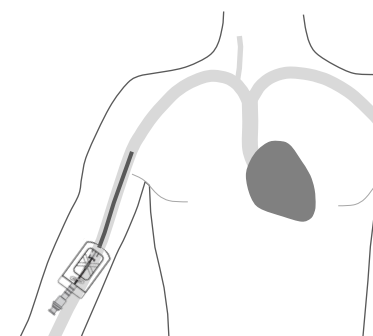
PICC stands for **p**eripherally inserted **c**entral **c**atheter.



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

A midline is put in above the elbow.

The tip sits inside one of your veins near the top of your arm, at the midway point to your heart.



**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

Why do I need a PICC or midline?

We put in a PICC or midline so you can have treatments into a vein (intravenous). It means you will not need to have needles into the veins in your arms every time you have treatment. This is useful if you need to have lots of medicines by injection over a long period of time. This could include chemotherapy, antibiotics or intravenous fluid. You may be able to go home with a PICC or midline in place.

The choice of catheter will depend on the medicine and the length of time you need to have your treatment.

Midlines can stay in for the whole of your treatment, as long as there are no problems (complications). PICC lines can also stay in until your course of treatment has finished.

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. This is usually on the day of the procedure.

The vascular access team includes specialist practitioners who are trained to put in PICCs, midlines and other vascular catheters. A specialist practitioner will usually do the procedure. A doctor who is specialised in imaging and X-ray treatments (a radiologist) may do your procedure, particularly if it is done as part of a more complex procedure.

They will confirm that you understand why the procedure is being done, its potential risks and the chances of success. You will sign a consent form to confirm this. **You should feel that you know enough before you sign the consent form. This may be on an iPad or a paper form.**

If after talking to the radiologist or specialist practitioner you do not want to have the procedure then you can decide to say no.

If the radiologist or specialist practitioner 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.

Before your procedure

- We usually book PICC or midline appointments close to when treatment is due to start.
- When you come for your appointment we will do an ultrasound scan. This is to look for suitable veins for the PICC or midline.
- We may decide that a PICC or midline would not be right for you. If this happens we will talk to you about other possible options.
- Most people who have this type of procedure can have it done as an out patient. This means you go home the same day.

How do I get ready for the procedure?

Blood thinners:

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it 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 you for this procedure. Please still call the radiology department so we can check this.

If you are taking aspirin the doctor who referred you for this procedure or the radiology doctor or will decide if you need to stop taking it.

Eating and drinking

You can eat and drink as usual before the procedure.

What happens during the procedure?

- We usually do this procedure in the X-ray department. You will lie down on the X-ray table flat on your back with your arm out. If you have problems lying flat please tell a member of the vascular access team when you arrive.
- We will keep everything clean (sterile). We clean your skin on one or your arms 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 above the elbow. This may sting to start with. This soon wears off and the skin should then feel numb.
- We will put a small needle into the vein. We then push a thin wire through the needle into the vein in the upper arm. We will take X-ray pictures to see the wire and get it in the right place. We then push the PICC or midline catheter over it and into place. You will not feel any pain as the catheter is put in.
- The procedure usually takes 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 straight after your 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. Do not drive for the rest of the day after the procedure as this may cause some bleeding to restart.

Restarting normal activities and work: Most people who have had this procedure can restart normal activities by the next day. You may have a little discomfort in your arm. You should do some light activity if you can. You may 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 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 slight risk of getting an infection. This could be in the PICC or midline or in the skin where it was put in. To help lower your risk we put your line in under sterile conditions. You should also have a sterile dressing covering the insertion site at all times.

If you are having chemotherapy you will have a higher risk of infection. This is due to the effects of the treatment on your immune system.

The dressing should be replaced every 7 days to help reduce risk of infection. If the dressing appears to be lifting please tell your nurse as soon as possible.

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

- Discoloured fluid coming from the insertion site. You may see a straw coloured fluid soon after the catheter is put in. This should stop soon. If you notice a pus like discharge please tell your nurse right away.
- Redness or pain around the line.
- If your arm feels hot to touch.
- If you have a temperature above 37.5 degrees Centigrade or feel shivery.

Blood clot (thrombosis): Having a PICC or midline gives you a higher risk of getting a blood clot in the vein. Symptoms are swelling in your hand or arm. If this happens you must contact the hospital and get treatment.

Do some light exercises and keep using the arm as normal. This will help the flow of the blood in the vein and lower your risk of getting a blood clot.

Inflammation (phlebitis): The PICC or midline can sometimes irritate the wall of the vein. This can cause soreness and redness (inflammation) in the arm. To keep this from happening, apply heat to the arm where the line has been put in. You can use a heat pad or hot water bottle wrapped in a towel. You may need to do this 2 or 3 times a day for 20 minutes at a time for 1 week.

