

About your Hickman Line

This booklet explains what a Hickman Line is, how it is inserted, and some general advice on its use and care.

What is a Hickman Line?

A Hickman Line is a long soft plastic tube. It is inserted into a vein in your chest. Part of the line lies just under the skin between the exit site (where the line comes out of the skin) and the insertion site (where the line enters the vein) this is called the skin tunnel. The tunnel acts as a barrier to infection from the outside and allows your body to heal around a fleecy cuff on the line. Once healed, the cuff will hold your line in place. The Hickman Line can have one, two, or three ends so that different treatments can be given at the same time. A Hickman Line can stay in place for several months.

How will it help me?

A Hickman Line is one of several ways we can use to give you fluids and medication, including chemotherapy and intravenous feed. Your Hickman Line can also be used to take blood samples.

Is any preparation required before I have my line inserted?

If you are having your line placed as an outpatient, you may be asked to attend the hospital for an appointment to give you information about the line, take blood samples, do MRSA screening, and to sign a consent form. A detailed description of the procedure and risks involved will take place in order for you to be able to consent in an informed manner.

You do not need to starve before the line is inserted. If you are taking Warfarin or other blood thinning treatment, you should tell your doctor or nurse specialist, as it may be necessary to alter your dose for a few days before the line is inserted. You should also tell the nurse or doctor if you have any allergies.

How is it put in?

A doctor or specially-trained nurse puts in the line. This is usually done in the X-ray Department using a local anaesthetic. The person who puts the line in will briefly explain the procedure to you before confirming that you consent to the procedure. The procedure will not be performed unless you firmly understand and consent.



You will need to lie flat on your back while the line is being inserted. It is very important that Hickman Lines are inserted under sterile conditions to avoid infection. Hair on the skin where the line is put in may need to be removed and you may also be asked to wear a theatre cap. The skin on one side of your upper chest and neck is cleaned with antiseptic and you will be covered with a sterile towel. Although this will cover part of your head, you will still be able to see and talk to the staff caring for you. Once the line is in place it will be secured with two sets of stitches. The stitch at the entrance site (usually the top one) will be removed about seven days after the line insertion. The suture will be removed by a staff nurse from the Chatsfield Suite if you are an outpatient or by a staff nurse from the ward you are on if you are an inpatient. If you are at home and it is deemed appropriate for the suture to be removed by a district nurse then a referral will be made on your discharge plan. The one at the exit site (where the line comes out of the skin) will be removed after 21 days. During this time, your body will have healed around a cuff on the line, which holds the line in place. A dressing will be placed over both of these stitches.

Does it hurt?

You will be given a local anaesthetic injection into your skin before the line is inserted. The local anaesthetic may sting when it is injected, but this wears off after a few seconds. The anaesthetic should remove any sharp sensations, but you may be aware of a feeling of pressure during the procedure. Most people tolerate this well although it feels slightly strange. Occasionally, people find it uncomfortable and, if that is the case, please let us know.

How long will it take to put a Hickman Line in?

Inserting a Hickman Line usually takes about half an hour to an hour. Usually you can expect to be at the hospital for a few hours. Very occasionally, people may need to be there all day, so please allow for this possibility.

What happens after the line has been put in?

If you are an inpatient, you should be well enough to return to the ward you came from immediately.

If you attend as an outpatient, you will return to the outpatient department you came from (ie The Chatsfield Suite) where you stay for half an hour to an hour for routine observation and commissioning of the line.

Please take care not to pull your line, particularly in the first 2-3 weeks after the insertion as the stitches holding the line cannot be tied too tightly or they may damage the line.



Will I be able to feel the line once it is in place?

It is usual to feel some tenderness or discomfort in the area around the line for a few days after it has been put in. Please ask for advice regarding any painkillers you can take when your line is inserted.

Are there any risks?

As with any procedure, people can have problems both during and after the insertion of the line. However, the likely complications are rare and easily dealt with. It is important that you understand the potential benefits and risks of having a Hickman Line before you consent to having it inserted – if you have any questions or concerns please ask your doctor or nurse.

Frequently Asked Questions

What problems can occur immediately after or within a few days of the line being put in?

Blood counts and clotting tests are checked prior to the procedure to reduce the risk of bleeding but a small amount of blood loss is normal when the line is put in. If you notice a lot of blood loss when you are at home, apply pressure over the dressing with a clean pad (for example a tea towel) and contact the hospital ward immediately. Bruising is quite common after a Hickman Line insertion and will settle with time. It is possible but rare for the needle to puncture an artery close to the vein rather than the vein itself. If this happens, the person inserting the line will press firmly on the area for a few minutes. It is very rare for more intensive treatment to be required.

