Imaging Department

Patient information and consent to insertion of a PICC (peripherally inserted central catheter)

This information is for patients who need a PICC line for injections or drugs over a long period of time or for patients who need feeding into their veins. A consent form is also included.

Key messages for patients:

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the vascular access administrator on telephone number 01223 596020 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.
We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About insertion of a PICC**

A PICC is a long hollow tube made of silicon rubber which is placed into one of the large veins in the arm. One end of the line comes out from the arm and can be used for injections and the other end is positioned inside a large vein, usually near to the heart. There are a number of veins into which the catheter can be placed; the most common being on the upper arm or at the elbow. The particular vein that we use, and the side of the body, will depend on how large the veins are when we examine them with an ultrasound machine during the insertion. The best position and site for you will be discussed before the operation; however, it is sometimes impossible to decide until during the procedure. We try to make sure that the entry site is in a comfortable position for you.

PICCs are usually recommended for patients who need injections or drugs over a long period of time or for patients who need feeding into their veins. The need and reasons for the catheter will have been discussed with you by the doctors looking after your condition.

**Medication**

Bring all of your medicines (including inhalers, injections, creams, eye drops or patches), a current repeat prescription from your GP and any cards about your treatment.

Painkillers may be required after your hospital stay - ensure you have appropriate supplies at home.

**Who will perform my procedure?**

This procedure will be performed by a member of the vascular access team; either a specialist doctor or a nurse who has been specially trained to perform the procedure. The vascular access team is medically supervised by a consultant in Intensive Care Medicine.

**Before your procedure**

Before the PICC is put in, the reasons for it will have been discussed with you by the doctors looking after you. You will meet a member of the vascular access team before you have the procedure, but this is not usually until the day of the procedure.

Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.
Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of local anaesthesia. In special cases, a general anaesthetic might be required and this will be fully discussed prior to the procedure. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet.

Most people who have this type of procedure can have it done as a day-case procedure and only need to stay in hospital for a few hours after the insertion. However there may be other reasons why you have to stay in hospital for longer and your doctor will discuss this with you before you decide to have the procedure.

**Hair removal before an operation**
For most operations, you do not need to have the hair around the site of the operation removed.

However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery.

Please **do not** shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation.

If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

*References:*
*NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)*

**During the procedure**
The PICC will either be inserted on the ward or in a room in the vascular access unit. A tourniquet will be placed on your upper arm to distend the veins. We will then use an ultrasound machine to look at the veins in your arm to decide which the best one to use. We will clean your skin and numb it with an injection of local anaesthetic; the procedure is carried out under full sterile conditions. Using the ultrasound machine to guide us we will insert a needle into your vein and thread in a wire. We will then thread in the catheter; you may feel a little discomfort or pushing at this point. The procedure normally takes about half an hour. You will need a chest x-ray after the procedure to check the position of the PICC.
After the procedure

**Eating and drinking:** You may eat and drink normally before and after the procedure.

**Getting about after the procedure:** After this procedure you may get up as soon as you feel able. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital:** Most people who have had this type of procedure under local anaesthetic will be able to leave hospital after two to three hours. You would be able to drive yourself home. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.

**Resuming normal activities including work:** Most people who have had this procedure can resume normal activities by the next day but you may have a little discomfort in your arm. You might need to wait a little longer before resuming more vigorous activity. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion.

**Special measures after the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example, infection, phlebitis). You will be given a booklet explaining how to look after your catheter.

**Intended benefits**

The benefits of having a PICC will have been explained to you by your doctors and nurses. The main benefits are that the catheter is a secure and safe method for administering drugs and medicines that cannot be given through smaller veins.

**Significant, unavoidable or frequently occurring risks of this procedure**

**Infection:** The procedure is carried out using a full aseptic technique but there are still risks of the catheter getting becoming infected – this may be local infection at the skin or a more general bloodstream infection. Sometimes the infection can be treated with antibiotics but sometimes the line has to be removed. To reduce the incidence of infections the catheter needs looking after very carefully and you will receive more information about this.

**Local bruising or pain at the site of insertion:** This usually settles over a few days; you may require some simple pain killers such as paracetamol.
**Thrombosis:** When a catheter sits in a vein there is an increased chance of a blood clot forming in the vein. You may be asked to take regular blood thinning medication (for example, warfarin) to reduce this risk.

