

## Patient information factsheet

# Having a tunnelled cuffed central venous catheter (TCVC) for parenteral support

This factsheet explains what you need to know about having a tunnelled cuffed central venous catheter (TCVC) for parenteral support. We hope it will help to answer some of the questions you may have. If you have any questions, please speak to a member of your healthcare team who will be happy to explain further.

### What is a TCVC?

A TCVC, sometimes called a Hickman line, is a long, thin, flexible tube that is inserted into a vein in your neck or chest and extends to the large vein above the right side of the heart. It has a cuff attached to it that sits under your skin to help keep the device in place. The end of the catheter remains outside of your body, usually on the chest. It can remain in place for a few years.

### What is parenteral support?

Parenteral support is a way of giving you nutrition or fluids via an infusion directly into your bloodstream. You may receive parenteral support if you are unable to absorb enough food or fluid through eating, drinking or tube feeding to maintain good health.

### Why do I need a TCVC?

You may need a TCVC if you need to receive parenteral support for an extended period. If you are going home on parenteral support, you may be trained to become independent in managing your own TCVC.

### What are the benefits of having a TCVC?

The benefits of having a TCVC include:

- safely receiving parenteral support for an extended period, including at home
- it may enable you to manage your own parenteral infusions at home, giving you increased independence

### How should I prepare for the procedure?

It is important to tell us about:

- any allergies you have
- the medications you take regularly (please give us a list)
- whether you are taking any medication to thin your blood, as you might need to stop taking it a day or two before your procedure.

### Where will the procedure take place?

We will perform the procedure in hospital, in an area of the x-ray department that is similar to an operating theatre.

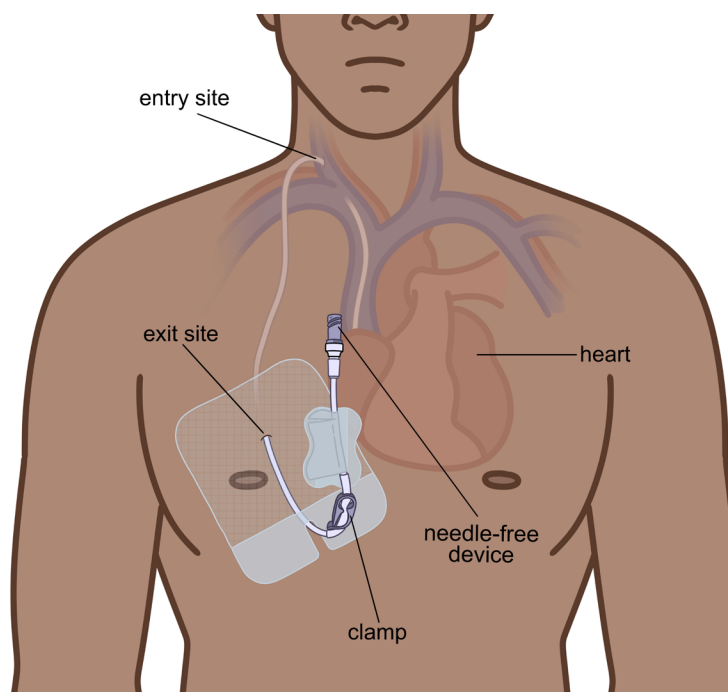
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## What to expect on the day of your procedure

We will talk you through the procedure. We will explain the risks and benefits of having a TCVC and answer any questions you have. We will then ask you to sign a consent form—this means that you understand the procedure and agree to have it done.

## What happens during the procedure

1. We will attach you to a vital signs monitor so we can keep track of changes in your blood pressure and pulse.
2. We may use an ultrasound machine to help find the most suitable vein.
3. You will be given a local anaesthetic injection (a type of medication that numbs an area of the body). This will numb the area where the TCVC will be inserted.
4. Once the area is numb, we will insert the TCVC through a small cut in your skin and into a vein inside your neck. One end of the TCVC goes into your vein towards the heart; this is called the entry site, and the other is placed under your skin to come out about 10cm below your collarbone; this is called the exit site.



