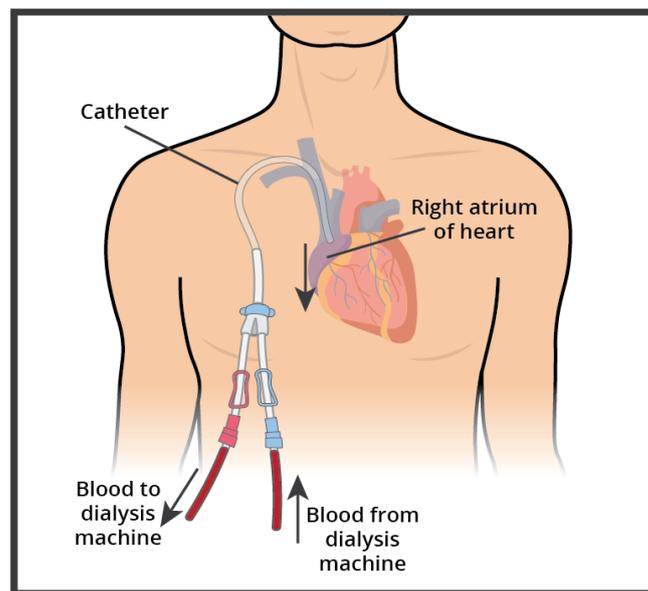


Information for Patients

Central Venous Catheter (Haemodialysis Catheter)



Going Home with a Haemodialysis Catheter? Important facts you must know.

Haemodialysis Treatment

In order to have regular haemodialysis treatment, dialysis staff require access to your bloodstream. This is known as 'Vascular Access', and will require a surgical or specialised procedure.

The three most common types of vascular access;

- Arterio Venous Fistula (AVF) – Usually referred to as your Fistula
- Arterio Venous Graft (AVG) – Usually referred to as your Graft
- Central Venous Catheter (CVC) - Usually referred to as your 'Line'

The Central Venous Catheter (CVC)

The CVC is a soft flexible man made tube that is placed into a large vein, most usually in your chest. Occasionally it may be placed in a vein in the neck or groin. The CVC has two openings known as 'lumens' or 'ports'. During haemodialysis, the lumens are connected to the haemodialysis machine; one lumen takes blood from your body to be cleaned, and the cleaned blood returns to your body through the other lumen. The point where the catheter goes through the skin is called the 'exit site'

A CVC can be used while you are waiting for surgery for AVF or AVG formation or repair, it can also be used as a permanent method of vascular access if for some reason an AVF or AVG cannot be made.

There are two different types of CVC, tunnelled and non-tunnelled.

Tunnelled CVC

Tunnelled CVC's are inserted under X-Ray in theatre, can be used long term, usually located in the chest. The CVC is held in place by stitches to the skin, the stitches may be removed once the catheter is firmly in place, depending on your Renal Units policy.



Non Tunnelled CVC

Non Tunnelled CVC's are used short term and are usually located in your neck. If you have a non-tunnelled line, the stitches will need to remain in place for as long as you have the CVC.

Important Information about your CVC

- Keep the dressing in place at all times. This will be changed by the Dialysis Nurses, frequency depending on your Renal Units policy.
- During dressing changes and when CVC is being connected/disconnected, avoid breathing or coughing over your CVC to reduce the risk of germs entering the bloodstream.
- Avoid sharp objects near your CVC – shaving around the CVC if required can be done with extreme caution by the Dialysis Nurse. The Dialysis Nurse will *never* use scissors near your CVC.
- Avoid getting the dressing wet (avoid deep baths/swimming). Take care to keep it dry even when showering. Your hair should be washed over a sink to avoid getting the dressing wet (Showering: please follow local policy).
- Never open the clamps or remove the end caps from the lumens. These prevent air and germs from entering the blood stream
- Avoid pulling on the catheter
- Sometimes CVC's can become blocked, and will need medication inserted into the lumen to unblock it
- At the end of each haemodialysis, a substance which will prevent infection and clotting is inserted by the dialysis nurse into the CVC lumen, this is called a 'line lock'
- Only specially trained dialysis staff should do anything with your CVC except in an emergency. If you are admitted to Accident and Emergency, other medical staff may need to use the CVC to get blood samples or give medication, but they must be aware that there is a line lock in the lumen that needs to be removed before this can be done.

Seek urgent medical advice should the following occur

- **CVC falls out**
In the unlikely event that this occurs, you should immediately apply pressure to the site to stop any bleeding. Contact your dialysis unit or Renal Ward for advice. If unable to control bleeding, must be treated as an emergency by dialling 999
- **CVC dislodges, but does not fall out completely**
Immediately contact your Renal Unit or Renal Ward. You will need to come to the department to have this rectified. NEVER attempt to push the CVC back in as this could introduce infection or go into the wrong blood vessel.
- **Bleeding from around exit site**
Apply pressure to exit site, and contact Renal Unit for advice. If unable to control bleeding, must be treated as an emergency by dialling 999
- **CVC caps fall off or clamps break/tubing becomes cut/punctured between the clamp and the skin**
Immediately contact your Renal Unit or Renal Ward for advice. In the unlikely event that caps come off and clamps break at the same time, or if the tubing becomes cut or punctured between the clamp and the skin, to prevent air from entering the bloodstream, nip the tubing between the broken clamp or punctured/cut tubing and the skin. This must be treated as an emergency by dialling 999. You must lie on your left hand side with your feet up and head down until help arrives. This helps to prevent damage caused by air entering the bloodstream.
- **Infection**
Fever, chills, sweats, painful, red or swollen exit site, generally unwell, discharge from exit site - this could indicate an infection and must be treated urgently, you may need intravenous antibiotics. Contact your Renal Unit/ Renal Ward/NHS24 urgently.
- **The dressing becomes wet or displaced, exposing the exit site**
Phone your Renal Unit/Renal Ward for advice. You may be advised to attend to have your CVC redressed to prevent infection

CVC Removal

Once no longer required, your CVC will be removed. This is usually performed in the Renal Unit or Renal Ward by specially trained staff. This takes around 30minutes and can be done as an outpatient with the minimum of discomfort.



Contact Details

Renal Unit.....

Renal Ward.....

NHS 24.....111.....

Emergency.....999.....

Insert Your GP phone number here.....

**If in doubt always call your Renal Unit
or Renal Ward for advice**