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## Getting Your Hickman Catheter

You are going home with a Hickman catheter. This is a small, soft tube. It is put in a large vein in your neck or chest. A Hickman catheter is usually a temporary tube that takes the place of a regular IV.

### What is a Hickman catheter used for?

A Hickman catheter is used for:

- Taking and giving blood
- Medicines that need a larger vein, like chemotherapy
- IV nutrition, medicines, and fluids

### Why is a Hickman catheter used?

A Hickman catheter is used because it is larger than a regular IV. It can also stay in longer and be used more times. A Hickman catheter can help keep smaller veins from being overused or damaged.

### How long will I have my Hickman Catheter?

Your doctor will decide when you do not need your catheter anymore. Your catheter may also be taken out if there is an infection, blood clot, or it is not working the way it should.

### Where will the Hickman catheter be put in?

To have your Hickman catheter put in, you will go to the Interventional Radiology Department or to the operating room.

### How will I get ready for my procedure?

Follow the important instructions on the next pages.

## The Week Before

- Make a list of all the medicines you take. Include any allergies to medicines and X-ray contrast dye. List any medical and surgical procedures you have had. Write down all of your questions.
- Plan for someone to take you home after your procedure. You will not be allowed to drive or to take a bus or taxi alone. If you do not have a ride, you may not be able to have your procedure. Tell the doctor or nurse if this is a problem.
- Ask if you will need infusion homecare services after your procedure.
- **If you take a blood thinner, tell your doctor or nurse.** To lower your chance of bleeding, your dose may need to be changed before your procedure. Some common blood thinners are:
  - Aspirin
  - Warfarin, which is also called Coumadin<sup>®</sup> or Jantoven<sup>®</sup>
  - Dalteparin, which is Fragmin<sup>®</sup>
  - Clopidogrel, which is Plavix<sup>®</sup>
  - Ibuprofen, which is Motrin<sup>®</sup>
- Do **NOT** shave your chest. The doctor or nurse will tell if the hair can be clipped. Shaving may irritate your skin and cause problems.

## The Day Before

The day before your procedure, a nurse will call to give you important instructions:

- Do not eat or drink anything for 8 hours before your procedure.
- Take your regular medicines the way you usually do with a small sip of water.
- Bring a list of all of your medicines, allergies, and medical and surgical procedures.
- Don't forget to write down your questions.

The nurse will also tell you the time of your procedure and give you directions to the hospital.

## **The Day of Your Procedure**

On the day of your procedure, go to the main entrance of Brigham and Women's Hospital at 75 Francis Street or the Shapiro Lobby. Make sure you go at the time the nurse tells you. It may be as early as 5:45 a.m.

When you are inside, go to the information desk. Tell the receptionist you are going to have a central line put in. You will then be taken to our recovery area.

- Your family will be asked to wait in our waiting area, while you get ready for the procedure. When you are ready, they may rejoin you until it is your turn.
- You may need a blood test.
- A member of the medical team will talk with you about your procedure. You will have a chance to ask questions. You will also be asked to sign a consent form if you have not already signed one.
- When everything is ready, you will be taken to the procedure room.

## **What should I expect in the procedure room?**

In the procedure room:

- Your blood pressure, heart rate, and oxygen level will be watched closely.
- An IV may be started in your hand or arm. The IV will be used to give you fluids and medicines.
- A nurse will give you medicine to make you sleepy and to relieve discomfort.
- Special skin cleaner will be used to wash the area where the catheter will be put in.
- Your doctor will numb the skin where the tube will go. Two small openings will be made in your skin to put in the catheter.

- \* Your catheter will be put in your lower neck. This is called the entrance site. This area will have a stitch. It will stay on for about 7 days.
  - \* Your catheter will then be tunneled under your skin.
  - \* It will come out in your upper chest area. This area is called the exit site. It will also have stitches. These will be left in for 21 to 30 days. If you have a Power Hickman, they will be left in for at least 30 days.
- The end of the catheter will stay several inches out of your skin. It may also be stitched in place.

### **What happens after the procedure?**

After the procedure, you may be taken to the recovery room.

- Your temperature, heart rate, and blood pressure will be checked.
- You can usually eat and drink right away.
- The area where the catheter comes out of your skin will be covered with a dressing.

You will have a second dressing where the catheter was put in.

### **How will I take care of my pain?**

After surgery, it is normal to have bruising, swelling, or pain around your Hickman catheter. This will go away in a few days.

**For Mild Pain:** Take acetaminophen, which is Tylenol®.

- Tylenol® is in many medicines. Do not take Tylenol® with another medicine that has Tylenol® in it unless your doctor tells you it is ok. Always check with your pharmacist first.
- **Do NOT take Tylenol®** if your catheter is being placed for stem cell collection or transplant unless your oncologist tells you it is OK.
  - **Do not take more than 4,000 mg of Tylenol® in 24 hours.**

**For Strong Pain:**

- You may be given a prescription for narcotic pain medicine. Take it exactly the way your doctor tells you.
- Some people feel sleepy and lightheaded after taking narcotic medicine. Do not drink alcohol, drive, or use machinery while you are taking narcotic pain medicine.

