

- Redness on the insertion site
- Difficulty moving the arm
- Enlarged veins on the arm, chest or neck

How Will I Look After my Hickman Line?

While you are in the hospital, the nurses looking after you will help you care for your line. They will give you clear instructions on how to look after it. You have the responsibility to keep the line site dry. You must shower every day to make sure that you do not get any infection. The nurses will provide you with a plastic cover to use when showering to protect the line from water.

However, once the stitches are removed, you do not need any dressing to cover the line. The line will not fall out as there is a small cuff holding the line in place under the skin. You also do not need to worry about covering the line when showering. You must make sure though, that you pat it dry after you shower.

The nurses will use gloves, gauze and will clean the tip of the line before using it or attaching anything to the line. If you noticed that this is not followed, please tell the head nurse immediately.

Make sure that the insertion site is cleaned once a week. If you prefer to have a dressing covering the exit site, please have it changed weekly too.

How Will I Look After the Tunneled Line When I Get Home?

In some cases, you may go home with your tunneled line. If this happens, the nurse looking after you or the clinical

nurse specialist will give you clear instructions on what to do. Make sure that you get regular appointments at the day care unit for weekly dressing change and cleaning.

You should be able to resume normal activities like cooking, cleaning, walking or gentle exercises while at home. You are not allowed to go swimming with your line, as this will increase your risks of getting an infection.

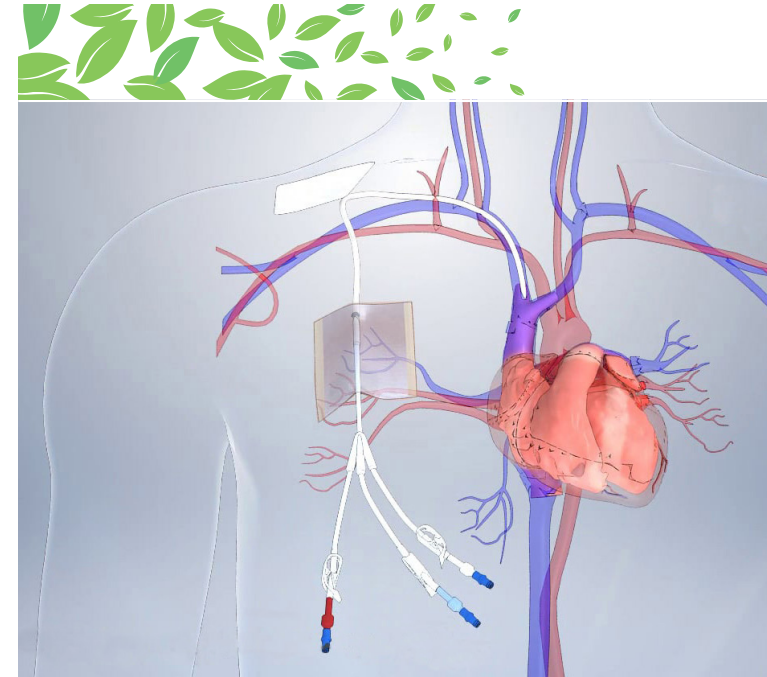
How is the Tunneled Line Removed?

Your doctor will remove your line under local anesthesia. The doctor will make a small cut on the skin to free the cuff holding the line in place. Please keep your dressing dry for at least 24 hours.

Useful Contact Number

Urgent Care: 4439 7277

Tunneled Central Venous Access Device (Hickman Line)



Patients information center contact no: **44397530**

Working hours: **Sunday to Thursday from 7am to 3pm**

Patient and Family Education

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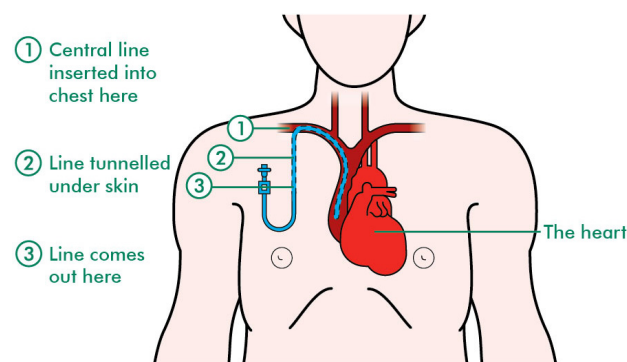
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Tunneled Central Venous Access Device (Hickman Line)

What is a Tunneled Central Venous Access Device/ Line?

A tunneled central venous access device (CVAD) is a long, flexible tube made of silicon placed under the skin on your chest and inserted in one of the big veins on your neck or under your collarbone. You will see one or two tubes, also called lumens, coming out of your chest. See image



below:

A vascular surgeon or a very well trained nurse usually does this procedure. Once it is in the vein, it can stay in for a very long time. Most patients keep the line for months or years, or until the treatment is finished. The tunneled line is also popularly known as the **Hickman line**.

Why Should I Have a Tunneled Line?

A doctor or nurse may recommend you having a tunneled line if you are going to receive medications through the veins for more than a week, or if it is difficult to find your veins. These medications could be fluids, chemotherapy, antibiotics or any other intravenous treatment. Some of these medications, particularly the chemotherapy, are

very strong. They can irritate and damage the veins. This may result to pain, tenderness or redness on the vein. The tunneled line will help prevent these problems and will help protect your veins.

Additionally, you will not feel anything when blood samples are taken from the line.

Are There Any Risks?

Like any other procedure, there are some risks when having your tunneled line put in. You might develop an infection if the line is not properly looked after. There is also a chance that you may experience some bleeding or bruising on the chest and insertion site temporarily. There is also a very small risk that your lung may be punctured accidentally. Your doctor will take all the necessary measures to ensure that these things do not happen to you. They will explain to you the procedure, including the risks. They will also tell you the steps they will take to prevent risks from happening.

What Happens During Insertion?

Tunneled line insertion is a very simple procedure. There is usually nothing to worry about. You will have the line inserted in the operating room. It will be inserted under sterile conditions. This means that the nurse and doctor will wear cap, mask, gown and sterile gloves. This is to make sure that you do not get any infection. Your doctor may also use fluoroscopy or ultrasound machine to reduce any risks.

A local anesthetic is injected on your chest and on your neck where the tunneled line is going to be inserted. This will sting for a few seconds and will make the area numb. You will not feel pain, or the line going in, but you may feel a lot of pressure on the chest and on the insertion

site whilst the doctor is working. The procedure usually takes around 30 minutes.

What Happens After the Procedure?

You will have a chest x-ray to check the location of the tip of the tunneled line. The tip of the line should be within the big vein outside the heart. Your nurse or doctor will review the chest x-ray before using the line. There will also a dressing covering the insertion site on your chest and your neck. You have to keep these dressings dry for at least 24 hours.

You will have two small stitches, one on the neck and another one on the chest. The stitch on the neck can be removed after five days while the stitch on your chest can be removed after three weeks.

You will feel bruised or sore on the chest and neck a few days following the insertion procedure. We can give you some pain medications if you need them.

How Will I Know if Something is Wrong With My Line?

If you experience any of the following, please call your doctor or the hospital on the numbers provided below:

- Fever of 38.0C
- Pain on the arm or chest where the line was inserted
- Swelling on the arm or chest
- Fluid or oozing coming from the insertion site