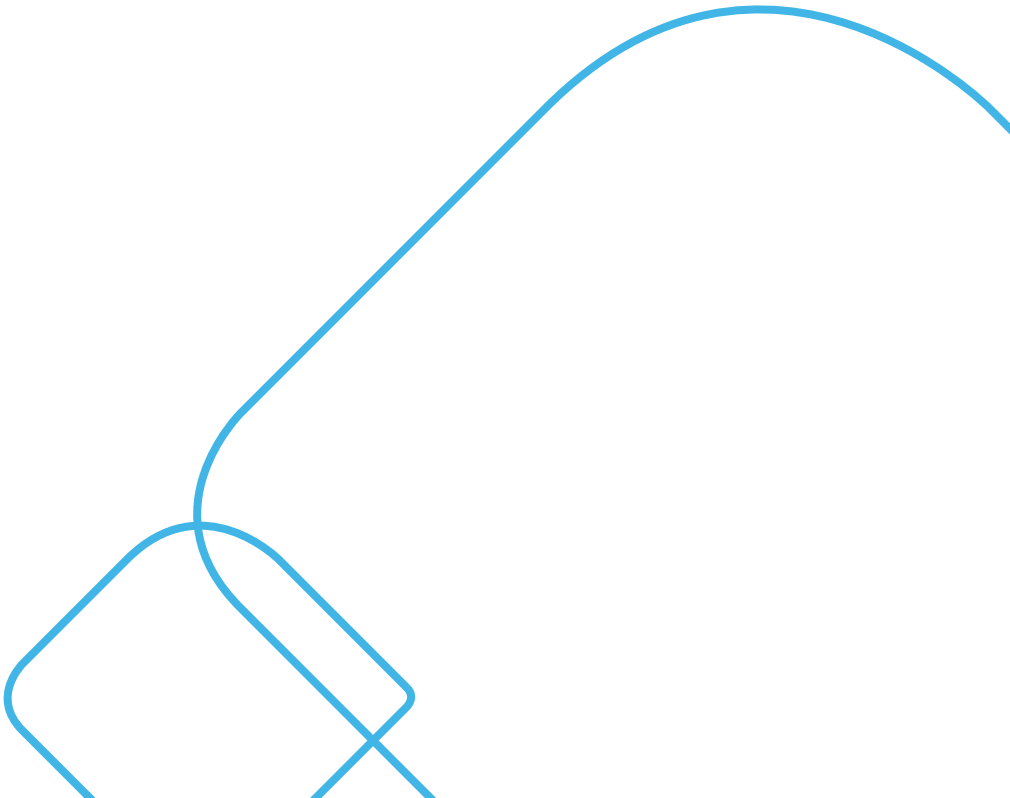


Peripherally Inserted Central Catheter (PICC)

Patient Information
Leaflet

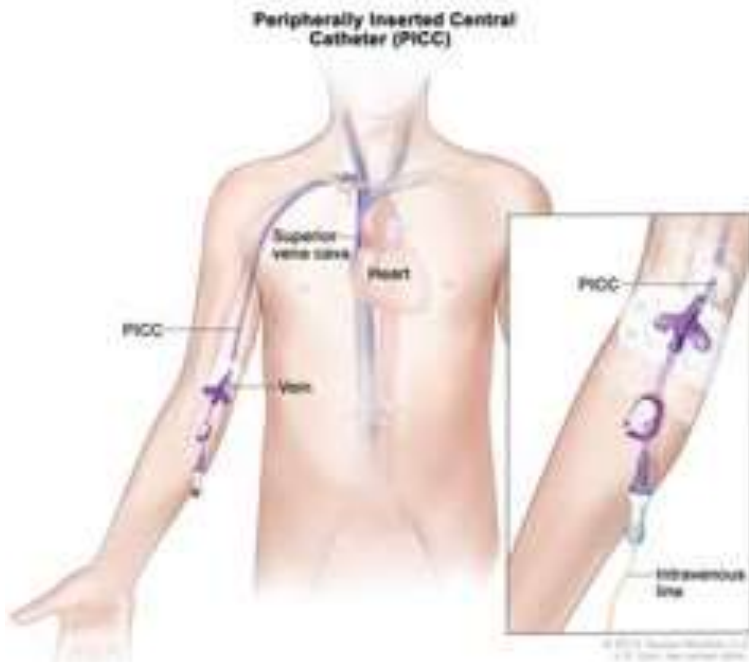



Introduction

Your consultant has referred you for a PICC. This information leaflet will help answer some of the questions you may have about Peripherally Inserted Central Catheters (PICCs). It explains what you can expect during and after the procedure, as well as the benefits and potential risks.