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

Patients referred via chemotherapy will be given a number that can be called 24/7. Patients referred by OPAT will have contact details of their team.

Care of your PICC or midline

Dressing the line:

The PICC or midline is secured to your arm with a special dressing. It can be covered with a tubular bandage for security if you wish. You must make sure it is not tight.

The dressing will be removed, the skin cleaned and a new dressing put on every 7 days. This reduces your risk of infection. 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 3 or 4cm more line than usual showing please call the hospital right away. The contact numbers are on the back of this leaflet.

It is important that you do not get the dressing wet. If you usually have a shower you will need to cover your arm with a waterproof sleeve. The nurse or doctor 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.

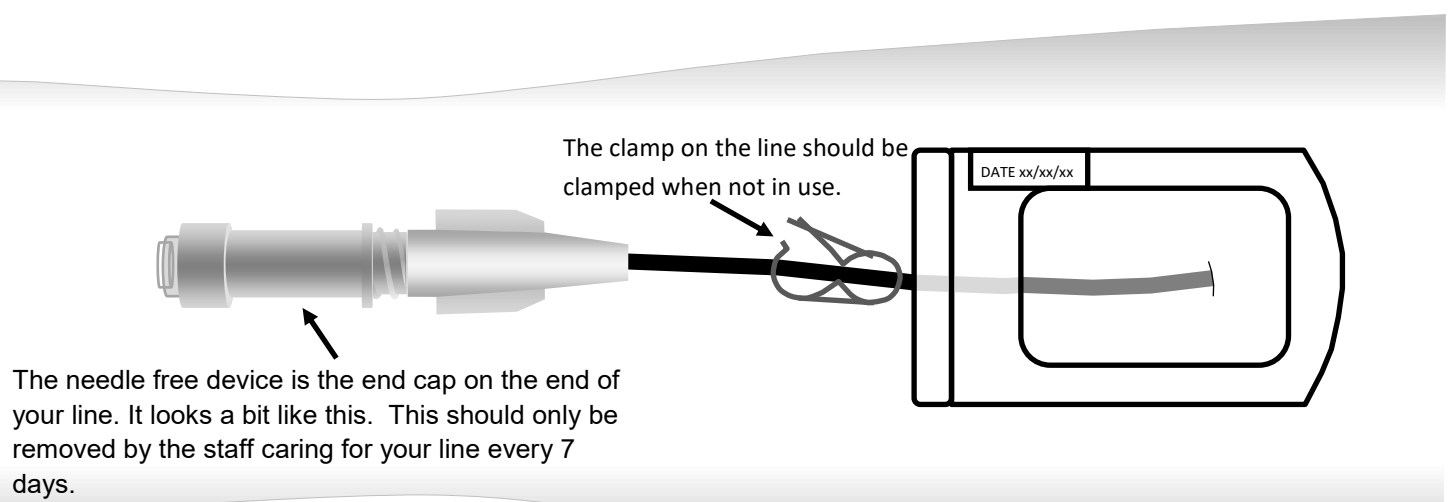
Flushing the line:

Your PICC or midline will need to be flushed each week with sterile salt water (normal saline). This is to keep it open and free of clots. This will be done by either your district nurse or the hospital nurse when the dressing is changed. **The white clamp must be kept closed when the line is not in use.**

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. The needle free device will be replaced every 7 days at the same time as your dressing change and flush.

You will be given a 1 week supply of equipment that the district nurse needs to care for the line when you are discharged from the hospital. Your GP should prescribe more supplies.





Information and support

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

Contact numbers

If you have any problems with your PICC or midline, or you have any concerns or questions, please call us on 1 of the numbers from below:



- During normal office hours, call the vascular access team on **0116 258 5156**. Monday to Thursday 8.00am to 6.00pm, Friday 8.00am to 5.30pm (but not on bank holidays).
- Outside of normal office hours please call the NHS helpline on **111**.

Patients having chemotherapy:

If you are a chemotherapy patient you should contact the following:

- During normal office hours, call the chemotherapy suite on **0116 258 6107**. Monday to Friday, 8.30am to 6.00pm (but not on bank holidays).
- Outside of normal office hours, call the emergency number given by the chemotherapy suite.
- The OPAT team. If you are being looked after by the OPAT team they will give you their contact details to talk about concerns.
- The Vascular Access Team, are available for advice Monday to Friday 8.00am to 6.00pm.

Any questions?

Please feel free to use this space to note any questions you may have about having your line placed.

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 અન્ય 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 uhl-tr.equalitymailbox@nhs.net