**Stenosis:** If you need the catheter for a long period of time there is a risk that the vein becomes narrowed. This is called stenosis. If this happens then we may need to put the catheter into a different vein.

**Incorrect positioning of the PICC:** We usually try to position the PICC so that the internal end sits in one of the major veins near to the heart; however, sometimes this is not possible. If this is the case then we may need to manipulate the PICC or replace it with a different type of catheter. The x-ray you have after the procedure helps us find out where the end of the PICC lies.

**Failure to insert:** The veins in the arm are sometimes very small and it may not be possible to insert a PICC line. If this is the case then we will discuss alternative options with you.

**Phlebitis:** This can be caused by movement of the catheter within the vein; the catheter can irritate the vein causing the arm to become hard and red, therefore you need to drink plenty and keep your arm warm.

**Risks associated with this procedure under this type of anaesthesia:** For risks associated with your type of anaesthetic/sedation please see below.

**Alternative procedures that are available**

The alternative to a PICC is to place a cannula in a small vein in your arm or to place a catheter into one of the veins in your neck. The reasons you need a PICC will have been discussed with you by your doctors and nurses. You can decide not to have this procedure or to wait until you have had time to think about it but your treatment may be delayed if you do not have a PICC.

**Contacts/Further information**

You might be given some additional patient information before or after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff or contact a member of the vascular access team.

The vascular access team can be contacted on 01223 596020 or through the hospital switchboard 01223 245151, bleep 152 655 or 152 080.

Further information on central lines can be found at this web site: www.cancerbackup.org.uk/Treatments/Chemotherapy/linesports/centralline

**Anaesthesia**

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the
nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation
Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, may ask you to open your mouth and move your neck. They will review your test results.

Moving to the operating room or theatre
You will usually change into a gown before your procedure and we will take you to the operating suite.

General anaesthesia
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

Regional anaesthesia
Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia
In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

**Sedation**

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

**What will I feel like afterwards?**

How you will feel will depend on the type of anaesthetic and procedure you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their procedure. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

**What are the risks of anaesthesia?**

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

**Very common (1 in 10 people) and common side effects (1 in 100 people)**

- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss
Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

Information about important questions on the consent form

1. Creutzfeldt Jakob Disease (‘CJD’)
   We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2. Photography, Audio or Visual Recordings
   As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3. Students in training
   Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.
4 Use of Tissue
As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

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We are 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.info@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
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Insertion of a PICC line

Patient’s side  left / right  or  N/A

A  Consultant or other responsible health professional

Name and job title:  

☐ Any special needs of the patient (e.g. help with communication)?  

B  Statement of health professional (details of treatment, risks and benefits)

1  I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

The catheter is a secure and safe method for administering drugs and medicines that cannot be given through smaller veins.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

Infection, local bruising or pain at the site of insertion, thrombosis, stenosis, malpositioning of the PICC and failure to insert.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no:  ______ / ______ / ______
Use hospital identification label

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File in the procedures and consents section of the casenotes

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d) any extra procedures that might become necessary during the procedure such as:
   ☐ Blood transfusion  ☐ Other procedure (please state)

2 The following information leaflet has been provided:

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   Version, reference and date: CF247 V5 February 2018
   or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
   ☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

Signed (Health professional): ................................................................. Date: D.D./M.M./Y.Y.Y

Name (PRINT): ........................................................................... Time (24hr): H.H.; M.M.

Designation: ........................................................................... Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding. Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. ☐ Yes ☐ No

2 Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

3 Students in training
   I agree to the involvement of medical and other students as part of their formal training. ☐ Yes ☐ No
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4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): ....................................................... 

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ........................................................................ Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): ....................................................... 
Address:

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For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: __ __ / __ __ / __ __ __
Use hospital identification label

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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .......................................................... Date: ..................

Name (PRINT): .................................................................................. Job title: .................................

Please initial to confirm all sections have been completed: .................................................................

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .......................................................... Date: ..................

Name (PRINT):

Or, please note the language line reference ID number: .................................................................

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .......................................................... Date: ..................

Signed (Health professional): .......................................................... Date: ..................

Name (PRINT): ................................. Job title: .................................