What is a PICC?

A PICC is a long, thin, flexible tube that is inserted into a vein in your upper arm. It is passed along the vein until it reaches the large vein above your heart.





The PICC is secured at the insertion site, with a fixation device and a dressing. Your PICC may have one or two lumens (tubes) on the end, depending on the treatment you are having.

A major benefit of having a PICC is that it can remain in place for an extended period, and usually stays in until your treatment is complete.

It allows all types of intravenous therapy (chemotherapy, antibiotics, fluids, IV nutrition, blood products) to be administered safely, and avoids the discomfort of repeated needles during treatment.

Why do I need a PICC?

Reasons for PICC referral will vary, and will depend upon your proposed treatment. Some of the reasons you may need a PICC are:

- You require intravenous therapy for a prolonged period.
- The treatment you are having cannot be given via the small veins in the lower arm/hand, it must be given centrally via a PICC into a large vein.
- You require Intravenous Nutrition (TPN)

Once in place a PICC can sometimes used to take blood samples.

If you have an appointment for a contrast CT or MRI scan whilst you have your PICC, the radiographers may be able to use the PICC to administer the contrast. However, this will depend on the type of scan.

If you are unsure why you have been referred for a PICC your clinical team will be happy to discuss this with you.

Who puts the PICC in?

You will come to the radiology department to have your PICC inserted. The procedure will take around 30 minutes.

A radiologist or a specialist practitioner will insert the PICC. There will also be a radiology nurse and a radiographer assisting with the procedure.

When you arrive, a nurse will check your details, and go through some questions with you. The radiologist or practitioner will then explain the procedure and confirm that you are happy to proceed.

Let us know if you have a pacemaker, any allergies, or take any medications to thin the blood.


How is the PICC inserted?

We will ask you to lie down on our x-ray table whilst we place your PICC. If you have difficulty lying flat, please let us know. We can change the position to make things more comfortable for you.

The practitioner will use ultrasound to help assess and locate the veins, and decide the best vein to use.

PICC insertion is a sterile procedure. The skin around the insertion site will be cleaned with antiseptic solution, and the area will be covered in sterile drape.

Local anaesthetic is injected to numb the area. This may momentarily sting, but works quickly. You may just feel a bit of pressure at times.



The vein will be accessed with a needle, and a short tube inserted. The PICC will be threaded along the vein into the correct position. An x-ray will be taken to confirm this position. Your PICC will be ready for use straight away.

The PICC is usually secured with a small device called a SecurAcath®. If you have a nickel allergy an alternative securing device may need be used.

A drop of medical adhesive (SecurePortIV) may be used to seal the area where the PICC enters the skin. This adhesive sheds with the skin after about 7 days. If the PICC needs to be removed in the first 7 days an adhesive removal wipe will be used to remove the adhesive.

A dressing is applied to cover the area and you will be given a tubular bandage to protect the PICC.

How should I prepare for my PICC?

You can eat and drink normally on the day of your PICC insertion. On the day, it is advisable to wear a top with short or loose sleeves.

What are the risks involved?

Most PICC insertions are straightforward, complications rarely occur.

Very occasionally it can be difficult to access a vein, particularly if very small. We may choose to use another vein, or sometimes may need to switch to the other arm. Sometimes it can take multiple attempts.

If we have trouble threading the PICC along the vein we may use some contrast agent (a bit like a dye) to map out the veins on x-ray. This can help the practitioner thread the PICC into the correct position.

Rarely, we may fail to place a PICC. If this occurs, we will discuss other options with you and your clinical team.

Rare complications during placement.

Bleeding: Afterwards, there may be a little oozing of blood from PICC area. If this is the case we will apply gentle pressure to the area. You may notice some localised bruising in the few days after the insertion. Persistent or significant bleeding is rare.

