

PICC/Midclavicular/Midline Catheter

■ Introduction- PICC/ MCV/ Midline

You have a PICC/Midclavicular/Midline (peripherally inserted) catheter. This catheter should make receiving I.V. medicines or solutions more comfortable for you. You no longer need to be “stuck” with a needle for frequent changes of your I.V. line.

The PICC/Midclavicular/Midline catheter is about 22 inches long, but may be cut to a shorter length before it is inserted. The PICC/Midclavicular/Midline catheter is made of a kind of plastic which is not irritating to the body. With proper care this catheter may be able to remain in place until your therapy is finished.

The placement of this catheter may be done in the hospital, doctor’s office or your home. The catheter is inserted into one of the veins at or near the bend of the elbow. It is threaded up the arm to the area of the upper arm or collarbone or into a large vein near the heart. This greatly reduces the risk of vein irritation and clotting which may happen if a smaller vein in the hand or arm was use.

Bleeding under Dressing

Blood may ooze from the catheter entrance site after insertion. This is normal. If larger than the size of a quarter to fifty-cent piece, call your nurse. If any bleeding occurs at other times call your nurse.

Groshong Catheter

■ Introduction – Groshong

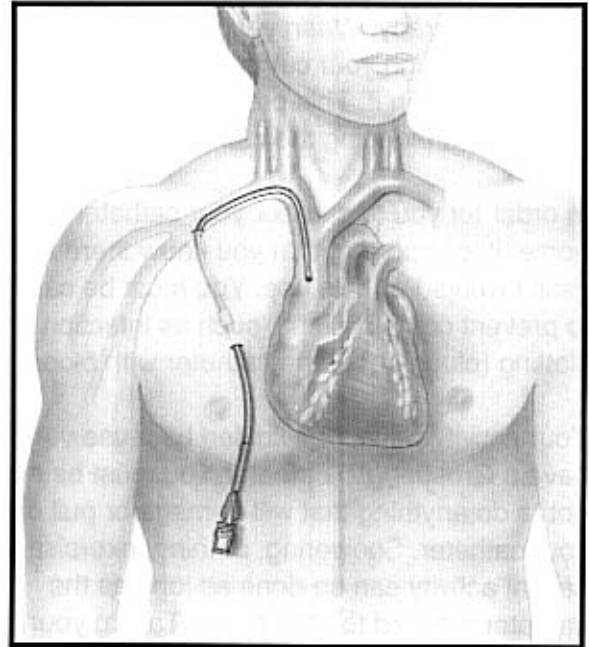
You have a Groshong™ catheter. This catheter should make receiving I.V. (parenteral) medicines and fluids more comfortable for you. You no longer need to be “stuck” with a needle for changes of your I.V. line.

The tunneled silastic catheter (Groshong™) was made with you, the patient, in mind. It is about 2-3 feet long and made of a kind of soft plastic. It does not irritate the body, so it can stay in place until your therapy is finished, if cared for properly.

Inserting the catheter is a surgical procedure. It is usually placed under the collarbone. The tip of the catheter lies in a large vein near the heart.

The catheter is placed under the skin and comes out either on your chest or your stomach, making it easy for you to see and to care for it. You may feel a bump (cuff) around the catheter under your skin. Scar tissue will grow into this cuff of material within two to three weeks after the catheter is inserted. This helps hold the catheter in place and helps prevent infection. It is difficult to accidentally remove the catheter after this occurs.

The Groshong™ catheter is different than other catheters in that the tip of the catheter is closed. There is a two-way valve near the tip. The valve prevents blood from coming back into the catheter and also prevents the fluid in the catheter from draining out when the catheter system is “opened.” Because of this two-way valve, you do not need to clamp the catheter.



Tunneled Silastic (Hickman™, Broviac™) Catheters

■ Introduction – Tunneled Silastic (Hickman™, Broviac™) catheters

You have a tunneled silastic catheter. This catheter should make receiving I.V. (parenteral medicines) more comfortable for you. You no longer need to be “stuck” with a needle for changes of your I.V. line.

The tunneled silastic catheter was made with you, the patient, in mind. It is about 2-3 feet long and made of a kind of soft plastic. It does not irritate the body, so it can stay in place until your therapy is finished, if cared for properly.

