

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

Department of Radiology

Information for Patients

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Introduction

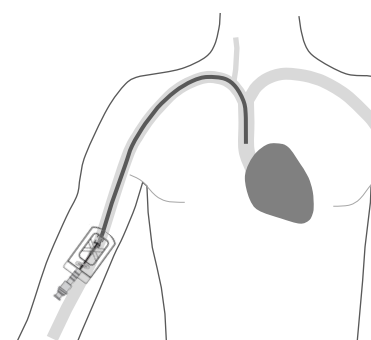
If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your examination. Please read it carefully as it contains important information and instructions.

What is a PICC or midline?

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

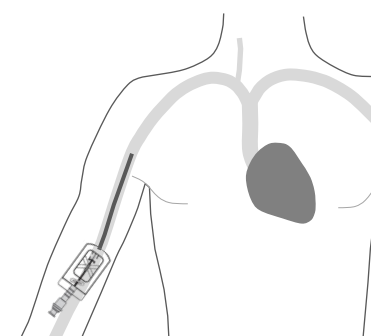
- This picture shows the position of a PICC:**

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



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

A midline is positioned above your elbow to 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.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

Why do I need a PICC or midline?

A PICC or midline can be used to give you treatments into a vein (intravenous). This 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 that have to be given 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 type of catheter you will be given depends on the medication and the length of time you need to have your treatment.

Some midlines can stay in for the whole of your treatment. Some patients will need to have their midline replaced.

As long as there are no problems (complications), PICC lines can 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, but this is not usually until the day of the procedure.

The vascular access team includes specialist nurses who are trained to put in PICCs, midlines and other vascular catheters. A specialist nurse 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.

You will be asked to confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will 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.

Before the procedure

Your appointment to have your PICC or midline is usually booked close to when your treatment is due to start.

When you come for your appointment you will have an ultrasound scan to look for suitable veins for the PICC or midline.

If we decide that a PICC or midline would not be right for you, we will talk about other possible options with you.

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

How do I get ready for the procedure?

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.

Eating and drinking

You can eat and drink as usual 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. If you have difficulty lying flat please tell a member of the vascular access team when you arrive.
- The PICC or midline is inserted into a large vein usually in your upper arm above 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 needle is inserted into the vein. A thin wire is pushed through the needle into the vein in the upper arm. The wire shows up clearly on X-ray pictures and allows the nurse or doctor to 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.

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. Some light physical activity is encouraged but 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, either in the line or in the skin where the line is placed.

The risk is low as the line is put in under sterile conditions and a sterile dressing always covers the insertion site. Patients having chemotherapy will be more at risk of infection due to the effects of their treatment on their immune system.

The dressing will be replaced every 7 days to help reduce risk of infection. If the dressing appears to be lifting please tell your nurse ASAP.

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

- Discoloured fluid coming from the insertion site. A straw coloured fluid may be seen shortly after placement but this should stop soon after insertion. If you notice a pus like discharge please inform your nurse immediately.
- 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.

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

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, 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 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.

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.

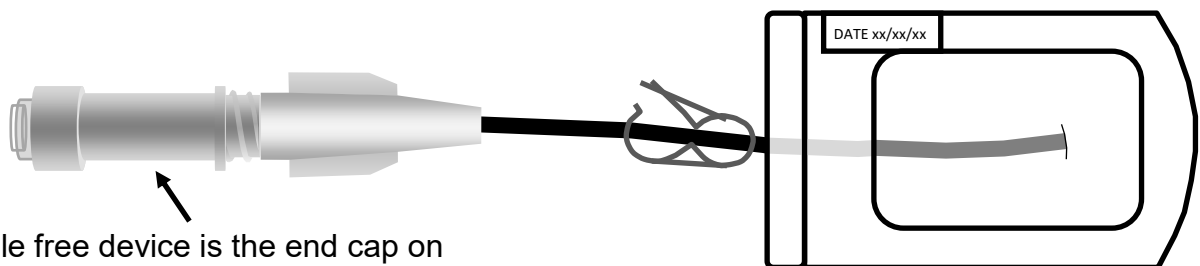
Flushing the line:

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 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. 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.



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

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 phone 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.

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 بلغة 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

જે તુમીં ઇંચ જાણવાની કિમે હેર જામાં હિંચ ચાહુંદે હે, ઝાં વિરખા વરહે હેઠાં હિંચે ગદે નંબર 'હે ટેલીફોન વરે।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

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