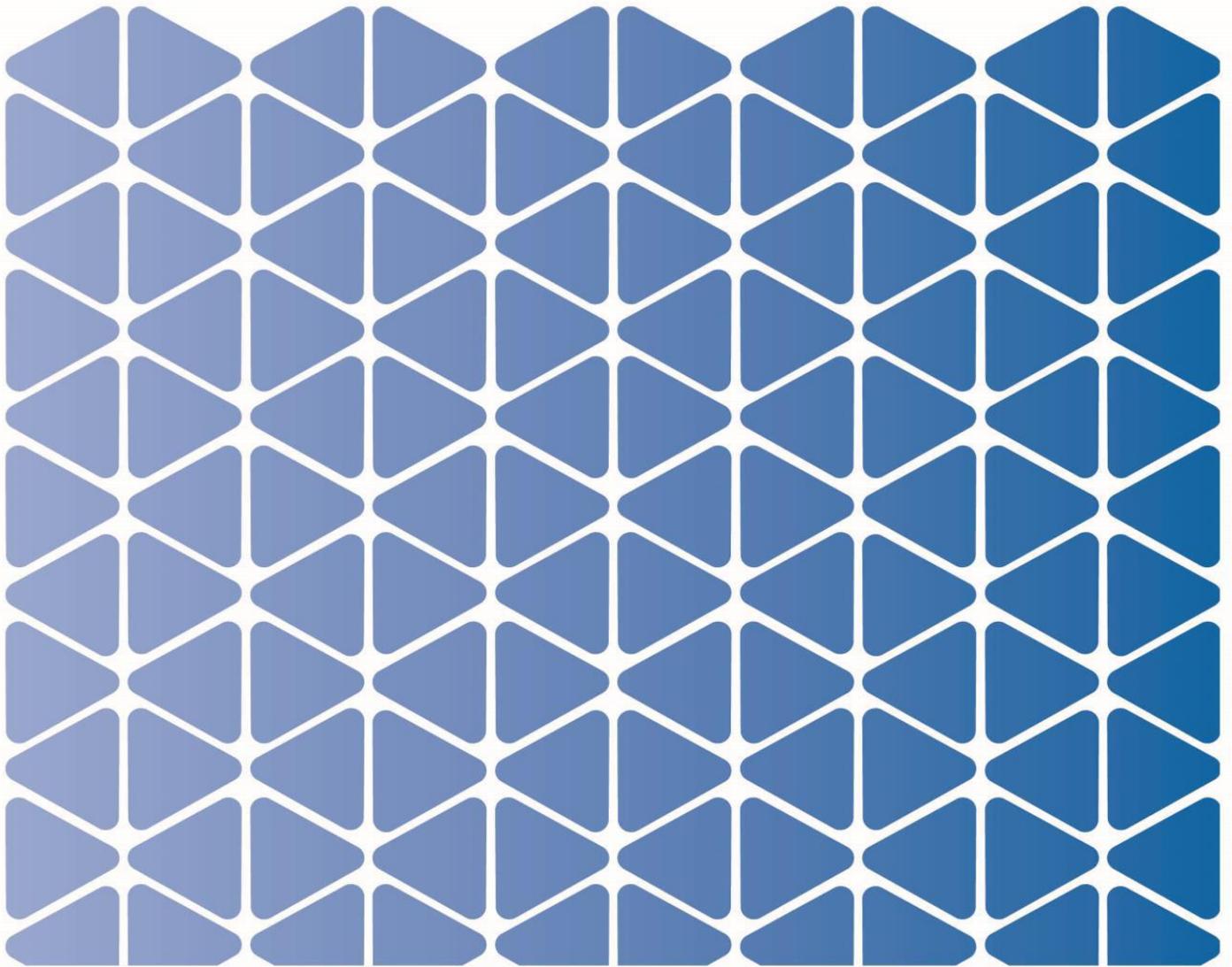




PATIENT INFORMATION

MIDLINE INSERTION

A GUIDE FOR PATIENTS



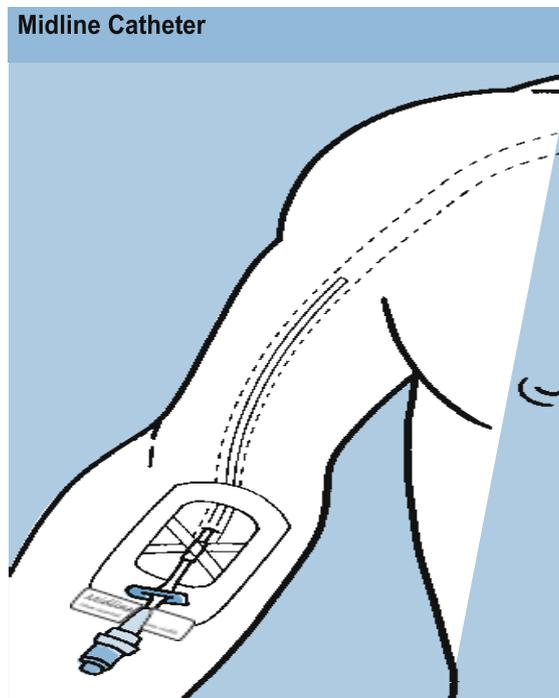
Midline Catheter

Introduction

It has been recommended by a trained professional that you have a midline catheter inserted, in order to deliver your treatment. The trained person inserting this device will explain the procedure and any risks and benefits to you. This information aims to provide you with information to enable you to care for your device. Additional information can be supplied by your Doctor or Nurse.

