

Patient agreement to investigation or treatment

Insertion of a central venous catheter

Authors: Vascular access team: Dr A Johnston (Consultant), Carmel Streater (Specialist Nurse)

Brief description:

- A central venous catheter is a long hollow tube that is inserted into one of your large veins. One end of the tube sits in a vein (usually just above the heart) and the other end comes out from underneath the skin. The catheters are usually recommended for patients who need certain types of medicines or treatments that can irritate or damage the smaller veins; or whom need injections over a long period of time. Insertion of the catheter requires a sterile procedure, which is usually performed under local anaesthetic and sedation. More information on central venous catheters is given in the further information section below.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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.....

About insertion of a central venous catheter

A central venous catheter, or central line, is a long hollow tube made of silicon rubber which is placed into one of the large veins in the body. One end of the line remains outside the body and can be used for injections. 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 the axillary vein that lies just beneath the clavicle (collar bone) or the jugular vein that lies just above the clavicle at the base of the neck.

The particular vein that we use, and the side of the body, will depend on the reasons that you require a central line. It will also 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 procedure; however, it is sometimes impossible to decide until during the procedure.

In order to reduce the chances of the catheter getting infected it is usually tunnelled under the skin before going into the vein. This means that the catheter will usually appear from underneath the skin on the front of your upper chest. We try to make sure that the entry site is in a comfortable position for you.

Central venous catheters 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.

Before your procedure

- Before the central venous catheter 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.
- Upon arrival to our unit, you will be asked to have a shower with our antiseptic shower gel in order to minimise infection prior to the central line being put in. You will be given a towel and a theatre gown to get changed into afterwards.
- You will be asked if you are taking any tablets or other types of medication. These might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring with you details of anything you are taking (for example, bring the packaging with you).
- This procedure involves the use of local anaesthesia and sedation as well. In special cases, a general anaesthetic might be required and this will be fully discussed prior to the procedure. See below for further details about the types of anaesthesia/sedation we shall use.

- 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.
- **On the day of the procedure, you can have a light breakfast or a meal and can drink normally.**
You will also require some blood tests before the procedure
If you are taking either warfarin or clexane (blood thinning drugs), please discuss with your doctor when you should stop taking these prior to the procedure.

Prevention of Surgical Site Infection (SSI) (for applicable procedures only)

In order to prevent infection, hair from the area where you are being operated on may need to be removed.

Hair removal from the site of the operation up to sixty minutes before surgery reduces the risk of infection. This means that the hair removal procedure is usually carried out on the operating table. The skin is then cleaned with an appropriate skin preparation solution. This can leave a colouration to the skin which can be washed off.

You must not shave the area that is being operated on yourself; this will be carried out in the operating theatre. Shaving at home, or the night before surgery, increases the risk of infection as no matter how careful you are the skin may become irritated and this could increase the risk of infection.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

Reference:

Department of Health. High Impact Intervention No 3: Preventing surgical site infection. Saving Lives: reducing infection, delivering clean and safe care: DH June 2005.

During the procedure (operation/treatment) itself

- When you arrive in the Vascular Access Unit (VAU, level 4 Radiology) we will insert a small cannula (drip) into your arm if you do not already have one.
- You will be transferred onto the operating table and will be given some sedation medicine into the cannula in your arm.
- While you are sedated we will monitor your heart rate and oxygen levels with a peg (pulse oximeter) on your finger; you may also require some oxygen via a mask.
- We will then use an ultrasound to look at the veins in your neck and arms 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 then thread in a wire.
- The position of the wire will be checked with an X-ray and we will then thread in the catheter; you may feel a little discomfort or pushing at this point.
- If you have the catheter inserted into your jugular vein or axillary vein (the veins just above and below the collar bone) you will have a small scar just above or below your collar bone.
- The catheter is then tunnelled under the skin and appears on the front of the chest where it will be sewn to the skin.
- You will usually have two dressings to cover the scars. The procedure normally takes about an hour.

After the procedure (operation/treatment)

- After the procedure you will be transferred to the recovery room until you are ready to go back to the ward or be discharged.
- **Eating and drinking:** After this procedure, you should be able to eat and drink.
- **Getting around and about:** After this procedure you may get up as soon as you feel able.
- **When you can leave hospital:** Most people who have had this type of procedure under local anaesthetic and sedation will be able to leave hospital after two to three hours. **You will not 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.
- **When you can resume 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 neck or shoulder. 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 their opinion.
- **Special measures you need to take 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).

Intended benefits of the procedure

- The benefits of having a central venous catheter 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 can not be given through smaller veins.

Who will perform my procedure?

- This procedure will be performed by a member of the vascular access team; either a specialist doctor or nurse who has been specially trained to perform the procedure. The vascular access team is medically supervised by two consultants in intensive care medicine.

Alternative procedures that are available

- The alternative to a central venous catheter is to place a cannula in a small vein in your arm. This is often not possible or safe and the reasons you need a central line 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 central venous line.

Serious or frequently occurring risks

- Risks associated with this procedure:
 - **Infection.** The operation is carried out using full sterile conditions but there are still risks of the catheter getting 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. If you experience any of the following symptoms on the side the line has been inserted, please contact either your GP or hospital doctors as soon as possible: swollen fingers/arm/neck, aching shoulder or arm.
 - **Lung collapse.** This happens in less than 1% of patients and may require further treatment to avoid breathing complications. You will usually have to stay in hospital until the lung has healed.
 - **Stenosis.** If you need the catheter for a long period of time there is a risk that the vein becomes narrowed (stenosed). If this happens then we may need to put the catheter into a different vein.
- Risks associated with procedures under this type of anaesthesia/sedation: For risks associated with your type of anaesthetic/sedation please see below.

Information and support

- If you have any questions or anxieties, please feel free to ask a member of staff including Carmel Streater, Vascular Access Specialist Nurse
- The vascular access team can be contacted through 01223 596020
- Further information on central lines can be found at this web site:
www.cancerbackup.org.uk/Treatments/Chemotherapy/linesports/centralline

Your anaesthesia

- Local anaesthesia. In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation to produce an area of numbness. You may still feel some sensation of pressure and movement, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor or the specialist nurse doing the procedure.
- Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. It leaves you able to communicate and co-operate but makes you feel relaxed and calm during the procedure. You may remember a little about what happened but often you will remember nothing.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

Authors	Vascular Access Team
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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

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Special requirements.....
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Insertion of Central Venous Catheter

Statement of health professional

(To be filled in by 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:

- The intended benefits of the procedure: The main benefits are that the catheter is a secure and safe method for administering drugs and medicines that can not be given through smaller veins.
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Local bruising or pain at the site of insertion, infection, thrombosis, lung collapse and stenosis
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Insertion of Central Venous Catheter.....
Version/Date/Ref: Version 3, May 2011/CF320.....

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

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

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title:

