

Patient agreement to investigation or treatment

Insertion of a central venous catheter for haemodialysis

Authors: Dialysis Unit

Brief description:

- Because your kidney's are not working as well as normal, you have been recommended to have haemodialysis. This is a procedure to clean your blood of waste products using a haemodialysis machine (kidney machine). In order to gain access to the blood, a catheter (draining tube) will be inserted into a central venous (large vein) in your neck that leads to your heart.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). 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.
- Guidance for health professionals can be found on the Addenbrooke's intranet site <http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time, even after you have signed the form.

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 for haemodialysis

In order to access a large enough blood vessel, we will insert a catheter into a large vein, usually in your neck. The 'open end' isn't visible on your neck but is hidden below your collar bone. We do this by passing the tube deep under your skin. The place where we enter your neck is sutured (stitched). At the exit site, you usually have just one suture to hold the end of the catheter in place where it comes through the skin. This also helps prevent the catheter pulling against the exit site. In time, the skin should heal around the catheter end. The neck sutures are removed five to seven days but the one round the catheter stays in place for 1 month.

Once the catheter has been inserted, you will have a chest X-ray to check that the catheter is in the correct place.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet the doctor and a haemodialysis nurse. The doctor might want to check the site of the vein he wants to access by using an ultrasound machine.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- 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 details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of local anaesthesia and/or sedation. See below for further details about the types of anaesthesia/sedation we shall use.
- This procedure is often performed as a day-case procedure. After the haemodialysis treatment, you can go home. In some cases, the doctor will tell you whether you will need to stay for longer than usual – this will be discussed with you before you decide to have the procedure.
- Usually, the procedure involves using local anaesthetic or sedation only, therefore, you will not be required to fast (starve) before the procedure. You will have your first haemodialysis treatment (cleaning the blood), following the catheter insertion and we advise you to have a friend or relative to drive you home as you may feel tired.
- Please wear loose clothing.

During the procedure

- Before your procedure, you will be given the necessary local anaesthetic and/or sedation - see below for details of this. This will be given to you by the doctor when you are settled on the bed in the treatment room.
- You will be asked to remove your upper body clothing, any earrings and spectacles. You will be given a gown or a blanket for warmth and dignity/privacy.
- You will be asked to lie down on the bed and turn your head, usually to the left if we are to insert the catheter into the right side of your neck. The bed might be tilted with the foot-end raised. A blood pressure cuff will be attached to your arm and a finger clip attached to measure the oxygen levels in your blood. Your blood pressure and oxygen

levels will be taken before, and during the procedure.

- Your upper body, head and face will be covered with sterile drapes. The doctor and dialysis nurse will frequently ask how you are feeling while your head is covered.
- At the insertion site, your skin will be cleaned with an antiseptic solution and a local anaesthetic or sedation administered beneath the skin. An ultrasound machine will often be used to accurately locate the vein where the catheter will be inserted. The doctor will put a gel on your skin and run a monitor over the area to give a picture on a screen. Once located, a small cut will be made in the skin to help access the vein.
- You will feel a little pushing and pulling in your neck area while the doctor inserts the catheter, this may cause you some discomfort. When the other end of the catheter has reached the exit area, it will be brought out through a small incision (cut), the catheter will be flushed and the ends sealed with caps.
- Once the catheter is in place, the doctor will suture the small cuts made in the neck skin and apply a sterile dressing.
- You can get dressed and will be directed for a chest X-ray area before having your first haemodialysis session.

After the procedure

- After the procedure, if you have had a sedative, you might feel sleepy.
- Your neck will feel stiff and when the anaesthetic wears off, might be sore. Use your normal painkiller for example, paracetamol as an analgesic (painkiller).
- **Eating and drinking:** After this procedure, you can eat and drink as normal.
- **Getting around and about:** You can walk about as normal. If we think you will have problems getting about, we will arrange for a wheelchair to take you for your chest X-ray.
- **When you can leave hospital:** Most people who have had this type of procedure under **local anaesthetic** will be able to leave hospital straight after their haemodialysis treatment. Please ensure you have a friend or relative to drive you home.
- **When you can resume normal activities including work:** Most people who have had this procedure can resume normal activities as soon as they feel able. 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 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).
- **Check-ups and results:** Before you leave the dialysis unit you will be given details of when you need to return to see us for your regular dialysis treatments (days and times per week). During this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- This procedure allows us to access your blood system to remove waste products that would build up in your body. If you don't have dialysis, waste products can make you

very unwell and could cause premature death.