We advise you to make yourself familiar with this information. If you have any concerns please contact a member of staff whilst in hospital or the Community OPAT team when discharged.

What is a midline catheter?



A midline catheter is a thin, flexible, hollow tube. They can be described as a long cannula. One end of the catheter is fixed to just above the crease of your elbow. This enables trained staff to administer medication in to your vein, without the need for repeated cannulations. Midline catheters can stay in place for approximately four weeks. Some patients do require a replacement catheter.

Why do I need a midline catheter?

We have advised that you need a midline catheter either because we are finding it very difficult to insert a cannula, or you require intravenous medication in to your vein likely to continue for more than a week. The reason for a midline will vary depending on your medical condition and proposed treatment. These catheters are usually placed just above the crease of your elbow and may be your left or right side.

How is the midline inserted?

Most midline catheters are inserted in a similar way to a cannula. The insertion of a midline catheter is not an operation, it is an intervention. The person inserting the midline will treat it as a clean procedure. They will prepare sterile equipment, wear sterile gloves and gown and clean your skin with an antiseptic. The midline will be inserted under ultrasound guidance and you will have a small injection of local anaesthetic to numb the skin.

The midline catheter is inserted either through a needle or venflon. The skin may require a small cut. Once the midline is in place, it is fixed with a securing device called a (Grip-Lok) and a waterproof dressing. After the midline has been inserted you may begin to receive your medication through it and will be able to have your bloods taken from it. There is no requirement for a check x-ray. You can eat and drink normally. The procedure takes around 20 to 30 minutes.

Consent to procedure

Either verbal or written consent will be taken. The risks and benefits of the procedure will be explained.

What are the Risks?

Inserting a midline catheter is usually a safe procedure but as with any procedure can carry some risks. These risks are similar to those that may occur with an ordinary cannula.

Failure of insertion

On some occasions it can be difficult to insert a midline; this can result in several attempts or a failure to insert the catheter in your vein. You will be advised what the alternative methods are if we are unable to insert the midline.

Bruising or Bleeding

The intervention involves placing a needle into a vein, therefore some bleeding and bruising may occur. Certain medication such as aspirin may effect bleeding so please inform us if you are taking any medication.

Catheter Dislodgement

You should check how much of the midline catheter is visible on your arm daily. If the amount you can see on your arm changes please inform us immediately.

Blood Clot of the Vein

If you develop pain and swelling in your upper arm, or the circumference becomes bigger, you must inform your nurse immediately.

Blockage of the Midline

If your midline becomes blocked your nurse will try to flush it, if this is not possible it may have to be removed.

Infection

If you notice inflammation, discharge around the line, develop a temperature above 38 degrees or feel generally unwell. Inform your nurse immediately.

What do I do if my midline displaces?

If your midline partly comes out, you should secure it with some tape and contact your nurse straight away. If your midline comes out completely, press on the hole in your skin for a few minutes. Then you should apply a small sterile dressing to the area. If it continues to bleed apply further pressure for a few minutes. You need to inform your nurse and keep the midline catheter for them to inspect.

If you develop any of these problems please contact your nurse or the hospital immediately.

What will my midline be used for?

Your midline catheter will be used to administer medication such as intravenous fluids or intravenous antibiotics. The trained professionals using the catheter will use a very clean technique, which involves scrupulous handwashing, the wearing of sterile gloves and they will clean the access port before it is used.

Flushing the midline is extremely important. The times it is flushed may vary, but it is essential it is flushed whenever a medication has been given or a medication bag is disconnected from the catheter. Bags of fluids or drugs should not be allowed to stand empty.

The dressings and access ports are usually changed weekly unless the dressing becomes loose or dirty and then they will be changed immediately.

You must not have a blood pressure cuff used on the upper arm where your midline is placed. If the line is not being used we recommend flushing it once a week to prevent blocking.

How long will I have my midline in?

Midlines are usually removed at the end of your treatment. They may be removed earlier if there is a problem with it. We can remove your midline either on the ward, outpatients department or in your own home. We remove the dressing and the catheter is removed fairly simply usually you experience no discomfort. A trained professional will remove your midline. They will apply a small dressing initially which can be removed after 2 days.

Bathing

We advise to shower if possible so the end of the line does not become contaminated in bath water. It is advisable not to get the dressing wet. If the dressing does get wet and becomes loose after your shower you will need to replace it.

Social Life

Having a midline should not interfere with your social life. Some sports such as tennis, golf or vigorous gym exercises are not advised as there may be a risk your line could be dislodged because of the excessive arm movement. If you are unsure ask your nurse.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.