

All You Need to Know About Your: Central Venous Catheter



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Information for Patients



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Created: 07/2006

Form: D-5185



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What is a Central Venous Catheter?

A central venous catheter is a long hollow tube that is placed inside a vein near the heart. The tube is called a catheter. One end of the catheter is inside your body and the other end is outside.

A shorter name for a central venous catheter is a CVC. When a part of the catheter lies under the skin, it is called a tunneled CVC.

This booklet tells you what you need to know about your CVC and how to take care of it at home.

Why Do I need a Tunneled CVC ?

A tunneled CVC is used to:

- Give medications like chemotherapy right into your vein.
- Give you blood.
- Take blood for tests. This means we won't have to take blood from your arm.

Another good reason for having a CVC is that it stays in for the whole time you are on treatment.

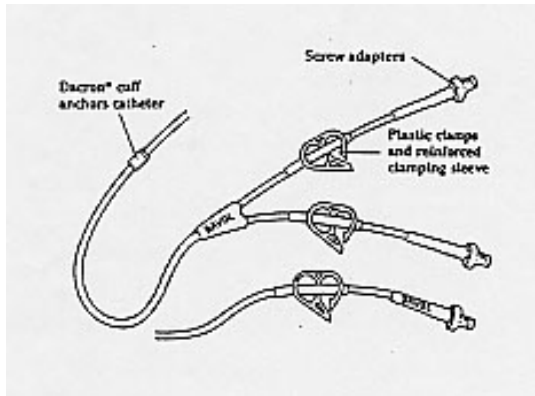
How Will the Tunneled CVC Be Put In?

The tunneled CVC is usually put in by a specially trained doctor (a radiologist) in the Xray department. Sometimes a surgeon will put in a tunneled CVC in the operating room. We will freeze the areas (sites) on your body where the catheter will go in and come out. You will be awake for the procedure, which takes about 30 to 45 minutes. This is how it is done:

- The doctor makes a small cut under your collarbone. This is where the catheter goes in. It is called the entrance or insertion site.
- The doctor makes another cut further down your chest. This is where the catheter comes out. This is called the exit site.
- The doctor makes a tunnel joining the 2 cuts under the skin.
- The catheter is passed through this tunnel.
- The catheter is then moved through a vein until the tip is resting in a large vein called the superior vena cava.
- Once the catheter is in place, the cuts are closed with 1 or 2 stitches.



The stitches under your collarbone will be taken out in 7 to 10 days. The stitches at the exit site will stay in place for about 4 to 6 weeks.



How Do I Care for the Tunneled CVC?

When your catheter is not being used, it must always be clamped and have a special cap on the end. The end cap is called a needleless valve cap because it works with a special syringe that does not use a needle. You will need to flush and lock the catheter once a week. A nurse will change the cap if needed at your clinic visits.

If you have a dressing, you will also need to change it.

When Do I Change the Dressing?

You will need a dressing on your exit site as long as you have stitches. This helps to protect the area from infection. Your dressing must be clean and dry and stay in place all the time. Once the stitches are taken out and the area is healed, you will not need a dressing .

Change the dressing if:

- It is damp or wet
- It is dirty
- The edges are not sticking to the skin
- You have pain or discomfort around the catheter



To change the dressing, you will need:

- 2 chlorhexidine swabs for cleaning
 - A clean dressing
 - Wash your hands with soap and water.
1. Gently take off the old catheter dressing from the bottom upward so you won't pull on the catheter.
 2. Wash your hands again.
 3. Look at your skin

Important:

Check the exit site each time you change your dressing.

Call your nurse or doctor if you have:

- Pain at or around the site
 - Redness at the exit site or along the tunnel
 - Any discharge or fluid leaking at the exit site
 - Bleeding at the exit site
 - Swelling around the exit site, along the tunnel or down your neck, shoulders or arm.
4. Open a chlorhexidine swab. Start at the exit site. Clean in a circle around the catheter. With each circle move further away from the middle.
 5. Using the second chlorhexidine swab, clean the catheter away from the catheter site.
 6. Let the exit site dry.
 7. Put the dressing over the exit site.
 8. Make a "stress loop." Use a piece of tape to keep the catheter safely in place.