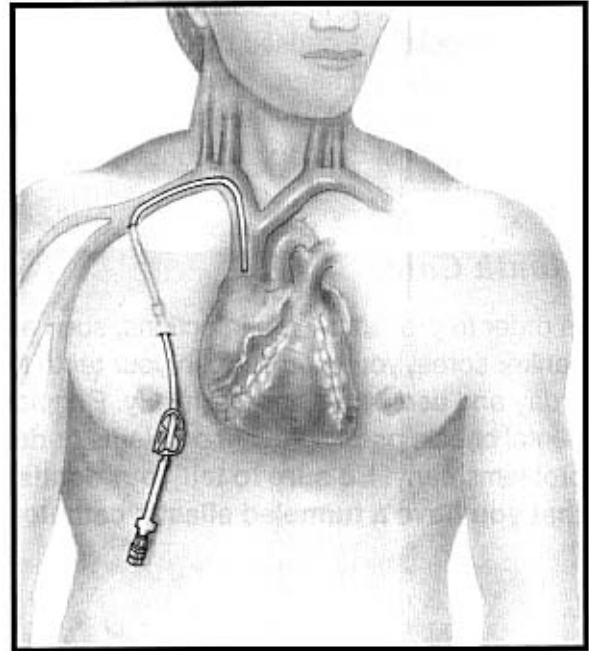
Inserting the catheter is a surgical procedure. It is usually placed under the collarbone. The tip of the catheter lies in a large vein near the heart.

The catheter is placed under the skin and comes out either on your chest or your abdomen, making it easy for you to see and to care for it. You may feel a bump (cuff) around the catheter under your skin. Scar tissue will grow onto this cuff of material within two to three weeks after the catheter is inserted. This helps hold the catheter in place and helps prevent infection. It is difficult to remove the catheter accidentally after this occurs.

Prevention of Air Embolism

A tunneled silastic catheter must ALWAYS be clamped with a special clamp on your catheter, or a low-tension clamp, before removing the injection cap or I.V. tubing. This is done to prevent air from entering your catheter. An air embolism is caused by air entering the blood vessels and heart. The injection

cap or I.V. tubing should always be securely attached to guard against the cap accidentally falling off.



Subclavian/Jugular Catheters

■ Introduction – Central Venous Catheter Subclavian/Jugular

You have a central venous (subclavian, jugular) catheter. This catheter should make receiving I.V. medicines/fluids more comfortable for you. You no longer need to be “stuck” with a needle for frequent changes of your I.V. line.

The central venous catheter is about 12 inches long, may have one or three ports and is made of a kind of plastic which does not irritate the body. This allows your catheter to remain in place until your therapy is finished, if cared for properly.

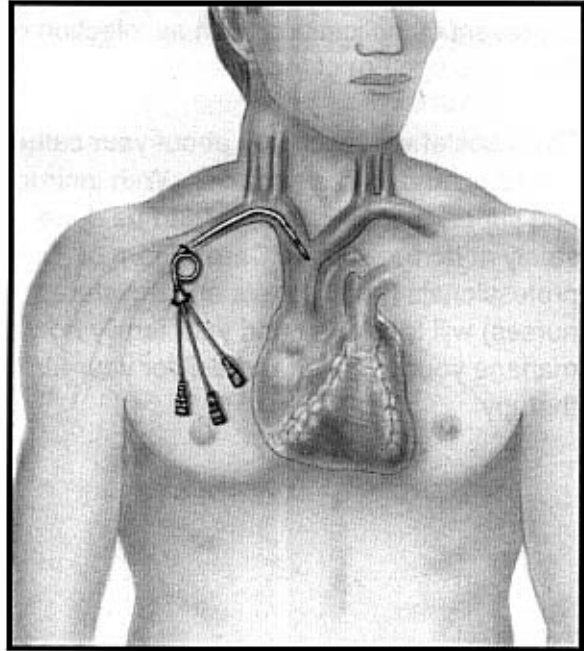
Inserting the catheter is a surgical procedure. It is usually placed in the neck or under the collarbone. The end of the catheter lies in a large vein near the heart.