Why am I feeling short of breath within hours after the line has been put in?

Occasional puncture of the lung apex can result in air leakage around the lung. This is usually only small amounts of air, which just needs observation and no treatment. Occasionally, you may need a small tube inserting through the chest to remove it, which will require coming in to hospital. Therefore, if you feel breathless or uncomfortable in your chest, you must tell the nurse or doctor immediately. If you are at home you must contact the ward immediately.

What other problems can occur with the line?

Formation of a blood clot

It is possible for a blood clot to form in the vein where the line is placed. This is a rare problem but can become serious if you do not seek advice.



How will I know if I have a blood clot around my line?

If your arm, fingers, or neck appear swollen, discoloured or painful, contact the hospital where you are being treated for advice immediately.

Infection in or around the line

How will I know I have an infection in my line?

We take every precaution to minimise the risk of infection and adhere strictly to the Trust's policy on infection prevention and control. Infection can develop into a serious problem, particularly if you are receiving chemotherapy or intravenous feed. This means that it is important that you know how to recognise the signs of infection. These are:

- pain, redness or swelling around the line
- discharge from the skin where the line goes in
- feeling hot and shivery, or cold and shivery. It is particularly important if this happens after your Hickman Line has been flushed.

If any of these signs occur, you must ring the hospital where you are being treated straight away for advice.

How can I reduce the chances of getting an infection in my line?

If you are currently having chemotherapy, you are at high risk of infection. Therefore, it is common practice to administer a broad spectrum intravenous antibiotic immediately after the Hickman Line has been inserted.

You can reduce the chances of getting an infection by keeping the line clean and dry. The following will help you to do this:

- always wash your hands before handling the line
- do not touch the line except when cleaning or dressing it
- when having a bath it is important to prevent the exit site from getting wet, so only allow the water to waist height. Ensure that the end of the line is secured so that it doesn't dangle in the water. You can tape the ends of your line to your shoulder. Once the stitches have been removed, you can allow the line to get wet in the shower. Do not use talcum powder or body lotions around the exit site. If you have a dressing and it becomes wet, it needs to be changed for a new sterile dressing. After you bath/shower, you will need to clean and dry the exit site and line carefully.

How will I know if my line is blocked?

Your line will be flushed weekly to keep it working properly. When flushing the line you should put the fluid in gently. If the person is flushing the line is unable to flush it easily, it may mean that your line is blocked. Do not try to force fluid through a blocked line. If you think your line may be blocked, please telephone the hospital for advice.



What if there is a break in the line?

This can happen if the line splits, is accidentally cut, or the line is not clamped when the bung is removed. A break in the line can lead to air entering the vein. This could develop into a serious problem. You may also notice fluid from around the line.

If the line splits or breaks, pinch the line between the break in the line and the exit site straight away. If possible, slide the clamp to this position and re-clamp (alternatively use a freezer bag clip to clamp the line or tie cotton tightly around it).

If the bung has been taken off without the line being clamped, clamp the line immediately and replace the bung.

Once you have done this, contact the hospital where you are being treated straight away. If the line becomes damaged, it can sometimes be repaired, but you may have to have the line removed.

How will I know if the line has moved?

If the line looks longer than usual, or there is a dark fleecy cuff at the exit site, contact the hospital where you are being treated immediately.

What should I do if the line falls out?

This is a rare occurrence - if this should happen, get a clean piece of gauze or a towel and apply pressure on the insertion and exit sites. Contact the hospital where you are being treated for advice.

Can I continue with my everyday activities?

There is no reason why you should not continue with your normal everyday activities, such as work, exercise and sex.

However, because of the risks of infection and dislodging your line do not:

- swim
- play contact sports, for example rugby or squash
- lift weights or do heavy manual work.

What care does my line need?

To reduce the risk of line blockage, it is important that your line is cared for correctly. Please make sure that:

- the dressings are changed on the day after the line is inserted
- the dressings are changed if they become wet or soiled
- the stitches are removed from the insertion site after 7 days and the exit site after 21 days
- the line is flushed once a week to make sure it is working.



Who will look after my line?

Many patients learn how to look after their line own Hickman Line. Some like a relative or a friend to do it. Others prefer to have their line looked after by the district nurse. If you are currently attending the Chatsfield Suite for treatment, it can be cared for there.

You can decide which of these options is best for you. The nurses can help you to make this decision and will discuss it with you.

There are several benefits to be had from looking after the line yourself. It can reduce the risk of infection in the line, and will also mean that you do not have to wait for the district nurse to visit.

