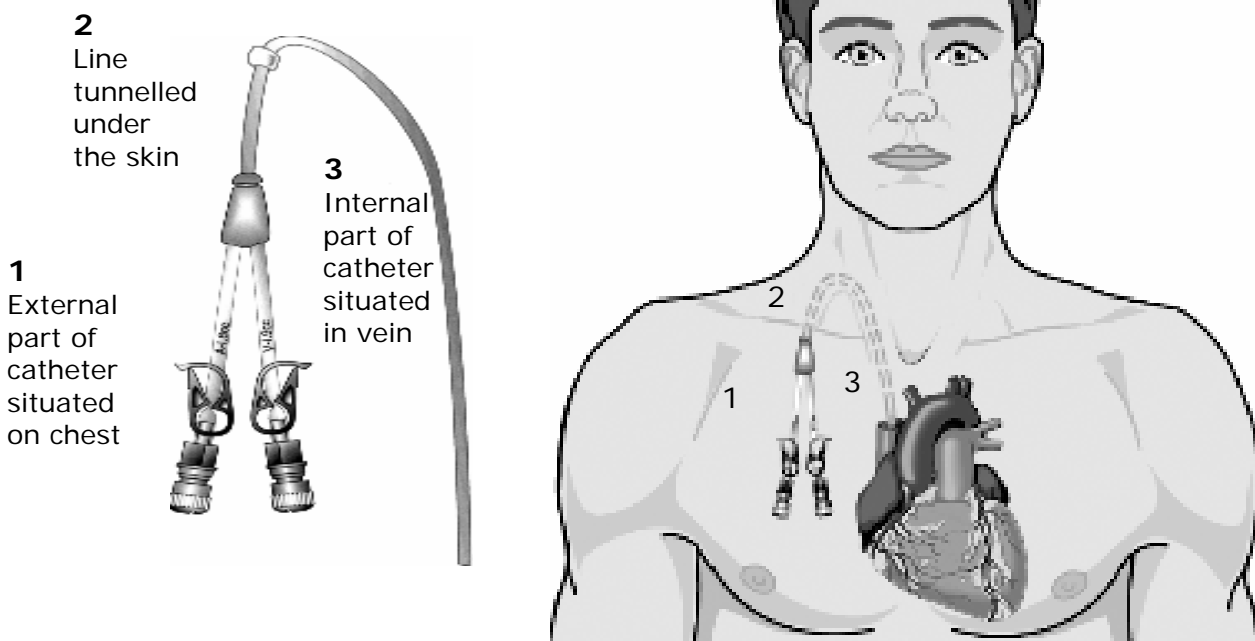


Renal Unit

Central Venous Catheters

What is a central venous catheter?

A catheter is a flexible tube which can be inserted into the body to allow the introduction or withdrawal of fluids. A central venous catheter is inserted into a large vein which leads directly to your heart. It has two channels, known as 'limbs', colour coded red and blue, each with a sealing clamp.



Why do you need a central venous catheter?

You will have this catheter inserted so that you can be connected to a kidney machine and 'artificial kidney'. The artificial kidney can then be used to remove waste products from your blood. One limb carries the blood from your body to the kidney machine and, after it is cleaned, it is returned via the other limb.

The catheter will be inserted by a doctor after you have been given a local anaesthetic to numb the skin. A small incision is made in your neck to allow insertion of the catheter. You may also be given sedation before the procedure. If so, this may cause drowsiness for the rest of the day and you should avoid driving.

There are two types of catheters – temporary and permanent.

- The temporary catheter can be inserted very quickly and used immediately. They are held in place by stitches. As they are more prone to infection than permanent catheters, and are also less comfortable, they are changed as soon as is possible.

If you have to have a temporary catheter inserted for dialysis we will change it to a permanent one when necessary.

