Hickman Line Insertion

Interventional Radiology

This leaflet provides information about the procedure, what to expect on the day, the potential risks and important information for afterwards.

Prior to the procedure, you will have a telephone consultation, where you will have the opportunity to ask further questions.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you or with the doctor who will be performing the procedure.

What is Hickman line?

A Hickman line is a long-term central venous catheter (a thin, flexible tube) that is inserted into a large vein, usually in the chest or neck. The line is tunnelled under the skin and sits in a large vein close to the heart.

Hickman lines are used to give medications, chemotherapy, fluids, blood products, and parenteral nutrition, and to take blood samples. They are designed to remain in place for weeks to months.

Why do I need a Hickman line?

You may need a Hickman line if you require:

- Long-term intravenous treatment
- Chemotherapy
- Frequent blood tests
- Intravenous antibiotics
- Total parenteral nutrition (TPN)
- Reduced need for repeated needle insertions

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How do I prepare for a PAE?

You will have a pre-assessment telephone consultation with a nurse before your admission and may be asked to have blood tests before the procedure.

You should stop eating 6 hours prior the procedure, however you can drink 1 cup of clear water per hour until the procedure starts.

As it's a day case procedure, you need to arrange for an adult to collect you from the department and someone to stay overnight with you.

The procedure will take place in the Interventional Radiology (IR), within the Radiology Department at St. Peter's Hospital. When you arrive, you will be given a hospital gown to change into, and a nurse will insert an IV cannula.

The doctor will discuss the procedure with you; answer any questions you may have and ask you to sign a consent form if you are happy to proceed.

The procedure will likely be performed under local anaesthetic. Intravenous pain relief and light sedation may also be given, to ensure you are as comfortable as possible.

If you are feeling unwell closer to the day of the procedure, please let the team know.

How is a Hickman line performed?

You will lie comfortably on the X-ray table. Ultrasound is used to locate a suitable vein, usually in the neck or upper chest.

The skin is cleaned and numbed with local anaesthetic. A small incision is made, and the line is tunnelled under the skin before being inserted into the vein. X-ray imaging is used to confirm the correct position of the line tip.

The line is secured with stitches and covered with a sterile dressing. The procedure usually takes 30–60 minutes.

What are the potential risks / complications of a Hickman line?

Hickman line insertion is a common and generally safe procedure. However, as with all medical procedures, there are some risks and potential complications:

- **Pain discomfort** - Mild to moderate pain or tenderness at the insertion or tunnel site is common in the first few days (up to 30-40%). This usually improves with simple pain relief.
- **Bleeding** - Minor bleeding can occur in up to 5% of cases and usually settles without treatment. Significant bleeding is rare (<1%).
- **Infection** - at the insertion site or in the bloodstream occurs in around 1-3% of patients. Good line care reduces this risk.
- **Line blockage or clot (thrombosis)** - The line may become blocked, or a blood clot may form in the vein in up to 5% of patients. This may require treatment or line replacement.
- **Line displacement or damage** - Accidental movement or damage to the line can occur in up to 5% of cases and may require repositioning or replacement.
- **Pneumothorax (collapsed lung)** - This is rare (<1%) and is more likely when the line is inserted via the neck or chest. It may require observation or treatment if it occurs.
- **Air embolism** - This is very rare (<0.1%) but is a recognised complication.

What happens afterwards?

After the procedure, you will be monitored for a short period.

- The line can usually be used immediately, depending on clinical need.
- You will be given instructions on how to care for the line, including keeping the dressing clean and dry.
- Community nurses or hospital teams will support ongoing line care.
- You can usually go home the same day.

Seek urgent medical advice if you experience:

- Fever or chills
- Redness, swelling, or discharge around the line
- Pain or swelling in the neck, chest, or arm
- Difficulty flushing the line or leakage

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, 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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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

You can use Text Relay to turn telephone communications into text. Use the Relay UK app on your phone, tablet or PC. You can also use Relay UK via Minicom or Uniphone.

اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

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اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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