

# **Femoral lines for red cell exchange and stem cell collection**

## **Information for patients**

The leaflet aims to answer some of the common questions you may have about having a femoral line. It is not intended to be exhaustive but explains what can be expected before, during and after the procedure. If you would like further information, or have any worries, please do not hesitate to ask your nurse or doctor.

### **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 femoral line?

A femoral line is a flexible tube that is put into a large vein in your groin. It can be used for:

- delivering fluids or medicine into your bloodstream
- red cell exchange
- stem cell collection

A femoral line used for red cell exchange and collecting stem cells has two 'lumens' or ports – one for withdrawing blood and the other one for returning blood.

A femoral line is only suitable for short-term use. Specialist nurses from the apheresis team will carry out your red cell exchange or stem cell collection. When the treatment is finished, the line will be removed.

## What are the benefits of having a femoral line?

A femoral line is useful for a red cell exchange and for stem cell collection if the veins in your arms are difficult to access.

If you are not sure why you are being offered a femoral line, please speak to one of the apheresis nurses.

## How can I prepare for my line appointment?

The apheresis team will arrange for you to have any blood tests you may need before the femoral line is inserted.

On the day of your appointment please wear elasticated underwear, such as briefs rather than boxer shorts. If possible, try to drink plenty of fluids before you come for your appointment. This makes your veins easier to access.

If you take tablets or injections to thin your blood, these may need to be stopped for a short time. This is to prevent any bleeding during the femoral line insertion. If you are an outpatient, you should discuss this with the doctor who prescribes your blood-thinning medicine. One of the specialist apheresis nurses will also talk through the plan with you.

If you have ever had an infection called MRSA, please let your doctor or nurse know. You may need to have a nose swab to see if the infection is still present before your femoral line can be put in.

### Consent

We must by law obtain your consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to give consent to a procedure. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

## How is the line inserted?

One of the vascular access specialist nurses will usually insert your line. To reduce the risk of infection, the nurse will wear a surgical gown with a hat and mask.

We will ask you to put on a hospital gown and remove the clothing on your lower half. You may have to take off your underwear.

The nurse will find a vein in your groin using ultrasound and inject local anaesthetic into the skin to numb it. This will cause some temporary discomfort which will wear off within a few seconds. Once the skin is numb the line insertion is usually pain-free, although you may feel a pushing sensation at times.

The nurse will put a dressing over the insertion site to hold the line securely in place. We may have to use stitches to secure the line to your skin in the case of stem cell collection.

It usually takes about 20 minutes to insert the line.

## Are there any risks of having a femoral line?

Most femoral line insertions go smoothly. There is a small risk of puncturing an artery in your groin which could cause bruising or air entering your bloodstream.

These complications can be serious, but we take every precaution to prevent them, and they are very unlikely to happen.

## Things to look out for after the line has been removed

**Bleeding:** After the line is removed there could be some bleeding from the groin. We can usually prevent this by pressing on the site and by checking for bleeding before you leave.

However, on rare occasions, bleeding can start again sometime later. As the femoral vein is large, there may seem to be a lot of blood. If this happens, please press on the site until the bleeding stops and lie down if possible.

If you are an inpatient, call for assistance. If you are an outpatient, please return to the Apheresis Unit as soon as you are sure the bleeding has stopped to have your dressing changed.

**Infection:** Femoral lines used for red cell exchanges usually only stay in for a few hours. This means that they are very unlikely to become infected.

If you notice any of the symptoms listed below, either while the line is in or after it has been removed, tell your doctor or nurse straight away:

- a high temperature (over 38°C)
- feeling shivery
- any pain or swelling.

## Who to contact with concerns

If you were an inpatient when your femoral line was inserted, please call the relevant ward:

|                      |                      |
|----------------------|----------------------|
| Elf and Libra Ward   | <b>020 3299 5381</b> |
| Davidson Ward        | <b>020 3299 4336</b> |
| Derek Mitchell Unit  | <b>020 3299 3611</b> |
| Waddington Ward      | <b>020 3299 4551</b> |
| Matthew Whiting Ward | <b>020 3299 1079</b> |

If you were an outpatient when your femoral line was inserted, please call the Apheresis Unit:

Apheresis Unit **020 3299 2051 or 020 3299 0558**

## **MyChart**

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email [kings.mychart@nhs.net](mailto:kings.mychart@nhs.net). Visit [www.kch.nhs.uk/mychart](http://www.kch.nhs.uk/mychart) to find out more.

## **Sharing your information**

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit [www.kch.nhs.uk](http://www.kch.nhs.uk).

## **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **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. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: [kings.pals@nhs.net](mailto:kings.pals@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email [kings.access@nhs.net](mailto:kings.access@nhs.net)**