Who will perform my procedure?

- A member of the renal team, a specialist doctor who has been trained to do this procedure, will insert the catheter, and the dialysis treatment which follows will be performed by the dialysis nurses.

Alternative procedures that are available

- A **fistula** (the joining of an artery and vein, which is usually in the arm) can be created to give long-term access to the blood supply. This needs to be planned well in advance and could take six to eight weeks to start working.
- A **peritoneal catheter** can be inserted to allow intermittent peritoneal dialysis to be carried out while the catheter seals itself internally – this can take between four to six weeks to start working.
- You may decide not to have haemodialysis treatment. If you have kidneys that are not removing waste products and do not decide to treat this, it will cause your premature death. If this is what you choose, you will be offered appropriate care and supportive treatment (palliative care).

Serious or frequently occurring risks

Some complications with this procedure are:

- Infection – either a local infection or a bloodstream infection. This can be treated with antibiotics but sometimes the catheter has to be removed.
- Localised bruising and/or bleeding around the incision sites affects one in every 10 patients. This depends on how easy it has been to insert the catheter.
- Haemothorax (blood in the pleural cavity) affects one in every 400 patients.
- Arterial puncture (catheter in an artery instead of a vein) and wrongly positioning of the catheter, affects one in 100 patients. This risk is reduced with the use of an ultrasound machine.
- Air embolism (air bubble in the blood supply) affects one in 500 patients.
- Dysrhythmia (abnormal heart rhythm) affects one in 500 patients.
- Broken catheters damaged by the introducing needle affect one in 500 patients.
- Stenosis. If you need the catheter for a long period of time there is a risk that the vein becomes narrowed.
- Death from insertion affects one in every 1000.
- All of the risks outlined above are reduced with the use of ultrasound equipment to make the insertion more accurate. Your blood pressure and oxygen levels are recorded throughout the procedure to enable the medical staff to monitor you carefully and to reduce some of these risks from happening.

Information and support

- 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 in the Dialysis Unit.

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- The Haemodialysis Unit can be contacted on Monday to Saturday between 0700 hrs and 2400hrs: Tel: 01223 217 840, or the Nephrology Ward, C5 on Tel: 01223 217 195.
 - A variety of patient information leaflets for example, produced by Addenbrooke's Kidney Patients Association (AKPA) or the National Kidney Federation on the insertion of central venous catheters are available in the Dialysis Unit – please ask if you have not been given one.

Your anaesthesia - there are different types of anaesthesia that can be used. The type chosen by your anaesthetist depends on the surgery you are undergoing as well as your health and fitness. Sometimes the different types of anaesthesia are used in combination.

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 and some sensation of pressure might be present, 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 doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. It makes you physically and mentally relaxed during an investigation or procedure which might be unpleasant or painful (such as an endoscopy) but where your co-operation is needed.

You might remember a little about what happened but often you will remember nothing. This is known as 'conscious sedation', and can be used by other professionals as well as anaesthetists.

If you are having a regional or local anaesthetic, you might want to ask for some sedation as well.

Monitoring devices might be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You might be given some oxygen to breathe.

Day-case anaesthesia

Sometimes this procedure is carried out as a day case procedure. This means you will come into hospital on the day of the procedure, often only a short time before it is due to start. You will be seen preoperatively for assessment. Take all your normal drugs on the day of the procedure. You will have your first haemodialysis treatment following the catheter insertion

General anaesthesia

On a few occasions a general anaesthetic has to be used, more information and explanation will be given to you if necessary.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایہ پرسیار بکھ نہ گھر نہ وزانیاریہت دہوی بہ زمانیکی تر , بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

Urdu

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براہ مہربانی اس کیلئے درخواست کریں۔



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

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

Document History

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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 for Haemodialysis

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:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient

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• 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 a central venous catheter for haemodialysis.

This procedure will involve:

- 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.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

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):

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

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

Please tick boxes to indicate you either agree/disagree to the three points below.

I agree to the use of photography for the purpose of diagnosis and treatment.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
I agree to anonymised photographs being used for medical teaching.	<input type="checkbox"/>	<input type="checkbox"/>

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: