

Tunnelled (Hickman®) and non-tunnelled Central Venous Catheter (CVC)

A CVC is a type of central venous access device (CVAD). It can be used to give treatments such as chemotherapy, blood transfusions, fluids or other medications. A CVC can be used instead of a cannula during your treatment. It may also be used to take blood samples. This is a common way of giving cancer treatments to people who need frequent or continuous infusions.

What is a CVC?

A CVC is a long flexible tube (catheter). The hollow space in the tube is called a lumen. A CVC can have one, two or three lumens. Each lumen has a cap on the end.

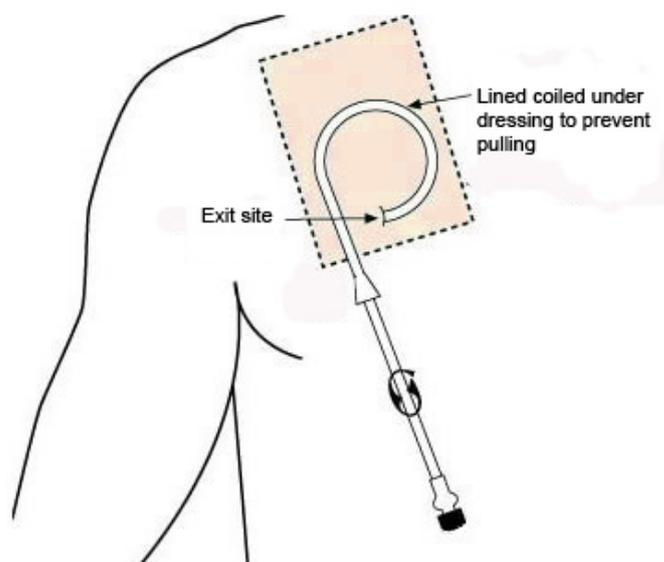
One end of the CVC sits in a vein just above the heart. The other end stays outside the body. This allows your treatment to be given into the blood stream.

There are two types of CVC – a tunnelled CVC (Hickman®) or a non-tunnelled CVC. Your doctor or nurse will discuss with you which CVC is best for you.

You may also hear a CVC called a central line or CVAD.

How is it put in?

- Your CVC will be put in by a doctor or in a radiology department.
- You will be given light sedation and local anaesthetic to numb the area.
- The CVC will be inserted into a vein in your chest or neck. It is then threaded through the vein, so that the end of the line sits just above your heart.
- After the line has been inserted you may have a few stitches. Your doctor or nurse will tell you if or when these can be removed.
- Part of the CVC will remain outside your body.
- You may have a dressing over your CVC. This keeps the area clean and helps to keep the line in place. This dressing should be changed once a week.
- You may experience some bruising and mild discomfort for the first few days.



! Important

Contact your doctor or nurse if you have:

- a temperature of 38°C or higher
- shortness of breath
- chest pain or fast heartbeat
- redness, pain, swelling or fluid leaking from or around your CVC
- redness, pain or swelling in your arm, neck or chest area
- damage or a break or split in the CVC.

If you can't contact your doctor or nurse, go to the nearest hospital emergency department for help.

Tunnelled (Hickman®) and non-tunnelled Central Venous Catheter (CVC)

Caring for your CVC

Physical activity

- Research shows that continuing physical activity during your treatment is good for your general well-being.
- There may be some activities that you are not able to do while you have your line in.
- Talk to your doctor or nurse about what activities you can do.

Things to look out for

- Signs of infection such as redness, pain, pus or discharge.
- Signs of a clot such as swelling, discomfort, pain heat or redness, in your shoulder, chest, neck or arm.
- Changes in the length of your CVC.

Things to avoid

- Make sure your line does not get knocked or pulled out (keep your line secure).
- Avoid getting your CVC wet.
- Make sure the dressing does not become loose, dirty or wet.
- Avoid using sharp objects near your line.

Problems and complications

Most people don't have a problem with their CVC. However, if there is a problem, it can usually be treated.

Problem	Treatment*
Infection: can develop around the line, or inside the line	Antibiotics
Blood clots: can form in the vein where your CVC sits	Medication to dissolve the clot and prevent further clots
Blocked line: the inside of the line can block	Injecting a solution to clear the blockage
Line movement: the line can move to the wrong position	Repositioned by radiology department
Damaged line: the line can split or break	In some cases the line can be repaired
Collapsed lung (rare): can occur at the time the line is inserted	Treated immediately by your doctor
Unable to insert the line: can occur at the time the line is inserted	Your doctor may try again, or use a different CVAD

*In some cases the CVC may need to be removed

Common questions

What happens when I am not having treatment?

Your CVC must be flushed and the dressing changed once a week. While you are in hospital the nurses will care for your line. If you are at home the hospital may arrange for a community nurse to do this, or your carer may be taught to do this.

How long does my CVC stay in?

Your CVC can stay in as long as it is needed, this can be weeks or months. When you no longer need your line, it can be taken out by a doctor, or nurse, or in a radiology department.



What to ask your doctor or nurse

• What type of CVC do I have?

Tunnelled CVC

Non-tunnelled CVC

• What are the risks of having a CVC?

• Can I play sport or go swimming?

• How do I bath/shower?

• How do I clamp the line if I need to?

• What do I do if there is fluid leaking from my CVC?

Contact numbers:

Daytime:

Night/weekend:

Working together to lessen the impact of cancer

Cancer Institute NSW PO Box 825, Alexandria, NSW 1435

t +61 (0)2 8374 5600 f +61 (0)2 8374 3600 e information@cancerinstitute.org.au

www.cancerinstitute.org.au