- The permanent catheter is one which is tunnelled through the fat and muscle layer under the skin. They are usually positioned between the neck and chest. Working from an incision in the neck, one end of the tube is inserted into a vein leading directly to the heart. Then the other end is tunnelled under the skin to exit onto your chest wall below the collar bone. The tube will no longer be visible at the incision site which will then be closed by stitches. A further stitch will be required to hold the tube in place at the exit site on the chest while the skin heals. The stitches in your neck will be removed after five to seven days and the one around the exit site after two or three weeks. These catheters are less prone to infection and can therefore be used for months rather than weeks.

Where is the catheter inserted?

The catheter can be placed in your neck, chest or groin. It can be called a Vascath, Permcath or Tesio line. If you want to know the type of line you have, please ask your nurse.

If the catheter is placed in your neck or chest, it may be necessary for you to have a chest x-ray to check that the tip of the catheter is situated in the correct place. This is usually followed by your first haemodialysis session. If you are able to go home we would advise you not to drive yourself.

There can be complications associated with the insertion of catheters. These include: positioning the catheter in the wrong place, internal bleeding and getting air into the chest cavity. However, these are very rare. The most common complication is localised bleeding around the exit site. The doctor and the assistant will be monitoring your condition during the procedure and you should inform the doctor if you feel unwell.

How will the catheter stay in place?

The catheter is either secured to you by stitches (vascath) or by being tunnelled through the fat and muscle layer beneath the skin (Tesio or Permcath). A dry dressing will hold the catheter securely against the skin and protect the exit site.

How often will the dressing be changed?

The dressing will be changed every time you come for treatment. The exit site will be cleaned and re-dressed. If used, the stitches will be checked to ensure they are secure and will be renewed if necessary. The exit site will be inspected for any signs of infection (redness, swelling, oozing). If the nurse thinks there may be an infection a swab will be taken and sent for analysis. If necessary, antibiotics will be given.

At the end of each treatment the catheter limbs will first be flushed with saline, (a sterile salt solution) to clear them of blood, and then with an anticoagulant to stop clots forming in the tubes. The limbs will be sealed and then taped to you to prevent pulling on the catheter.

How you can care for your catheter

- Do not let any clinical staff use your catheter for any purpose except dialysis.
- Keep the dressing dry and secure to your skin. This helps to prevent infection developing around the exit site and holds the line firmly to prevent pulling or rubbing.
- If your catheter is in the neck it will be difficult to keep the dressing secured to the skin. A scarf, cravat or bandage around the neck and dressing can help to hold the dressing and catheter in place.
- The limbs will be taped together to help prevent friction and pulling on the exit site – you may find it more comfortable to tuck them under an article of clothing.
- Personal Hygiene: If your catheter has been tunnelled under the skin you can remove the dressing and have a shower. You, or a family member, need to redress the exit site with a clean dressing afterwards. If it still has stitches, we advise you to keep the exit site dry. You will have to wash at a sink. With either type of catheter you can have a bath but you must not wet the tube as this could cause infection around the exit site. If the dressing ever gets wet, wash your hands and replace it.
- Your nurse will advise you which type of catheter you have and show you how to redress your exit site.
- New dressings can be obtained when you are at the Dialysis Unit. Please ask if you need any. You can also speak to your GP/Community Nurse about obtaining dressings

- If your catheter is in the neck, it is difficult to wash your hair yourself and keep the dressing dry. You may need to ask a family member to help you, or use it as an excuse to visit the hairdressers!
- Shaving can also be difficult. Again, you may have to ask a family member to help you or use an electric razor.

If you have any pain or discomfort around your exit site, please inform the nurses when you come for your dialysis treatment. If you have any problems with your catheter on a non-dialysis day, either ring the unit 01223 274610/274615 or Ward C5 01223 217195.

This document is also available in other languages, large print and audio format upon request – 01223 216032 or patient.information@addenbrookes.nhs.uk

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。
Cantonese

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.
Gujarati

A richiesta questo documento è anche disponibile in altre lingue, a caratteri grandi e in formato audio.
Italian

ئەم بەلگەییە ھەرۆھە بە زمانەکانی کە، بە چاچی درشت و بە شریتی تەسجیل دەس دەکەوێت
Kurdish

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔
Urdu



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