

Interventional Peripherally Inserted Central Catheter (PICC)

Your doctor would like you to have a Peripherally Inserted Central Catheter and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

Eastbourne DGH Appointments: 01323 414917
Conquest Hospital Appointments: 0300 131 4500 ext. 147422

What is a Peripherally Inserted Central Catheter (PICC)?

A PICC line (peripherally inserted central catheter) is a long, thin, flexible tube called a catheter. It's put into one of the large veins of the arm, above the bend of the elbow. Then it is threaded into the vein until the tip is in a large vein just above the heart. It can be used to give medications such as antibiotics or chemotherapy, and can be used to take samples of your blood for testing.

The PICC will generally be inserted in the opposite side from your dominant hand. Sometimes this will not be possible but you should discuss your preference with the radiologist.

If you have a PICC line, you won't need to have needles put in every time you have treatment. This can be helpful if doctors and nurses find it difficult to get needles into your veins. It's also helpful if you don't like needles.

Who will be doing the PICC?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the x-ray department. This is similar to an operating theatre into which specialised x-ray equipment has been installed.

How do I prepare for a PICC?

Insertion of an PICC line is usually carried out as a day case procedure under local anaesthetic.

- For morning admissions, please do not eat or drink anything from midnight – you can drink water for up to two hours before the procedure.
- For afternoon admissions, you may eat a light breakfast but please do not eat anything after 6am – you can drink water for up to two hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

If you have any allergies, you must let your doctor know. You must also tell your doctor if you have previously had a reaction to intravenous contrast medium, the dye used for certain x-rays and CT scanning.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

What actually happens during a PICC?

Before the procedure, the interventional radiologist will explain the procedure and related risks and ask you to sign a consent form. Please feel free to ask any questions that you may have, and remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative or painkillers should this be necessary. Once in place, this will not cause any pain.

You will be asked to lie on the X-ray table, generally flat on your back with your arm out to the side.

You will also have leads attached to your chest to monitor your heart, a blood pressure cuff on your arm and a clip on a finger to record the oxygen levels in your blood. Oxygen may be given through a small tube in your nose.

The radiologist will wear a theatre gown and operating gloves. The skin near the point of insertion in the upper arm, will be cleaned with antiseptic and then most of the rest of your body covered with a theatre towel.

A tourniquet will be placed around your arm and the radiologist will use ultrasound to identify a suitable vein in the upper arm. The skin and deeper tissues over the vein will be numbed with local anaesthetic. A needle followed by a wire will be inserted into the vein and guided using x-ray imaging to the correct position. The PICC line will then be cut to the correct length for you and inserted over the wire, which is then removed. A final X-ray will confirm the line is in the correct position. A dressing is then placed on your arm to secure the PICC in place.

What are the potential risks?

PICC line insertion is a safe medical procedure, but there is always a small risk of complication.

- It is normal to have some pain at the site where the needle is inserted into the vein once the local anaesthetic has worn off. This should not require any treatment but you may take over the counter painkillers to help with the pain.
- There is a small risk that an infection may occur around the line. This can usually be treated with antibiotics but occasionally requires the line to be removed and replaced.
- There are a number of complications that may occur after weeks to months following insertion. Venous thrombosis (blockage of the vein with clot) occurs in approximately 0.5-1% of cases. If your arm becomes swollen, you should contact your doctor as soon as possible.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb. After this, the procedure should not be painful.

There will be a nurse, or another member of clinical staff, in the interventional suite and looking after you.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. As a guide, expect to be in the x-ray department for about an hour altogether.

What happens afterwards?

Nurses in the radiology department will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in the department for an hour and you will be able to go home.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- It is recommended that someone stays with you overnight.
- Continue with your normal medication as prescribed, and pain relief if necessary. If you take anticoagulants, restarting these will be discussed with you before you are discharged.
- The wound should be kept completely dry for the first five days. After this, your nurse can give you waterproof covers to stop the line getting wet

What do I do if I have a problem at home?

If you have severe pain, swelling or are concerned please go to your nearest emergency department.

Sources of information

British Society of Interventional Radiology

Important information

The information in this leaflet 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 – Tel: 0300 131 4500 Ext: 734731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is 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 the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: 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.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Mo Faris, Consultant Interventional Radiologist, ESHT

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Dr Ben Salt, Consultant Interventional Radiologist, ESHT

The directorate group that have agreed this patient information leaflet:

Diagnostics, Anaesthetics and Surgery Division

Next review date: April 2023

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