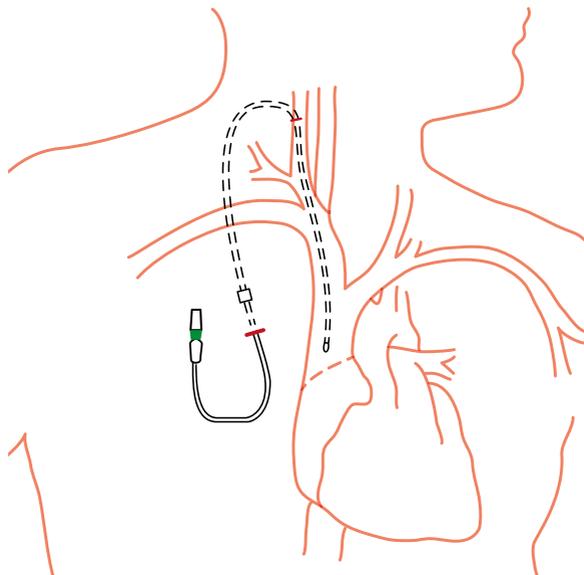


Skin Tunnelled Catheter (STC), also known as 'Central line'

Intravenous Therapy Department

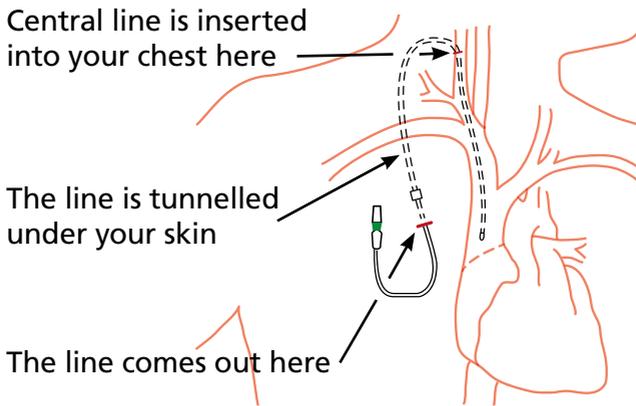


Patient information leaflet

What is a skin tunnelled catheter?

A skin tunnelled catheter (STC) is a long flexible tube inserted into a vein in your neck or upper chest with the tip sitting in a large vein just above your heart. The other end of the tube is threaded or 'tunnelled' under the skin on your chest. The exit site is several centimetres below the insertion site.

The STC is made of silicone or polyurethane and can have either 1 or 2 internal tubes called lumens that defines them as single or dual lumen catheters. The treatment prescribed determines which is used.



Why do I need a STC?

You may need a STC for one of several reasons:

- The treatment that you require can only be given through a central line such as a STC.
- If you are having a course of intravenous treatment, a STC can be used instead of frequently having to have needles placed in your arm.
- If you are having several episodes of treatment and you have veins that are difficult to access, an STC will allow easy access. The STC may also be used for taking blood.
- You may need treatment at home and this can be managed using a STC.

Preparation

Prior to insertion, you will be tested for MRSA in your nose and groin. A blood test may need to be done to check that your blood is able to clot sufficiently. Please tell your hospital medical team before the procedure if you are taking medicine that may alter your blood clotting. Examples of these medicines are:

- Rivaroxaban
- Warfarin
- Aspirin
- Clopidogrel
- Injections to thin your blood

Prior to the procedure it is recommended that you do not eat for 4 hours before and only drink water up to 2 hours before.

Who will put in my STC?

Your STC will be put in by a doctor who specialises in Anaesthetics or Radiology.

As with any procedure there are potential problems, which include an air leak from the lung (pneumothorax), blood in the chest (haemothorax), infection, blood clots or bleeding. It may also prove technically difficult with more than one insertion attempt required. Some catheters can also have problems after insertion when they do not work correctly. If the STC cannot be inserted the doctor will discuss alternative options with you. These may include recommending the insertion of a different type of intravenous device.

How long will it take?

You will be in the X-ray Department for about one hour. It usually takes about 30 minutes to insert the STC. There will be additional time required to prepare you for the procedure and to make sure you are comfortable.

How is my STC put in?

You will be transferred to the X-ray Department for the STC insertion. You may have sedation for this procedure. This means that you will be a little drowsy and have less awareness of what is going on. This will be discussed with you before the procedure.

