The ROYAL MARSDEN
NHS Foundation Trust

Having a skin-tunnelled catheter

Children's Unit

Patient Information

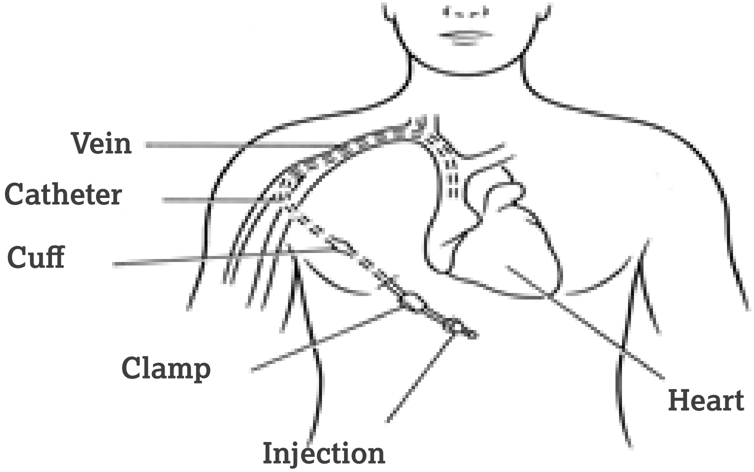
Introduction

The doctors have suggested that your child has a skin-tunnelled catheter (occasionally referred to as a Hickman line) put in to receive their treatment. This leaflet accompanies a care kit and will help you and your child understand how to care for their skin-tunnelled catheter and explains some of the problems that may occur.

What is a skin-tunnelled catheter?

A skin-tunnelled catheter is a flexible plastic tube that has two or three channels depending on how complicated the treatment is likely to be. Having a skin-tunnelled catheter allows long term access into the blood stream and can reduce the number of needle pricks needed during treatment. A skin-tunnelled catheter may be used for taking blood and giving some IV medicines (intravenous, meaning into a vein) and blood products, which your child may need during treatment.

A skin-tunnelled catheter



What preparation will my child need?

A nurse and/or a play specialist will tell you and your child about their skin-tunnelled catheter and show you how it works. A surgeon puts in the skin-tunnelled catheter while your child is asleep, under a general anaesthetic. This procedure takes about an hour.

How is the skin-tunnelled catheter put in?

The skin-tunnelled catheter is put in through the skin of your child's chest. It is moved up to their neck where we make a small cut so we can put it into a vein leading to the heart. The surgeon will give your child painkillers during their operation, so they should not feel any pain afterwards. If your child has any pain in the next few days, please tell your hospital doctor.

There is a cuff (thickening) along the catheter, which can be felt as a bump under the skin near where the catheter goes into your body. The cuff helps to keep the line in place. It can take up to eight weeks for the tissue to heal around the cuff. You and your child will need to take great care during this time to make sure the catheter is not pulled. A stitch will be placed around the catheter as an extra safety measure. If the stitch is not causing any problems it will be left in place, but if there are any signs of irritation (feels itchy) or infection we can remove it. The stitch may fall out on its own and will need replacing if it happens too soon.

What happens afterwards?

Your child will have clear dressings over the skin where the catheter goes into their chest and neck. The dressing on their neck can be removed after about seven days. The dressing on their chest will need to be changed every week or sooner if it becomes dirty, wet underneath or is falling off. If your child feels sore after the operation, the nurses will give them some more painkillers.

It is possible that after the skin-tunnelled catheter is put in, your child may get some bruising or oozing where it goes in to their chest or neck. This should go away over the following few days. However, ask for advice from your shared care centre if:

- The bruising gets worse
- There is any bleeding from the chest or neck wounds
- The oozing looks infected (pus or smelly)
- Your child has a temperature higher than 38^0C

Problems that may happen with your child's skin-tunnelled catheter

- The biggest risk is infection, which needs treatment straight away. Infections can be treated with antibiotics. If the antibiotics do not work, the catheter may need to be removed.
- The catheter can get a hole or tear, although this is rare. If it happens, clamp the catheter above the hole on the side nearest to your child's body with the clamp provided in your kit. Contact your shared care hospital as they may be able to repair the catheter.
- Your child will have a tube hanging from their chest, which will be secured with a dressing. This tube can be tucked inside a vest or bag. Although it is very rare, if their catheter is left unsecured or it is pulled, it can move out of place or come out. If this happens, use the gauze provided in your kit and press firmly on the wound on your child's chest, and the scar on their neck, for five minutes. Then contact your shared care hospital.
- The catheter can become blocked but it is possible to unblock it with medication.
- Your child will not be able to go swimming due to the increased chance of their catheter becoming infected from the pool water.
- Your child will not be able to play rough sports such as rugby because of the danger of their catheter being knocked, pulled or torn.

Caring for your child's skin-tunnelled catheter

Your community nurse will visit each week to care for your child's skin-tunnelled catheter while you are at home. Any problems that happen outside their working hours may be dealt with by your shared care hospital.

- Most bugs that cause skin-tunnelled catheter infections live naturally on the skin. Therefore, the catheter and the skin around it need to be cleaned with a special liquid (chlorhexadine) at least once a week to stop any germs from causing an infection. Your child's dressing will also be changed at this time.
- A see-through dressing (Opsite IV3000) is used to cover the place where the catheter goes in. Opsite IV3000 is waterproof so it can be kept on in the shower. If your child prefers baths, then have a shallow bath. Do not let the catheter go under the water, as there is a risk of infection from bath water.
- If their skin becomes red and/or sore with Opsite IV3000, Cavilon can be applied before the dressing or the dressing changed to Tegaderm IV.
- A safety loop of the catheter under the dressing will help to stop it from being pulled out.
- The catheter should be flushed every week (with saline and heparin 10 units/ml) to stop it from getting blocked. A nurse will do this in hospital or at home.
- When not in use, ensure the catheter is always clamped over the thick area of the tube.
- The bungs (caps on the ends of the catheter) should be changed once a week, as these can be another source of infection.

Complications that may require hospitalisation

During this procedure, the catheter (see diagram on page 1) is inserted into a large vein in the chest. This can create a puncture that causes air or fluid to collect in the cavity between the lungs and the chest. This will cause pain and difficulty when breathing.

If this is suspected, your child will be prepared to go to an intensive care unit outside of The Royal Marsden, and a drain will be inserted into their chest to immediately relieve the air or fluid and symptoms.

It is important to remember complications are extremely rare and they will be fully discussed with you during the consent process. If you have any further questions before or after the surgery, please feel free to ask the medical or nursing teams.

For more detailed information, please see The Royal Marsden booklet *Central Venous Access Devices*.

Contact details

If you have any questions please contact:

Your community nurse ……………………………………

Tel:………………………………

Shared care centre……………………………………..

Tel:………………………………

Children's Unit at The Royal Marsden

Tel: 020 8661 3602

Notes and questions

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The Royal Marsden Cancer Charity

The patient information service is generously supported by The Royal Marsden Charity.

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Registered Charity No.1095197

Reviewed February 2019. Planned review February 2022

CU-0115-05

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