University Hospitals Coventry and Warwickshire NHS Trust

Patient Information

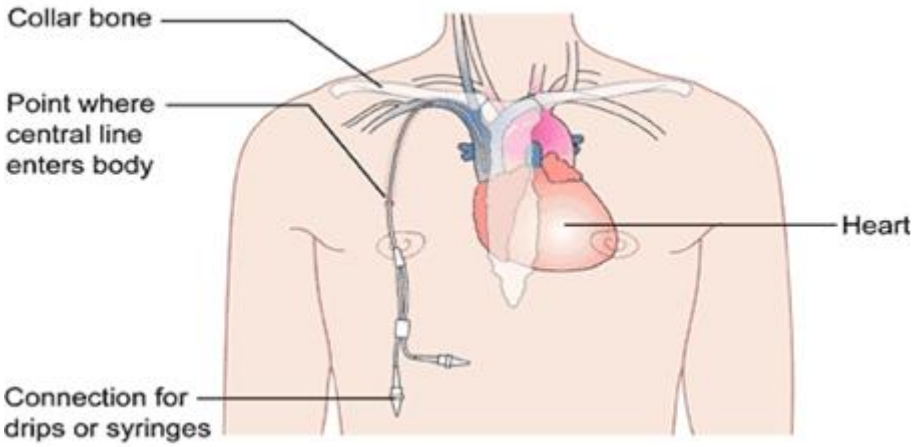
Day Surgery Unit (Vascular Access Team)

Day Surgery-Everything I need to know about having a Hickman line

Introduction

A Hickman Line is a hollow silicone tube which is inserted into one of the large blood vessels through a small cut in your upper chest (entry site) and your neck via the jugular vein. The Doctor or the Vascular Access Practitioner passes the tube along the large blood vessel until it reaches the entrance to the heart. It is guided under your skin for a few inches and then comes out through a small cut in your lower chest (exit site). There is a small cuff around the exit site, this helps keep your line in place and helps to prevent any infections from entering. The line will also be stitched in to secure it.

The diagram below helps explain it:



Why have a Hickman Line?

There are many benefits of a Hickman line:

- It prevents the need for daily punctures of your skin to obtain the blood tests required during your treatment, as the blood can be taken daily from your Hickman Line.
- It provides permanent access to allow administration of chemotherapy, blood products and intravenous fluids or antibiotics that you might need during the course of your treatment.
- It prevents the need for continual insertion of cannulas (tubes) for this purpose.

- With proper care, your Hickman Line can stay in place for the duration of your treatment.

Are there any risks?

Infection

It is possible for an infection to develop either inside the central line or around the exit site. You should contact your hospital doctor or nurse if:

- The exit site becomes red or swollen or painful
- You notice discoloured fluid coming from it
- You develop a temperature
- You will be given antibiotics, but if these do not clear the infection, the line may have to be removed.

Blood clots

It is possible for a blood clot (thrombosis) to form in your vein at the top of the line. If a clot does form, you will be given some medication to dissolve the clot and your line may have to be removed.

Signs of a blood clot around the central line include swelling, redness and/or tenderness in the arm, chest area or up into the neck (on the same side as the central line). **You should also contact your hospital doctor or nurse immediately if you develop any shortness of breath or tightness in your chest.**

Air in the central line

No air must be allowed to get into your central line. The clamps should always be closed when the line is not in use. The line must not be left unclamped when the caps (bungs which are at each end of it and stop air from passing through it) are not in place.

Break or cut in the line

It is important that you do not get a break or cut in the line. **Do not use scissors near the line** and only use the clamp on the thicker, strengthened part of the line. It is uncommon to get a cut or split in the line, but in the unlikely event of this happening try to clamp or tie your line immediately **above the break** (so it is sealed between the split and where the line comes out of your body - the exit site). Call your hospital as soon as possible. The nurses may be able to repair the line, but if this can't be done, the line will be removed.

What you as a patient must do to have a Hickman line

1. You can eat and drink as normal on the day of surgery.
2. You need to have a blood test taken within 7 days before your Hickman line being inserted.
3. If you are on Aspirin, Clexane or Tinziparin you must not take it the night before surgery.
4. If you are on Clopidogrel stop it 7 days before surgery.

5. If you are on Warfarin ask your consultant when to stop taking it.

What to expect when having Hickman line inserted

The Hickman line will be inserted in theatre normally in the Day Surgery Unit by a surgeon/ Anaesthetist or an advanced practitioner. A member of staff will be with you throughout.

1. Local anaesthetic will be given in two areas, one in your neck and one in your chest, as it goes in you will feel a scratch and maybe some stinging.
2. You will be covered in sterile drapes to form a tent and an X-ray machine will be over the top of you. A member of staff will be with you to ensure you are comfortable.
3. The surgeon/anaesthetist/advanced practitioner will check that the local anaesthetic has taken effect.
4. A small incision is made in your neck to thread the Hickman line catheter into your vein. Another incision, around the size of a 1p piece is then made on your chest to create an exit site for the Hickman line catheter. When these are being carried out you shouldn't feel pain but you may experience feelings of pressure, tugging and popping. If you feel pain you can tell the member of staff with you and more pain relief can be given.
5. Once the Hickman line is inserted you will have a chest X-ray in theatre to confirm the correct position of the Hickman line within the vein.
6. You will have sutures to both incisions the surgeon will advise you on when they can be removed.
7. You will have a small dressing on your neck and a waterproof dressing to the chest incision.

What stops the central line falling out?

There is a small 'cuff' around the central line which can be felt under the skin just above the exit site. The tissue under the skin grows around this cuff over a period of about three weeks and holds the line safely in place. Until this has happened you will have a stitch holding the line in place

After the procedure

Once on the ward the local anaesthetic will wear off. You will be able to eat and drink as normal. Your neck and chest may feel tender for the next 24 - 48 hours after the procedure. Taking your usual painkillers as directed will help to reduce any discomfort.

- **You will need to keep the area dry for five to seven days to assist with healing.**
- **The sutures in your neck will need to be removed between 7-10 days.**
- **The sutures in your chest will need removing at 14-21 days.**

Care of your central line

When your Hickman line is not being used there is a small risk that it may become blocked. To stop this happening a small amount of fluid is 'flushed' into the line using a syringe. This is usually done once a week. The caps or bungs at the end of each lumen should also be changed every week. The exit site will also need to be cleaned once a week to reduce the risk of infection. If you have a dressing on the site it will need to be changed once a week. The nurses at the hospital may teach you how to do this for yourself if you feel able to or the medical team using the line will undertake line care.

How the central line is removed

When you no longer need the central line it will be taken out. A doctor or advanced practitioner will do this for you, usually in the Day Surgery Department. This procedure should take about 30 minutes. This will be carried out using local anaesthetic.

You will be asked to lie on a bed. The chest is cleaned with antiseptic. The area around the cuff is numbed with local anaesthetic. A small cut is made to gently release the cuff and the line is then removed slowly. This can feel uncomfortable, but it should not be painful.

A dressing will be put over the exit site and you will be asked to remain lying down (for about 10 minutes) until it is certain that there is no bleeding.

Further Information

If you have any questions relating to the insertion, care or removal of an implanted port, please contact the Vascular Access Team for advice:

Vascular Access team

Day surgery, West wing, Ground floor

University Hospitals Coventry and Warwickshire NHS Trust

Tel. 024 7696 5900

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact the Vascular Access Team and we will do our best to meet your needs

The Trust operates a smoke free policy

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