

Peripherally inserted central catheter (PICC) insertion and care

Information for patients

This booklet explains how a peripherally inserted central catheter (PICC) is put in, the benefits, the risks and the alternatives. If you have any more questions, please do not hesitate to speak to the nurses or doctors caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is a peripherally inserted central catheter (PICC)?

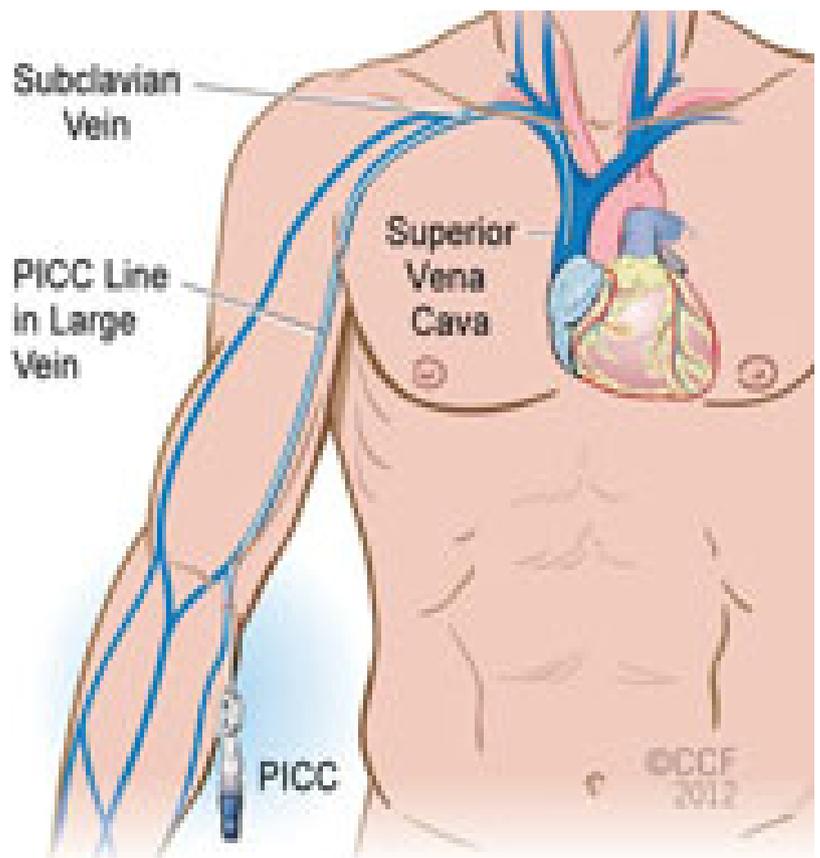
It is a long, thin flexible tube (catheter) which is usually put into one of the veins in your upper arm, just above your elbow.

It is threaded along the vein and into place in a large vein near your heart, guided by ultrasound and electrocardiogram (ECG). You have it put in under local anaesthetic so you will be awake.

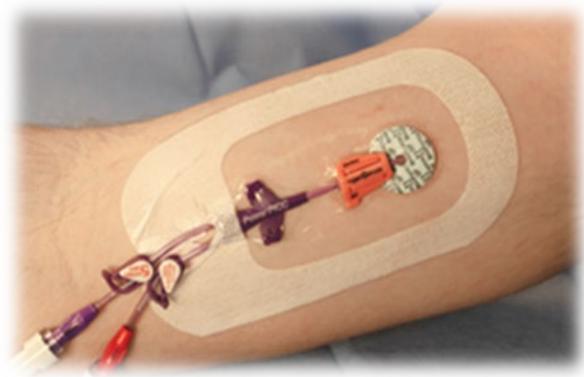
It is held in place in your arm with a skin fixation device such as a StatLock, Grip-Lok or SecurAcath. Please tell us if you are allergic to nickel because this means you cannot be given a SecurAcath.

It will be put in by a specialist nurse from the vascular access team or a doctor. They will discuss with you which side you would prefer to have the PICC put in. This will also depend on your current condition and your medical history, such as whether you have had breast surgery or nodes removed/cleared on one side, or if you have a pacemaker.

You can go home with the PICC and it can be left in place for weeks or months until you have finished your treatment. If you are going to be cared for by the Community Nurses, you will be given a PICC Passport with information about your PICC.



PICC with Griplok securement device



CC with SecurAcath securement device

Why do I need a PICC?

Based on your assessment your doctor or nurse has decided that a PICC is the most appropriate device for you. It will be used to:

- give a variety of long-term intravenous (IV) therapies such as chemotherapy
- give therapies that can only be given directly into a central vein
- take blood samples.

What are the benefits of having a PICC?

Some therapies such as chemotherapy can cause discomfort, pain and damage to your veins, so having a PICC will reduce irritation.

It also means:

- you do not need to keep having needles put in every time you have treatment or we take blood
- you can be given your medication safely and reliably direct into your bloodstream
- you will not have to stay in hospital so long.