If you want to look after your own Hickman Line, and feel able to do so, the nurses at the hospital are able to teach you. It can take some time to learn how to do this on your own and we will arrange for a district nurse to help you until you feel able to manage your own Hickman Line care.

Where do I get more supplies and equipment?

The hospital will provide you with a supply of equipment to cover you the first two weeks after the line is inserted. You can get further supplies from your district nurse or GP.

Daily checks for all patients

In order to prevent problems with your line, or to spot them early if they happen, it is important to do the following checks every day.

- check the dressing over the exit site is clean and dry, and the exit site looks healthy (that there is no pain, redness, warmth or oozing around the site)
- make sure the line is looped and fixed safely to the chest to prevent pulling or tugging
- when the line is not in use, make sure the clamp is closed and the bung securely attached.

Safety tips

- when you clamp the line use the thickest part of the line - this prevents damage to the line
- never use scissors or other sharp objects near the line
- to protect yourself from infection, never touch your Hickman Line without washing your hands first. Don't allow any doctor or nurse to touch your line unless they have washed their hands and are wearing gloves. They come into contact with many infections and have to be extra careful not to spread them to Hickman Lines
- you should change your dressing and flush your line in a clean area. It is advisable to keep a clean towel and soap that only you use when you are caring for your Hickman Line. To reduce the risk of infection, it is better to use liquid soap rather than a bar of soap.



How do I change the dressing?

- 1 wash your hands and let them dry thoroughly before you touch the line or remove the dressing
- 2 remove the dressing carefully, taking care not to pull on the line
- 3 wash and dry your hands again
- 4 carefully clean around the exit site with the stick provided by the hospital. Use it starting at the centre and work round in a circle, moving outwards. Leave the skin to dry
- 5 apply a new sterile dressing.

If the exit site is clean and dry and your stitches have been removed, you do not need to continue having a dressing covering the area. However, it is still important for you to keep the line and exit site clean. To prevent the line being pulled, it must always be looped and secured to the chest area. Please use the tape or securing device supplied by the hospital.

How do I flush my line?

You or your relative/friend will need to be shown how to do this either by the nurses at the hospital or the district nurse. Follow these steps:

- 1 collect the equipment - dressing pack, 2% chlorhexidine swab x2, 1 ampoule of heparinised saline (10 units per ml), 10ml syringe, pre-filled 10ml saline syringe, needle for drawing up the flush, needle-free bung
- 2 wash your hands and dry thoroughly
- 3 open the dressing pack onto a clean, level surface. Place the gloves and dressing towel on one side. Place the yellow bag in an easily accessible place
- 4 open the 2% chlorhexidine swab into the plastic tray
- 5 open the two syringes, 10ml pre-filled syringe and needle-free bung onto the open dressing pack
- 6 snap the top off the ampoule of heparinised saline and place it next to the dressing pack
- 7 wash your hands again, make the ends of your line accessible and put on the sterile gloves
- 8 make sure the line is clamped, remove and discard the needle-free bung. Clean the hub with the 2% chlorhexidine swab, allow to dry for 30 seconds and attach the new needle-free bung, gently screwing it into place
- 9 attach the pre-filled saline syringe to the line - making sure you do not hold the end of the bung with your fingers (you can use the gauze from inside the dressing pack). Unclamp the line and using a push-pause technique gently push the saline into the line



- 10** clamp the line and unattach the syringe and discard
- 11** attach the needle to the syringe and draw up the heparinised saline from the ampoule. Pointing the needle upwards, gently remove any air from the syringe
- 12** attach the syringe (same as before) to the needle-free bung and unclamp the line. Again using a push-pause technique, gently flush the line. At the same time as flushing the last 1ml of fluid, clamp the line (this stops blood coming back into the line)
- 13** remove the syringe and clean the end of the bung with a new 2% chlorhexidine swab
- 14** if your line has more than one end, repeat the procedure for each end
- 15** put the syringes into the plastic bin provided by the hospital or your district nurse. Please ensure these are stored safely, especially if young children are around.

If you have a cold and shivery feeling during or after flushing your line, contact the hospital where you are being treated immediately as this could be a sign that there is an infection in the line.

Useful contact numbers at Doncaster Royal Infirmary:

The Chatsfield Suite	01302 553211 (Mon - Fri 8.00am - 5.00pm)
Ward 27	01302 553157
Medical Assessment Unit	01302 366666 ext 4115
Bassetlaw can I have these details please

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Minicom (Text talk): 01302 553140

Email: pals.dbh@dbh.nhs.uk

