

Peripherally Inserted Central Venous Catheter (PICC)

Information for patients and families

Read this information to learn more about:

- what to expect when getting your PICC
- how to care for your PICC
- who to call if you have any questions

My PICC will be put in on:

- Date: _____
- Time: _____



Check-in 30 minutes before your appointment at the Medical Imaging reception desk. Your PICC will be put in at one of these sites:

Toronto General Hospital
Peter Munk Building – 1st floor
585 University Ave.

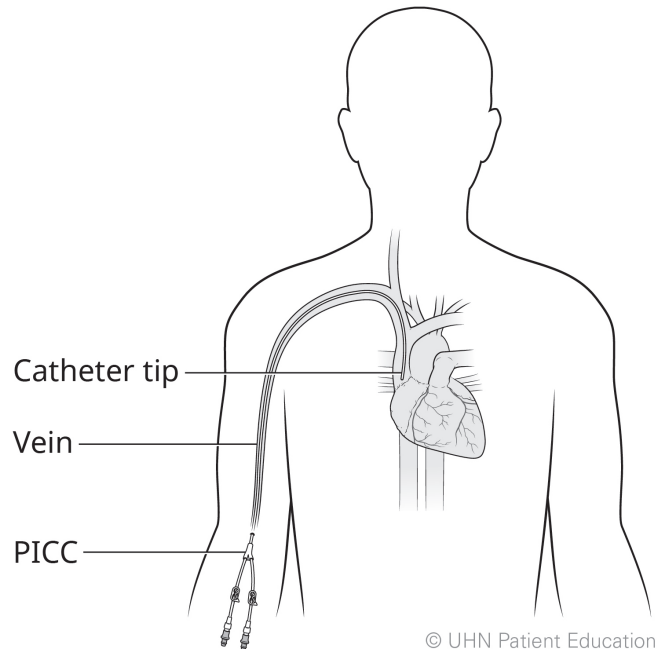
Main hospital phone:
416 340 4800

Toronto Western Hospital
East Wing – 3rd floor
399 Bathurst St.

Main hospital phone:
416 603 2581

What is a Peripheral Inserted Central Venous Catheter (PICC)?

A PICC catheter is a small, flexible tube placed into a vein in your upper arm. One end of the tube goes inside your body. The other end stays on the outside.



Why do I need a PICC?

Your doctor or nurse may recommend a PICC for you if:

- ✓ you have liquids injected directly into your vein as part of your treatment
- and**
- ✓ the injections are done many times over 1 to 2 weeks, or longer.

This kind of treatment is called **intravenous (IV) therapy**.

Important!

Having a PICC means you don't have to have a needle put into your arm each time you need IV therapy. Your nurse can use your PICC instead.

Your nurse can also use your PICC to collect blood samples and to give you:

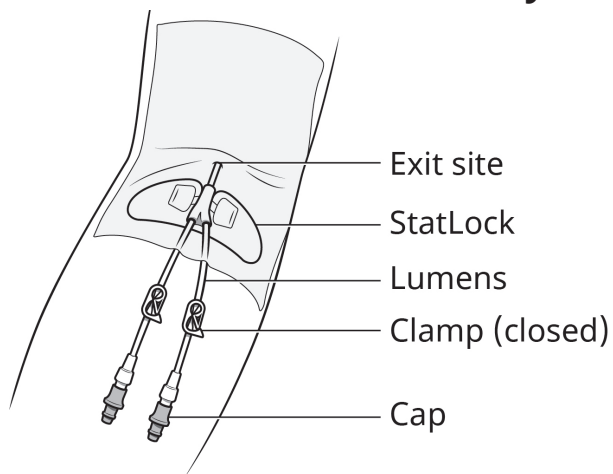
- fluids
- medicines, like chemotherapy and antibiotics
- a blood transfusion
- IV nutrient (food) – this is called Parenteral Nutrition

Depending on the type of PICC you have, your PICC can also be used to inject a special dye during a CT scan or MRI test (special kind of x-ray).

How long can I have a PICC?

Your PICC can stay in for the whole time you are on treatment, as long as it is working well and shows no sign of infection. We recommend that you change the PICC once a year, if you still need it. This prevents problems like a blocked tube or trouble removing the PICC when you no longer need it.

What do I need to know about my PICC?



© UHN Patient Education

Your PICC has several parts:

- **Exit site**

This is the place where the PICC is put in. The exit site must be covered with a bandage to prevent infection.

- **Lumens**

Your PICC may have 1, 2 or 3 tubes that come out of your skin. These tubes are called lumens. Each lumen is a separate tube. Having more than 1 lumen means your nurse can give you different IV treatments at the same time.

- **StatLock™**

Your nurse does not use stitches to keep your PICC in place because stitches increase the chance of infection. To prevent your PICC from slipping out, we use a special tape called StatLock to hold your PICC firmly in place. The StatLock must be changed when your PICC bandage is changed.

Let your health care team know if you are allergic to the glue on the StatLock. A different type of tape will be used instead of StatLock.

- **Clamp**

On at the end of each lumen, you will find a clamp. The clamp prevents blood from coming out of the catheter. Make sure the clamp is always closed when the lumen is not in use or when the lumen cap is being changed.

Some PICCs do not have a clamp. They may have a special valve inside the catheter that works like a clamp. Your nurse will let you know if you have this type of catheter.

- **Cap (the lumen cap)**

A cap closes the end of each lumen opening. The cap is used to:

- Stop blood from coming out of the lumen if the catheter is not clamped.
- Stop germs from entering the catheter.
- Make sure the IV tubing and syringes are safely attached to the lumens.

What to expect when getting a PICC?