What are the risks of having a PICC?

Although there are usually no problems when putting in a PICC, during the procedure there is a small risk of:

- some discomfort or pain when you are given the local anaesthetic
- blood infection
- accidentally making a hole in an artery which may cause bleeding
- accidentally damaging a nerve which may cause a shooting pain down your arm if the needle touches a nerve
- problems getting into your vein or guiding the PICC into position. If this happens, we will try again with another vein. Rarely, if a second attempt fails, you will be referred to the Radiology department to have the PICC put in guided by x-ray
- some bruising and discomfort at the site after the procedure.

After you have had it put in, there are some other potential complications.

- **Infection:** There is a small risk you might develop an infection while you have a PICC. This can usually be treated with antibiotics but occasionally the PICC needs to be taken out. Symptoms include fever, chills/shivering, soreness, redness and/or pus at the PICC entry site.
- **Blood clot (thrombosis):** This can form in your vein and happens in fewer than 3 in 100 who have a PICC and are having chemotherapy. If this happens we may give you medication to clear it and you may be able to keep the PICC. Symptoms include swelling, discomfort and/or pain in the affected arm and/or neck, or fluid oozing from the PICC entry site.
- **Vein inflammation/irritation (phlebitis):** If you have any of the following symptoms, keep using your arm and tell us: discomfort, pain and/or redness at the PICC entry site and along the arm.
- **PICC moves out of place (migration):** This can happen when your dressing is changed or if your PICC is accidentally pulled. This is less likely to happen if you have a SecurAcath holding the PICC in place in your arm. You will have an x-ray to check if the PICC has moved. If it has, we will put in a new one.

- Occlusion (blockage): This can happen for several reasons. The most common is blood in the line because the line has not been properly flushed through after use. The PICC can also be clamped, kinked or in the wrong position. Your nurse will unblock your PICC.
- Heart palpitations: This is a fluttering feeling in the chest or a pounding heart. You can have these when you first have your PICC put in or later on and it may mean that it is not in the right position. Palpitations are unlikely to cause you any harm, but please let us know if you have them so we can find out why and stop them. We will usually pull the PICC out by a centimetre or two to help stop the palpitations. This procedure will not hurt.
- Reaction to dressing: If you have an allergy or sensitivity to the regular dressing we will use a different one.

Are there any alternatives?

Your doctor or nurse have decided that a PICC is the most appropriate device for you, but there are other options such as a Hickman Line or an implanted port (Portacath). Please discuss these with them.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Can I eat and drink before the procedure?

Yes, you can eat and drink as normal before having your PICC put in. If you are on any blood thinning medication such as aspirin, please let your doctor or nurse know. You may be asked not to take it the day before your procedure.

How is the PICC put in?

Before the procedure we will make sure you are made comfortable on a bed with your arm outstretched and supported.

We will clean your arm using antiseptic to ensure the area where the PICC is being put in is sterile. We will then inject local anaesthetic into your arm. This may sting a little as it goes in. After this, the area will be numb and you should feel only pressure, not pain. If you do feel any discomfort during the procedure, tell us so we can give you more anaesthetic.

We will then make a small cut in the skin in your arm; this is the 'insertion site'. The PICC is then gently threaded into and along the vein into place near the heart. When it is in place, we will put on a skin fixation device and dressing, to keep the PICC in place in your arm.

How will my PICC be cared for?

Our nurses will care for your PICC. If you have a gauze and transparent semi permeable membrane (TSM) dressing, you will need to have it changed 24 hours after the procedure. All other types of dressing are changed once a week.

If you are having your treatment in the Chemotherapy/Haematology Units, the nurses will care for your PICC. If you are treated in the community, the District Nurses will care for your PICC.

You must keep your dressing dry, so you will not be able to swim and you must also protect it while having a shower or bath. You must also keep it clean. Your nurse will discuss your dressing with you, including how to keep it dry.

If it gets wet, lose or soiled, you must have your dressing changed by the nurse caring for you.

Who will take out my PICC when my therapy is over?

An appointment will be made for you to have your PICC taken out by a nurse either in clinic or in one of our outpatient departments.

Who can I contact with queries and concerns?

If you have any queries or concerns, please contact The IV Team:
Princess Royal University Hospital: **01689864231**, 8am – 5pm, Monday to Friday
King's College Hospital: **020 3299 9000** ext: **37709**, 9am – 5pm, Monday to Friday
Chartwell Treatment Suite: **01689 863154/5**, 9am – 5pm, Monday to Friday

Tell us what you think

We value your thoughts and comments, as these will help us to improve the care we provide to you and the service for the future. We may ask you to provide feedback by way of a customer satisfaction survey after your procedure.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:
Tel: 020 3299 3601 Email: kch-tr.pals@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington,
Kent BR6 8ND

Tel: 01689 863252 Email: kch-tr.palskent@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.