Palpitations: Occasionally a patient may experience heart palpitations after PICC insertion. Palpitations often feel like fluttery feelings in the chest area. If this happens, tell the radiologist or practitioner, as the PICC position may need a slight adjustment.

Damage to structures around the vein: The arteries and nerves are sometimes close to the veins we are trying to access. It is rare for any damage to occur.

When we access the vein, we use ultrasound guidance, minimising the risk of an accidental arterial puncture.

If the needle irritates a nerve you may feel a sudden shooting pain in your arm, some tingling can persist for a while, but usually resolves in 24 hours.



After the procedure

When the local anaesthetic wears off, your arm may feel a bit achy. Your shoulder may also feel a bit stiff after being in one position for a while. This shouldn't last more than 24 hours.

Use your arm gently for the first couple of hours after the procedure. After this, you should use your arm normally.

Your clinical team will arrange for the dressing to be changed in 24-48 hours. Subsequent dressing changes will be every 7 days.

It is very important to keep the dressing dry. When showering or bathing you must wash around the area, and not soak or submerge the arm.

You may choose to purchase a special waterproof sleeve for when you shower (we can give you details of where to purchase these).

Can I drive home after the procedure?

You may drive, providing you are feeling well.

Do I need to limit my activities?

Avoid carrying heavy backpacks, carrying bags over the shoulder or in the crook of the elbow

With regard to sports, feel free to discuss with us whether you can continue any sporting activities you currently participate in.

You must not swim with a PICC in place.

It is very important to keep the dressing dry. When showering or bathing you must wash around the area, and not soak or submerge the arm.

You may choose to purchase a special waterproof sleeve for when you shower (we can give you details of where to purchase these).

Who will look after my PICC?

The team who have referred you for a PICC will arrange care of your line. They will let you know who will look after your PICC.

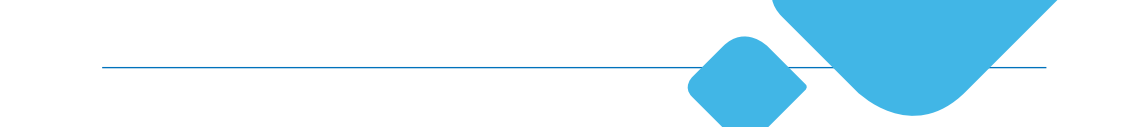
The dressing and the connector on the end of the PICC will need to be replaced every 7 days. Your PICC will also need to be flushed every 7 days; even if not being used.

If you are going home, it is important that you know who to contact if there is a problem with your PICC.

Possible problems whilst the PICC is in place.

Infection: Any device that enters the body can become a source of infection. If the area around the PICC looks red, there is discoloured fluid coming out at the insertion area, you feel unwell, or you have a temperature or shivers, you should seek advice. Your doctors will decide how to treat an infection. The PICC may need to be removed.

Thrombosis (Blood clot): It is possible for a blood clot to develop in your vein, around the PICC. If you develop swelling or pain in your armpit, arm or hand seek advice promptly. If you do have a



clot you will likely need additional treatment. Your doctors will decide if the PICC needs to be removed.

Blocked PICC: PICC lines can occasionally block. If this happens, a special solution will be used to try to clear it. If unsuccessful, the PICC may need to be replaced.

Dislodged PICC: Your PICC is securely fixed, but there are occasions where it may become dislodged. Care should be taken to make sure it doesn't get tugged.

You should check daily how much of the line is visible on the arm. If this changes you should let your clinical team know.

Damaged /Fractured PICC:

It is rare for a PICC to be damaged. But if you can see visible damage or your PICC is leaking you should contact your clinical team. You should never use scissors or anything sharp to remove to remove dressing or gauze from the PICC.

When will my PICC be removed?

When you have finished your treatment and your clinical team are sure you no longer need your PICC, it will be removed.

Removing a PICC is usually painless and takes a few minutes. A nurse can normally do this for you in an outpatient department.

The PICC will be removed from the securing device, and then gently pulled out. The securing device will also be removed.

A small dressing will be applied, you can remove this after 48 hours.

If you have any queries regarding your PICC insertion you should contact your referrer in the first instance.

On the last two pages of this leaflet there is space for you to write notes.

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Date of publication: 2nd February 2023 Ref: RUH RAD/060
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