**Safety!**

**For 24 hours after surgery or if you are taking narcotic pain medicine, do not drive, drink alcohol, or make any important decisions.**

**How should I take care of myself after the procedure?**

After your procedure follow these important instructions:

- You will have a dressing over each of the 2 openings in your skin. Your nurse will teach you how to take care of them.
- Only persons who have been trained by a nurse should take care of or use your central line.
- You will receive patient education information before you leave. If you do not, please ask your nurse.
- If you will have homecare after your procedure, check with the staff and make sure that it has been arranged.

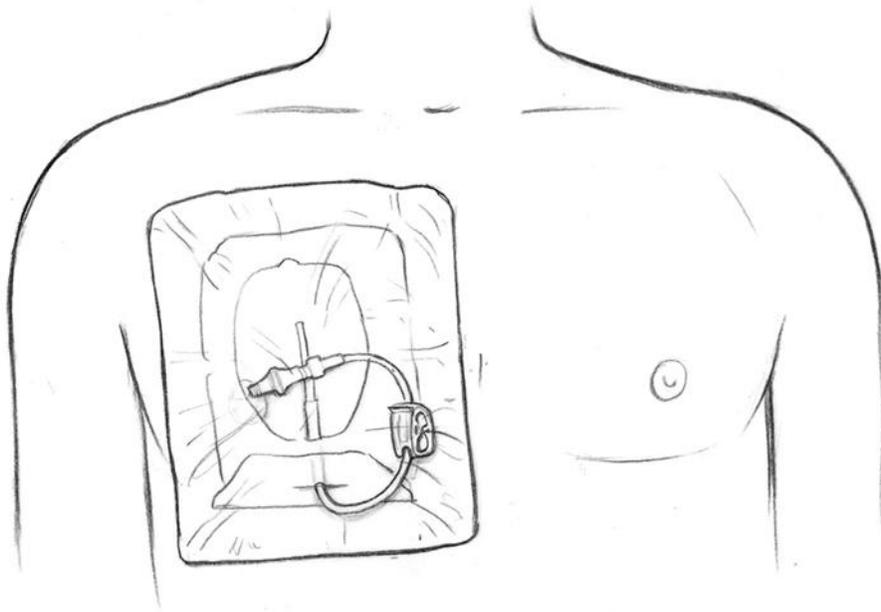
**What activities may I do after my procedure?**

- Healing usually takes 2 to 4 weeks. During this time, you may slowly restart your usual activities, as long as they do not cause pain.
- Do not do any contact sports.
- Do not do activities that use your upper chest muscles. This includes weight lifting, vacuuming, bowling, golf, or tennis. If you have any questions about your activities, please ask your doctor.

- You may have sex, but do not pull on the catheter.
- You may drive 24 hours after surgery, as long as you are not taking narcotic pain medicine.

### Showering and Bathing

- You may take baths or showers but you **must completely cover your dressing and connections.**
- **Do NOT get your catheter or dressing wet.**
  - \* Coil your catheter and cover it completely with a plastic wrap and tape. You may also use a dressing cover, like AquaGuard® or Press 'n Seal®.



- \* **If the dressing gets wet, it needs to be changed right away.** Either change it the way you were taught or call homecare to change it.
- **Do not let your catheter go under water** in a tub or pool.

## **Danger Signs**

After your procedure, call your doctor or nurse if:

- Your tube falls out
- The catheter becomes kinked or hard to flush
- You have redness or warmth around your catheter
- You have chills or a fever higher than 100.4° F
- You have bleeding, swelling, or drainage around your catheter
- Either arm becomes swollen

## **Who to Call**

- If you went to Angio/Interventional Radiology to have your catheter put in, call 671-732-6660. Ask the operator to page 11801.
- If you went to the operating room (OR) to have your catheter put in, call your surgeon at Metabolic Support: 617-732-8880.

**Remember: In an emergency, ALWAYS call 911.**

## **Catheter Care**

You will take care of your catheter every day. This will help prevent infection and help prevent clots from forming inside your catheter. Before you leave the hospital, you and your caregiver must learn and practice how to:

- Change your dressing
- Flush your catheter
- Change your catheter caps
- Keep things sterile

The above information contains some, but not necessarily all, of the information that you may need to care for your central line. Please speak with your doctor or nurse if you have questions or issues you may experience.

This document should not take the place of conversations with members of your health care team about your treatment and effects you may experience during and after the use of a central line.

If you experience any significant change in your health during or after treatment, contact a member of your health care team right away.

***Developed by the Dana-Farber Cancer Institute and Brigham and Women's Hospital Central Line Education Team, August 2013.***