Vascular Access Unit

Care of your tunnelled central line

Aim
For all patients who are going home with a tunnelled central line.

Care and maintenance of your line
On the day of your procedure you will be given instructions on the insertion of your line, the benefits and the risks plus our contact details. This information is attached to the consent form and you should be given a copy to take home with you. You will also have been given instructions regarding the care and maintenance of your line.

Once the line has been inserted it is important to keep this dressing dry as the risk of infection is higher if the dressing is wet. You may shower or bathe afterwards but must not soak the wound, dressing or the lumen/s.

The dressing will be changed the day after the line has been placed. This will be arranged by the Vascular Access Team (VAT) with your district nurses if you do not have any treatment planned the following day. You will be given the equipment that is required before you go home. Any further supplies will need to be obtained from your discharging medical team.

The dressing must be a transparent breathable dressing (Tegaderm 1635, or if allergic to Tegaderm, Opsite IV3000). It will be changed every seven days or sooner if the dressing is no longer intact, or it gets wet or bloodstained. This should continue until the site has healed (three to four weeks).

Once the site has been cleaned with chloraprep sponge/s, the round Biopatch disc is left in place (change only if heavily soiled) and can then be changed every seven days (Biopatch is not required after 21 days).

The suture holding the catheter in place must be cut at the skin three to four weeks after the line has been inserted. This will be done by your specialist nurses in the hospital.

The end of the line must be cleaned with sterile clinell wipe before it is used.

No smaller than a 10ml syringe must be used to put fluids into your line. If there is any resistance when this is being undertaken, the person should stop and contact either their discharging ward/team or the Vascular Access Team. Unless you are receiving treatment, each lumen of the line should be flushed with 10 to 20mls of sodium chloride 0.9% every seven days using a pulsating/positive pressure flush and locked with 2mls of Hepsal (10 units per ml). The end bung (bionector) should also be changed every seven days.

This should be done using a sterile technique.

If you have a problem with your line a member of the Vascular Access Team can be contacted to give you telephone advice or make arrangements to resolve your line issues.
Contacts/further information

If there are any problems or concerns with your line, please contact the Vascular Access Team on 01223 596020 or through the hospital switchboard. Ask for bleep 152-080 between 08:00 and 17:00 Monday to Friday.

If a problem with your line occurs out of hours or at weekends/bank holidays:

For oncology patients:
You would have been given an information sheet with contact details. Please contact them in the first instance.

For nutritional patients:
Please contact the ward from which you were discharged and speak to one of your doctors. They will advise you if you need to attend the emergency department. If appropriate the emergency department will contact a member of the Vascular Access Team once you have been seen by a doctor from the team that looks after your care.

Privacy and dignity

We are committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment. This means, with a few exceptions, we will care for you in same sex bays in wards with separate sanitary facilities for men and women.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

Authors Vascular Access Unit
Pharmacist N/A
Department Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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