

Having a Hickman Line

Patient leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Introduction

This leaflet has been given to you to help you understand your Hickman line placement and has been prepared by the staff in the X-Ray department. If you have any questions or concerns, or would like to know about alternative treatment after you have read this, please speak to the specialist team who referred you for your Hickman line.

What is a Hickman line?

A Hickman line is a soft, flexible tube that is inserted (tunneled) under the skin of your chest into a vein. The tip of the tube sits in a large vein just above your heart. The other end of the line hangs outside your body, from your chest (see below).

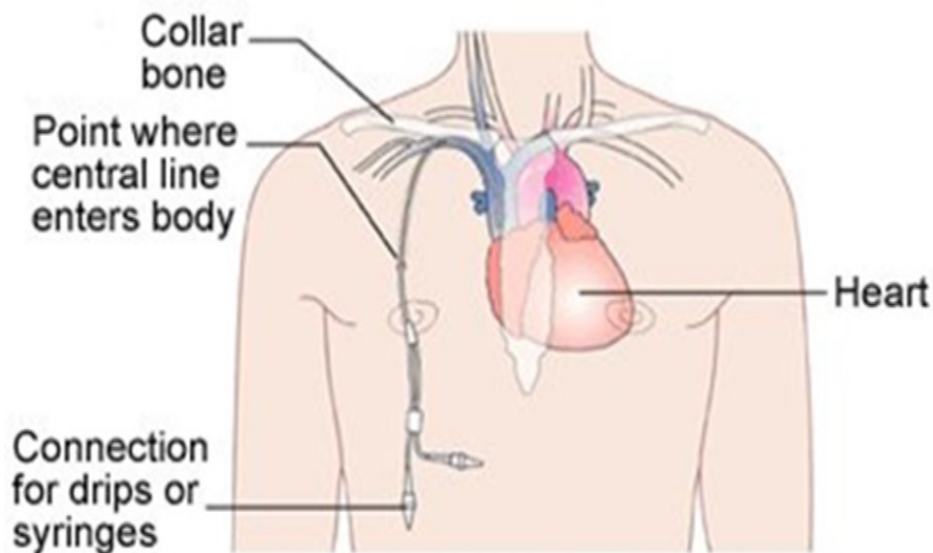


Diagram showing a central line
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The benefit of this procedure is that it will save you the discomfort of having needles inserted into your veins every time you have treatment. You can go home with the line in place and can be left for weeks or months.

What to Expect

On the day of my appointment

You may eat a light early breakfast. Please take all your medicines as normal.

Preparation for Examination

You will be admitted to hospital, either as a day case or an inpatient (depending on your treatment plan). On the ward your nurse or doctor will ask you several questions about your health and current medication. Your blood pressure and pulse will also be checked. They may need to take some blood for tests. You will need to change into a hospital gown. You will be transferred to the X-ray department on a trolley.

Who will you see?

A specially trained team of radiographers and nurses led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.



During the procedure

In the X-Ray room you will lie on a special table. Your neck and chest will be cleaned with antiseptic and you will be covered with a sterile sheet. The doctor will give you an injection of local anesthetic to numb the skin in your neck just by your collar bone and on your chest. This will cause some stinging initially then go numb.

The procedure should not cause you any pain. Throughout the procedure the nurse will be with you, who will monitor your pulse and blood pressure. Please let the nurse know if you feel any discomfort. The Hickman line will be tunneled under your skin from the chest to the neck. Once it is at your neck it will be placed into a large vein. The doctor will then use stitches to help keep the line in place.

After the procedure

You will go back to the ward where you will need to rest in bed for a couple of hours. Your ward nurse will record your pulse and blood pressure regularly. If all is well, after a few hours you should be able to go home. Once your line is in place you may feel a dull ache over the shoulder area for a few days. Discomfort varies with each person. You may not feel anything. You may take simple pain killers as required.

Going home and aftercare

If you need immediate treatment, you may be staying in hospital after the line has been inserted. However, if you need treatment for a long period of time you may be discharged from hospital with your Hickman line still in.

The nurses will teach you to look after your line before you go home. If you have stitches they may need to be removed after 2 weeks, but may be dissolvable.

You need to keep the dressing clean and dry. Do not touch the line until your hands have been washed with soap and water.

Check the cap connections every day and make sure they are tight, make sure the clamps are closed at all times.

Do not use safety pins or sharp objects around your line, keep nail varnish remover and other strong chemicals away from your line. These things can damage your line.

It is ok for you to bath or shower but you must keep the line and the dressing dry by covering them with plastic and taping it to your body.

You will be able to continue with normal activities as discussed with your doctor.

To prevent damage to the Hickman line try to bend with your knees rather than at the waist and do not do excessive upper body exercise at work or in leisure whilst your line is in place.

Further information

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

If you have any further questions please don't hesitate to call the Radiology Department via the number given on your appointment letter.

Notes

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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