How to Make A "Stress Loop"

It is important to make a stress loop with your catheter to stop it from being pulled out.

- Loop part of the catheter to form a "U" shape.
- Tape the loop to your skin or your dressing. Your nurse will show you how to do this.



How Do I Flush and Lock My CVC?

Flush and lock your catheter once a week with heparin. This helps to keep your catheter from blocking.

Your nurse will show you how to open and close the clamp and how to flush and lock your catheter.

You will need:

- Alcohol wipes
 - Syringes with heparin for flushing
1. Wash your hands with soap and water.
 2. Clean the end of the cap with an alcohol wipe. Be careful not to touch the end of the cap after cleaning. If you do touch the end of the cap, clean the cap again with a new alcohol wipe.
 3. Take the cover off the syringe. Be careful not to touch the open end of the syringe. Use a twisting motion to connect the syringe to the end of the cap.
 4. Unclamp the catheter.
 5. Slowly push in all the heparin from the syringe.
 6. Remove the syringe, holding onto the cap. This is so you do not loosen the connection.
 7. Close the clamp on the catheter.
 8. Make sure the cap is tightly put on the end of the catheter.
 9. If you have more than one catheter, flush and lock each one.

Many Patients Ask...

1. Can I pin my CVC to my clothes?

Yes. Put 2 pieces of tape around the catheter. Put a safety pin through the tape and pin it to your clothes.

Remember:

- Do not put the tape over the connection between the catheter and the cap.
- You will still need to make a “stress loop” before pinning the catheter.

2. How will I know if something is wrong with my CVC?

Call your doctor or nurse if you have:

- A hard time flushing or locking your catheter
- Pain, redness or swelling at the exit site;
- Fluid leaking from your catheter, or around the exit site.



3. What should I do if I forget to flush and lock my catheter on time?

If you forget, it is not usually a problem. Remember to flush and lock the catheter as soon as possible.

4. What happens if I cannot flush or lock the catheter?

Never use force to flush or lock your catheter. First, make sure the clamp is open. Also, check for any kinks or bends in the catheter. Call your nurse or doctor if you still have a problem flushing or locking the catheter.

5. What happens if the catheter breaks?

Clamp the catheter at a place between your chest and where the catheter is broken.

Call your doctor or nurse right away.

Your catheter will need to be fixed. If the catheter is broken close to the exit site, a new catheter will need to be put in.

6. What if the clamp breaks?

Use a paper clip. You can also bend the catheter and wrap a rubber band around it.

Call your doctor or nurse right away.

7. What happens if my catheter slips or falls out?

- If your catheter is slipping less than a ½ inch, make sure it is firmly taped. Call your nurse or doctor to find out what you should do.
- If you see the cuff is no longer underneath the skin, see your doctor to check the position of the catheter.
- If your catheter falls out, put firm pressure over the exit site until the bleeding stops. Use a clean gauze or towel. **Call your doctor or nurse right away to find out what you should do.** You may be asked to come to the hospital or go the nearest hospital emergency department.

8. What if my skin gets sore from the tape or the dressing?

Talk with your nurse or doctor about other types of tape or dressings that you can try.

9. Can I bathe or swim while I have a CVC?

You cannot swim because of the risk of getting an infection.

You can have a bath or shower if you first cover your dressing with plastic and waterproof tape. **If the dressing does get damp or wet, change it right away.**

If you do not have a dressing over your exit site you can shower or bathe as usual. Use mild soap to clean the site. It is important to dry the site. Pat it dry with a clean towel or face cloth.



Revised by Cecilia Carrabau - Falcioni RN, Malignant Hematology Nursing Professional Practice Council and The Malignant Hematology Quality Management Team. January 15, 2002
Revised December 1, 2003
Revised November 15, 2004 by UHN Plain Language initiative.
Revised July 18, 2006 by the Malignant Hematology Nursing Professional Practice Council

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