

## Vascular line insertion

You have been given this leaflet as the medical or surgical team you are under, after consulting with you have referred you to the Vascular Access Team (VAT) to have a vascular line fitted, which will be a Peripherally Inserted Central Catheter (PICC) or Midline placed in the upper arm, which is a long flexible hollow tube between 20 and 60cm long. The reason for this can include difficult venous access, chemotherapy, strong antibiotics, and medications, intravenous feeding Total Parenteral Nutrition (TPN) and Outpatient Antimicrobial Therapy (OPAT)/Intravenous therapy at home. The type of therapy and duration dictate the type of line required.

### What happens next?

When the Vascular Access Team (VAT) receives your referral, we will speak to your team about your treatment plan. Together, we will decide the most appropriate type of line to put into one of your veins, for you and your therapy at that time.

The VAT will then see you to explain the procedure, all the positive aspects and potential risks of having a line placed, we will also explain post insertion care and answer questions you may have.

We will then give you time to decide whether or not to go ahead. We will ask you to sign a consent form to confirm you agree with the treatment plan set out. If you are unable to sign, we can accept a verbal consent agreed by your team. After consent is gained a time and date will be set for your line insertion.

### The procedure

Your line will be placed in a designated room or at your bedside, if attending as an outpatient we ask you wash before attending, wear clean loose fitting clothes which allow access to your upper arm, we also advise you not to drive for a few hours after the line is placed. You need to be able to hold your arm out at 90 degrees whilst lying on a bed for a short while and be able to rotate your head slightly when asked. Your arm will be cleaned, and drapes placed over your arm to keep the area clean during line placement.

A small needle is then placed into a vein above your elbow, local anaesthetic is then used to numb the area prior to enlarging the vein. The line is then fed into the vein in your arm until the tip sits in a large vein just above the top of your heart.

The procedure takes about an hour. Confirmation of the line position is usually done using ECG heart monitoring, however on occasion a chest X-Ray is needed.

Problems may include potential infection, slight inflammation of the vein (phlebitis) and deep vein thrombosis (DVT). The insertion site may bleed slightly post operatively but this is normal.

If we cannot place a line in one of your veins for whatever reason, we would then refer you to Interventional Radiology department where they can place lines using intravenous contrast and x-rays.

### Aftercare

Once your line is in place and its position is confirmed your treatment can commence right away. If you are going home, you will be given an information booklet to keep which has information for you and the health care professionals that will be delivering your treatment and changing your dressings whilst in the community.

### Line removal

At the end of your treatment your line will usually be removed by one of your team or us. This is a simple painless procedure, and you are asked to wear a dressing covering the line exit site for a few days.

This information has been designed to inform you of the potential procedure and give you time to think of any questions you may have for the Vascular Access Team, which will allow you make an informed decision with all the facts before you.

If you have any questions regarding the vascular line insertion after we have visited, please contact the Vascular Access Team by asking the ward staff to contact us.

Tel: 0300 131 4500 and ask an operator to put you through to either Conquest Hospital or Eastbourne District General Hospital  
Or alternatively  
Email: [ivteam.conquest@nhs.net](mailto:ivteam.conquest@nhs.net)  
Email: [ivteam.eastbourne@nhs.net](mailto:ivteam.eastbourne@nhs.net)

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

Information video - <https://youtu.be/UKnvJv5UjZs?feature=shared>

The following clinicians have been consulted and agreed this patient information:  
Graham Howard, Lead Nurse Vascular Access Team East Sussex NHS Trust

The Clinical Specialty/Unit that have agreed this patient information leaflet: Vascular Access Team across sites

Next review date: March 2027  
Responsible clinician/author: Graham Howard Vascular Access Lead Nurse

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