This should not be painful, but you may feel pressure and some pushing. You should tell us if you feel pain at any time during the procedure.

## How is a TCVC secured?

A scar will form around where the TCVC comes out of your skin, which will keep it in place. This usually takes a few weeks. In the meantime, we will use stitches and a plastic plate to hold it in place. We will close the small cut in your neck with a stitch, steristrips (sticky strips used to close small cuts or wounds), or skin glue and cover it with a dressing.

## What will happen after the procedure?

We may arrange an x-ray to make sure the TCVC is in the right place. Once it is securely positioned, we can start using it right away to give you your parenteral support. If you are an outpatient, you can go home afterwards. If you are staying in hospital, we will take you back to the ward.

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Some bruising or bleeding at the insertion site is common at first. If this happens, you or your healthcare professional can use a sterile padding to put pressure on the area and stop the bleeding.

The dressing should be changed 24 hours after insertion and then every 7 days unless loose or soiled. If you have been trained, you can change the dressing yourself. If not, your healthcare professional will do it for you. After the first dressing change, a clear dressing should be used so the exit site can be easily monitored.

The stitches and plastic plate that hold the TCVC in place at the exit site will be removed four weeks later. This is usually done by a nurse in the community. We will give you the appropriate kit and information for this.

## How do I look after my TCVC?

You should be able to carry out your normal day-to-day activities with a TCVC; however, it is very important to take care of your line and the entry and exit sites to help prevent problems occurring and minimise the risk of infection.

### Washing and bathing

Your TCVC should not be submerged in water (in the bath) and a waterproof dressing must be used when showering or washing. You cannot go swimming while you have a TCVC.

### Physical activity

Please speak to a member of your healthcare team before starting activities that require heavy lifting and involve repetitive motions such as fishing or lifting boxes.

### Caring for and cleaning your TCVC and line

We will demonstrate the correct cleaning process. If you are going to become independent in managing your own TCVC, you will receive thorough training to ensure you are comfortable with cleaning and caring for your TCVC yourself.

## Are there any risks or complications?

Long-term risks of a TCVC include infection and blood clots. Your team will explain to you how to minimise these risks.

## Symptoms to watch out for

Please go to your local emergency department or call 999 immediately if you experience any of the following symptoms:

- **Pain, redness, oozing** or swelling around the exit site. These can be signs of an infection, blood clot or inflammation.
- **You have a high temperature** (above 38.3°C), fever or chills. These can be signs of an infection.
- **Pain or difficulty when flushing the TCVC line.**
- **Your TCVC has moved, or you can see the cuff.**
- **A break or split in the TCVC line.** If this happens, either side of the break/split must be clamped immediately.
- **Swelling of your head or arm.**
- **Appearance of swollen veins you can see on your chest.**

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## Bleeding

If you experience bleeding from the insertion site, you should apply pressure on the wound. The bleeding should stop, but you will need new dressings. You can change the dressing yourself if you have been trained to do so, or your healthcare professional can do it for you.

If the bleeding is severe or continuous and it soaks through the dressing, you should call 999 for an ambulance.

## When will my TCVC be removed?

The TCVC can be removed when you don't need home parenteral support anymore. We may also remove your TCVC if a complication like an infection inside the TCVC happens. Your healthcare team will advise you regarding having another TCVC inserted.

## Contact us

If you have any questions or concerns about home parenteral support, please speak to a member of the nutrition support and intestinal failure team.

If you are in hospital, please ask your nurse to contact a member of the team.

Once you are home, please direct your queries to: **ifteamadmin@uhs.nhs.uk**

You can also call the intestinal failure coordinator on telephone: **079 0900 8365** (Monday to Friday, 8am to 4pm).

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