Use of a large vein allows for fast dilution of the medicine or solution you are receiving. This greatly reduces the risk of irritation to the vein and clotting, which may happen if a smaller vein in the hand or arm were used.

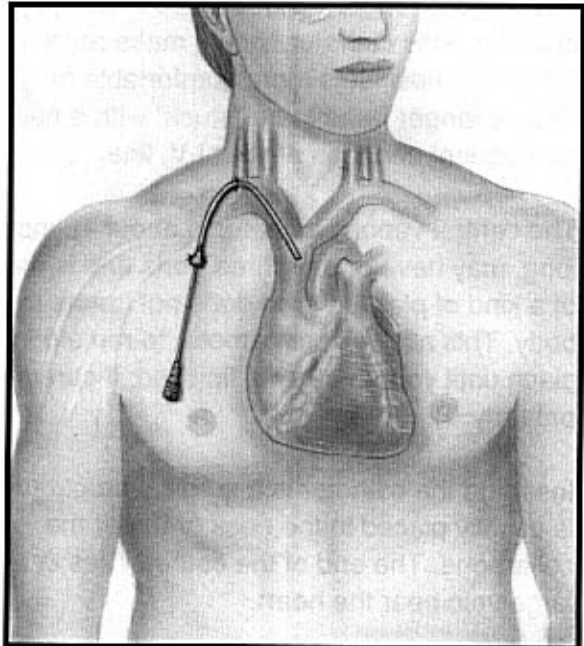
Prevention of Air Embolism

If there is a low-tension clamp on your catheter, it must ALWAYS be clamped before removing the injection cap or I.V. tubing. This is done to prevent air from entering your catheter. An air embolism is caused by air entering the blood vessels and heart. The injection cap or I.V. tubing should always be securely attached to guard against the cap accidentally falling off.

■ Subclavian Placement



■ Jugular Placement



Implanted Ports

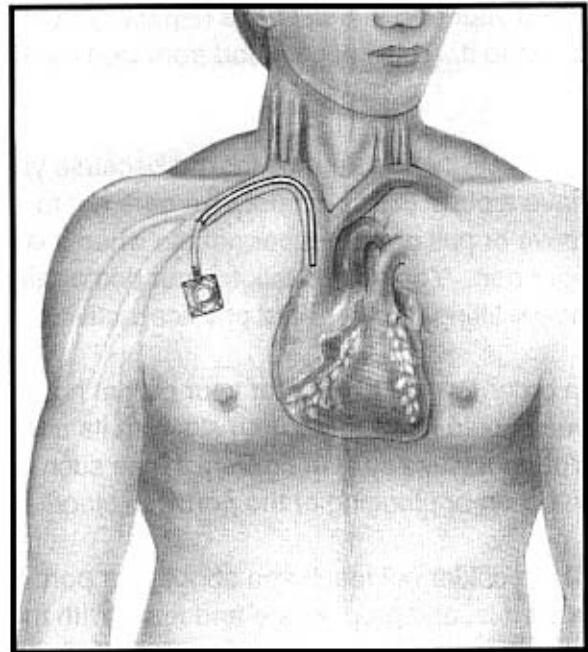
■ Introduction – Implanted Port

The implanted port is about one and one-half inch wide and usually made of stainless steel. In the center on top or to the side of the port (depending on the type of port you have) there is a disc or septum. This is made of a type of rubber, which can be poked by a needle over and over again. There is a tube (catheter) attached to the port. The tube is made of a kind of plastic which is not irritating to the body. This allows the port and catheter to stay in place until your therapy is finished, if cared for properly.

The port is put into your body by a doctor in the hospital. A small cut is made, usually near the collarbone and a “pocket” is made under the skin for the port. The attached catheter is then placed in a large vein near the heart. After the port is in place, you will see and feel a small “bump” under the skin. This bump is the port.

A special needle (Huber point or non-coring) **must** be used to give I.V. fluids or medicines through your port. The needle goes through the skin and into the rubber septum of the port. You may feel a small stick or pricking feeling when the needle goes through the skin. You should feel no pain once the needle is in place. The needle will stay in the port while the medicine is being given.

■ The Implanted Port



PICC and Central Line Catheters