The nurse will help you to lie on a special bed. You will be connected to monitoring equipment during the procedure, and you may need to wear an oxygen mask. The nurse will be with you throughout the procedure. Your skin will be thoroughly cleaned with an antiseptic solution. Clean drapes will be placed over your neck, and these may cover your face. Local anaesthetic is used to numb the skin where the STC is placed. The doctor uses special catheters to tunnel the STC under your skin. The doctor will use special equipment such as ultrasound and x-ray to help insert your STC and ensure it is in the right place. You will feel the doctor pushing, but should not feel pain. Please let the doctor know if it is painful.

Dressing

A small dressing will be placed over the site in your neck where the STC has been inserted. You can take this off after two days. The STC will be sutured into place on the surface of the skin and a clear dressing placed over the top. This is keep the STC secure. The sutures can come out after three weeks and the District Nurse will be able to do this.

Will it be painful afterwards?

You may have some slight soreness or bruising for a few days where the STC is tunnelled under the skin. Some people find that a mild painkiller will help to ease this.

How does the STC stay in place?

The STC is stitched into place on the surface of the skin, these sutures will need to stay in place for approximately 3 weeks. There is also a small cuff around the tube that is under the skin. This feels like a small bump. The tissue under your skin grows around this cuff and helps to hold the STC in place.

Aftercare

Your STC will need to be flushed with saline and dressed once a week. If you are in hospital, this will be done by the ward nurses. If you go home following the insertion of your STC this may be done by the District Nurse or at one of your outpatient appointments. The nurses on the ward will organise this.

You will not be able to drive on the same day as the procedure, so if you are going home on the day of the procedure you should organise for someone to take you.

Lifestyle

- You may bathe or shower but be careful your dressing and line remain dry.
- Swimming is not recommended whilst the STC is in place as water may get underneath the skin and increase the risk of infection.
- Do not use scissors, razors, or liquid tape remover near the line. If you damage the line or it is pulled in any way, please tell the nurse as soon as possible.
- You can continue working if you are medically fit and your doctor is happy for you to do so.
- Following recovery you can drive as long as you feel fit and able to.

Complications after insertion

Complications are infrequent but do occur and therefore it is necessary that you understand and recognise them.

- **Infection** – this could be redness or discharge at the exit site, in which case you should contact your District Nurse or GP. If you become unwell, for example shivering and shaking, or high fever especially after the line has been flushed, you should contact the hospital immediately. During office hours, oncology patients should contact the chemotherapy hotline (see overleaf) and non-oncology patients their District Nurse or GP. Out of hours, oncology patients should contact the hospital switchboard and ask them to bleep the oncology registrar on call. Non-oncology patients should contact their out of hours GP service.

- **Line blockage/split** – This is very uncommon. If you suspect a split try to clamp or tie your line just above the break. It is often possible to repair a blocked or split line. Contact the hospital straight away or go to A&E if you think that this may have happened.
- **Thrombosis** – a small blood clot in the vein. This sounds alarming but is unlikely to cause a serious problem and may be treated by giving medication to dissolve the clot or by removing the STC. Symptoms include pain and swelling in the shoulder, neck or arm. If you experience any of these symptoms contact your District Nurse or GP immediately.

Removal

Once your treatment is complete your line will be removed. This is usually done at an outpatients appointment by a specially trained nurse or doctor. You will lie flat on a bed, your skin will be cleaned with antiseptic solution. If the line has only been in for a short time it may be removed by gently but firm pulling. If it has been in for more than 3 weeks, you will be given some local anaesthetic and a small cut will be made in the skin to release the cuff before removing the line. This cut may then require one or two small stitches that will be removed after 5 to 7 days.

After this procedure you will need to remain lying flat on the bed for 30 minutes to be certain that there is no further bleeding.

Reference sources

- The Royal Marsden Hospital Manual of Clinical Nursing Procedures 9th Edn. Dougherty & Lister
- www.macmillan.org.uk/central-lines
- Bard Ltd

Contact details

Oncology patients:

Office hours – Oncology treatment hotline

Telephone: 01483 571122 **bleep** 6516

Non-oncology patients:

Please contact your Nurse or GP

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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