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Short Term Central Venous Lines (28 days or less)



Short Term Central Venous Lines

INTRODUCTION

This information is about central venous lines. We hope that it will answer any questions that you may have. If you have any further questions please ask your doctor or nurse.

THE FOLLOWING INFORMATION IS INCLUDED:

- Short term central lines
- What they are used for
- How a short term central line is put in
- What stops the short term central line from falling out?
- Care of your short term central line
- Possible problems
- How the central line is removed

SHORT TERM CENTRAL LINES

A short term central line is a long, hollow tube made from polyurethane. A line is placed into the large veins so that fluid and various drugs can be given simultaneously. This line is called a central line and is usually sited on the side of the neck.

The space in the middle of the tube is called the lumen. Sometimes the tube has one, two or three lumens. At the end of the tube outside the body each lumen has a special bung to which a drip line or syringe can be attached. There is also a clamp to keep the tube closed when it is not being used.

Further Information

We endeavor to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Clinical Nurse Lead, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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FURTHER INFORMATION

If you require further information please do not hesitate to contact the doctor in charge of your case, your named nurse or a member of the Infection Control Team.

The Infection Control Team can be contacted on **01932 722128 / 723052**.

WHAT THEY ARE USED FOR

A short term central line can be used to give you treatments such as antibiotics and intravenous fluids. It can also be used to take samples of your blood for testing. Central lines can also be used to give liquid food into the vein if your digestive system is not able to cope with food for any reason.

This makes it possible for you to have your treatment without having to have needles frequently put into your veins. This may be very helpful if doctors and nurses find it difficult to get needles into your veins.

HOW A SHORT TERM CENTRAL LINE IS PUT IN

Your central line will be put in by a doctor. Although a short term central line is usually put in under a local anaesthetic, a general anaesthetic is sometimes used.

Your neck will be checked for a suitable vein using a small ultrasound machine. The area where the line is to be inserted is cleaned with an antiseptic solution. A local anaesthetic is used to numb the area. You shouldn't feel any pain when the tube is being put in, but you may feel a bit sore for a few days afterwards as the line is stitched into the neck. You will have a chest x-ray to make sure that the tube is put in the right place.

When the tube has been put in you will have dressings covering the insertion site. If there is any pain or discomfort a mild painkiller such as paracetamol will help to ease this.

WHAT STOPS THE SHORT TERM CENTRAL LINE FALLING OUT?

A stitch will be placed to hold the line in place and a clear dressing placed on the insertion site.

CARE OF YOUR SHORT TERM CENTRAL LINE

When the central line is not being used there is a small risk that it may become blocked. To stop this happening a small amount of fluid is 'flushed' into the line using a syringe. The bungs at the end of each lumen will be changed every week. The insertion site will also need to be cleaned once a week to reduce the risk of infection. If you have a dressing on the site it will need to be changed once a week or before if the dressing is leaking.

POSSIBLE PROBLEMS

Your nurse will check and document each shift the condition of your central line, monitoring for the following:

Infection

It is possible for an infection to develop either inside the short term central line or around the insertion site. You should inform your doctor or nurse if:

- the insertion site becomes red or swollen or painful;
- you notice discoloured fluid coming from it;
- you develop a temperature.

You might be given antibiotics, but if these do not clear the infection from the line it may have to be removed.

Blood clots

It is possible for a blood clot (thrombosis) to form in your vein at the tip of the line. If a clot does form, then the doctor will assess whether the central line needs to be re-sited.

Signs of a blood clot around the short term central line include swelling, redness and/or tenderness in the arm, chest area or up into the neck (on the same side as the central line). You should also inform your doctor or nurse immediately if you develop any shortness of breath or tightness in your chest.

Air in the central line

No air must be allowed to get into your short term central line. The clamps should always be closed when the line is not in use.

HOW THE CENTRAL LINE IS REMOVED

When you no longer need the short term central line it will be taken out. A doctor or nurse will do this for you. You will not need to have a general anaesthetic when the central line (catheter) is removed.

You will be asked to lie on a bed. The insertion site is cleaned with antiseptic prior to removal.

A dressing will be put over the insertion site and you will be asked to remain lying down (for about 10 minutes) until it is certain that there is no bleeding. You will also be asked to undertake a breathing manoeuvre which the nurse will explain.