How should I prepare for getting a PICC?

- Get a blood test done at least 2 to 3 days before the PICC is put in, if your doctor asks you to.
- Eat and drink as normal
- Before coming to hospital, make sure to:
 - Bring your health card (OHIP)
 - Carry a list of all medicines you take
 - Leave anything of value at home, such as jewelry

What can I expect during the procedure?

Your PICC will be put in at the Interventional Radiology Department in Medical Imaging.

- You will need to change into a hospital gown for the procedure. But you may wear whatever you wish below the waist.
- A medical imaging staff person will explain the procedure to you and answer any questions you have. You will be asked to sign a consent form before the procedure can start.
- You are taken into the procedure room and moved onto the table. You will lie on your back and stay awake while the PICC is put in. Getting the PICC put in usually takes about 30 to 45 minutes.
- To start, a specially trained staff person will inject a medicine into a vein above the bend in your arm. This freezes the area where the PICC goes in. You should only feel a little pain or discomfort during the procedure, if any.
- The radiologist, nurse or technologist inserts the PICC and makes sure it is put in and working properly.
- A StatLock or other type of type of tape is used to hold the PICC in place near the exit site. The exit site is then covered with a clear bandage to prevent infection. A gauze may be put underneath the clear bandage if there is bleeding.

What happens once I get home?

- You may feel sore and swollen around the area where the PICC was put it for 1 or 2 days after the procedure. The area may also be bruised, which can take longer to go away.
- Relax for the rest of the day and don't do heavy work or lifting when you get home. For example, don't lift anything heavier than 10 pounds (4.5 kilograms).
- Don't take any medicines containing aspirin (like Aspirin, Advil or ibuprofen). Take Tylenol or other pain medicine if you have pain. Follow the directions on the bottle.
- Wear clothes with loose sleeves so you can change your clothes easily without pulling on the PICC.
- Check your bandage for bleeding. If the exit site bleeds, press firm on the exit site with gauze or tissue over the clear bandage until bleeding stops. If the bleeding doesn't stop after you press on it for more than 15 minutes, go to the nearest emergency department.

How to care for your PICC?

Your PICC needs to be kept clean to prevent infections and to keep it working well. A hospital or homecare nurse will help care for your PICC by:

- Changing the exit site bandage at least:
 - once a week (if you have a clear bandage) or
 - every 2 days (if you have gauze and tape)



The gauze and tape must be changed as soon as possible if it is damp, wet, dirty or has blood on it.

- Changing the StatLock when the bandage gets changed or when it doesn't stick to your skin any more.
- Changing the lumen cap at least once a week, or when it comes off.
- Flushing the lumens after each use, and once a week when the PICC is not in use (see Heparin Lock on page 8).

What can I do to care for my PICC at home?

- Always keep the PICC bandage clean, dry and secured (sticking) to the skin. If it gets wet or no longer stick to the skin, change it right away.
- Shower after your PICC bandage has been changed for the first time by a nurse. Wrap a plastic bag over the PICC bandage so it won't get wet.
- Always wash your hands well with soap and water for at least 30 seconds before handling your PICC. Anyone who helps with the PICC care must also wash their hands.
- Do not put any part of your PICC under water. Don't swim or take a tub bath. Putting any part of your catheter under water can cause an infection.
- Stay hydrated. Drink 8-10 cups of water or fluids every day to stop blood clots from forming.
- Let your doctor or nurse know right away if your PICC tube is longer than usual, especially if a medication is running through it. **Never push any part of the PICC back into the exit site. This can cause infection.**
- Never put a cap back on after it has come off the lumen as this can cause infection.
- Avoid lifting anything heavier than 10 pounds (4.5 kilograms) when using the PICC arm
- Avoid vigorous activities (such as pushing, pulling, rowing, climbing or contact sports).
- Never use scissors on the PICC.
- Keep the PICC away from pets and small children.

Why must I flush my PICC?

Your PICC must be flushed (or cleaned out) after each use and when the catheter is not in use. Flushing the PICC keeps the catheter lumen clear of blood and medicine. Heparin is a medicine used to stop blood clots from building up inside the lumen. This is why heparin is put into each lumen of your PICC. This process is called a **heparin lock**.

If you are allergic to heparin or know you have Heparin Induced Thrombocytopenia condition, let your doctor or nurse know. They will use a different medicine to flush your catheter. Some PICCs do not need a heparin lock. Your nurse will let you know if your catheter does not need a heparin lock.



Call your doctor or go to the nearest hospital emergency department if you have:

- Fever of 38 °C (100.4 °F) or higher, with or without chills
- Trouble breathing or shortness of breath
- Dizziness
- Sudden pain in your chest and/or shoulder, especially when you are getting medication through the PICC
- Your arm is swollen or stiff
- The exit site is red and you feel pain
- Heavy bleeding from the exit site that does not stop
 - Use gauze or a tissue to press on the exit site while waiting for help. Do not remove the original bandage.

Who do I call if I have questions about my PICC?

If you are a patient of **Princess Margaret Cancer Centre** (the information below will be filled in by a nurse):

Days ___am to _____ pm. Call: 416 _____.

Evenings _____am to _____pm, weekends and holidays. Call: 416 _____.

If you are a patient of **Toronto General, Toronto Western, or Toronto Rehab Institute**, call your homecare nurse/coordinator.

Visit www.uhnpatienteducation.ca for more health information.

Contact us to provide feedback or request this brochure in a different format, such as large print or electronic formats: pfep@uhn.ca

© 2018 University Health Network. All rights reserved.

Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.

Form: D-5039 | Authors: Diana Incekol and Shahvand Masihi | Revised: 12/2018