Removal of skin-tunnelled central venous access device (CVAD): Cancer care unit

We have given you this factsheet because your doctor has recommended that your skin-tunnelled central venous access device (CVAD) be removed. It explains why your skin-tunnelled CVAD needs to be removed, what the procedure involves and what the potential risks are. We hope it helps to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What is a skin-tunnelled CVAD?

A skin-tunnelled CVAD is a thin, plastic tube (catheter) that is inserted through your chest into the superior vena cava (one of the large veins that carries blood to your heart). It can be used over a long period to give you chemotherapy and other medication.

Examples of skin-tunnelled CVADs include:

- a Hickman line
- an apheresis line

The CVAD you have will vary depending on your condition and the treatment you are receiving.

Why does my skin-tunnelled CVAD need to be removed?

Your doctor has recommended that your skin-tunnelled CVAD be removed because tests have shown that you are at risk of infection if the device is left in place.

Will I be able to have another CVAD fitted?

The answer to this will vary depending on your condition and individual circumstances. Your doctor may decide to remove your skin-tunnelled CVAD permanently, or they may recommend replacing your CVAD with an alternative access line (for example, a peripherally inserted central catheter – PICC).

Your doctor will discuss this with you in more detail and advise what the next steps in your treatment plan are.

How is a skin-tunnelled CVAD removed?

The removal of a skin-tunnelled CVAD involves having a small surgical procedure under local anaesthetic (medication that numbs a specific area of the body).

How should I prepare for the procedure?

If you are an inpatient (currently staying in hospital to receive treatment)
If you are an inpatient and you have recently had chemotherapy, you will need to have a blood test to check that your platelets (blood cells that help with clotting) are at a safe level before we can perform the procedure.

Medication
If you are taking anticoagulant (blood-thinning) medications, you will need to stop taking these 48 hours before your procedure.

Anticoagulant medications include:
- rivaroxaban
- apixaban
- edoxaban
- enoxaparin (brand names Clexane or Inhixa)

Anticoagulant medications can increase your risk of bleeding during the procedure so it's essential that you discuss these with your haematology consultant (doctor specialising in blood conditions) before your procedure.

You will need to have a blood test either the day before your procedure or on the day of your procedure to check that your blood is clotting normally. Your doctor or clinical nurse specialist (CNS) will arrange this for you.

If your blood test results show that your platelet count is less than 40 x 10*9/L, you will need to have a platelet transfusion immediately before your procedure. If this is the case, we will discuss this with you in more detail.

Eating and drinking
You can continue to eat and drink as normal before the procedure.

Who will perform the procedure?

The procedure will be performed by an experienced healthcare professional who has been specially trained to remove skin-tunnelled CVADs.

Where will the procedure be performed?

We will perform the procedure at Southampton General Hospital in either Hamwic House or on the C7 haematology day unit. Please see your appointment letter for more details.

What will happen before the procedure?

We will explain what will happen during the procedure in detail, including the benefits and risks of the procedure. This is a good opportunity for you to ask any questions you may have. If you are happy to go ahead with the procedure, we will then ask you to sign a consent form.

We will then ask you to change into a hospital gown. Please let us know if you need any help with this.

What will happen during the procedure?

We will ask you to lie down on the bed. We will then look at the area around your CVAD to locate the cuff (part of the CVAD which prevents the line from moving or falling out) beneath your skin. Once we have located the cuff, we will clean the area with antiseptic and place sterile towels around it.

We will then give you a local anaesthetic injection to numb the area around the cuff so that you don't feel any pain during the procedure. This will sting briefly before going numb. Once the area is numb, we will make an incision (cut) approximately 2 to 3cm long at the side of the cuff. It is normal for fibrous (tough) scar tissue to have formed around the cuff during your treatment. We will gently tease this scar tissue away until the cuff is free. You may feel some light pressure as we do this, but you should not feel anything sharp or painful. If you do experience any pain, please let us know and we can give you additional local anaesthetic injections. We will then remove the CVAD from your vein. This should not feel uncomfortable and you may not even feel it happening at all.

Lastly, we will close the wound with stitches and cover the area with a waterproof dressing.

How long will it take?

The procedure will take approximately one hour.

What will happen after the procedure?

After the procedure, you will need to wait in the department for around 15 minutes so that we can observe you and check for any active bleeding from your wound site. If there is no active bleeding, you will be able to go home after this time.

Are there any risks?

Removing a skin-tunnelled CVAD is usually a safe procedure, but as with any medical procedure there are possible risks.

Possible risks include:

- infection
- bleeding
- pain

Your doctor will discuss these risks with you in more detail before your procedure.

Aftercare advice

Pain relief

You may experience some discomfort at the wound site when the local anaesthetic wears off (usually after two to four hours). If you need to take pain relief medication for the pain, we usually recommend paracetamol. Always follow the advice on the medication packet and never exceed the maximum dose.

Bleeding

It is normal to experience a little bleeding from the wound site after the CVAD has been removed. If bleeding occurs, place a clean piece of gauze or cotton wool over the wound site and apply firm pressure for a few minutes to stop the bleeding.

If the bleeding does not stop, call our acute oncology 24-hour emergency service for advice using the details at the end of this factsheet or go to your nearest emergency department.

Dressing and stitches
You will need to make an appointment with your district nurse or GP surgery to have your stitches removed **five to seven** days after your procedure.

You should:
- continue to wear your dressing until you have your stitches removed (we will provide you with a spare dressing in case your dressing comes off or it becomes soaked with blood)
- avoid getting your dressing and stitches wet for five to seven days after your procedure

Exercise and physical activity
Avoid heavy lifting or any exercise that puts pressure on your arm closest to the wound site (usually your right arm) for 48 hours after your procedure. This helps to prevent bleeding.

Driving
You will be able to drive immediately after your procedure.

When to seek urgent medical help
Contact our acute oncology 24-hour emergency service using the details below if:
- you experience bleeding which soaks through the dressing
- your wound site becomes red and swollen

Contact us
If you have any further questions or concerns, please contact us.

For non-urgent queries
Contact your clinical nurse specialist (CNS) using the details they have given you.

For urgent queries
Contact our acute oncology 24-hour emergency service on **023 8120 1345**.

Useful links
www.myeloma.org.uk/understanding-myeloma

www.lymphoma-action.org.uk

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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