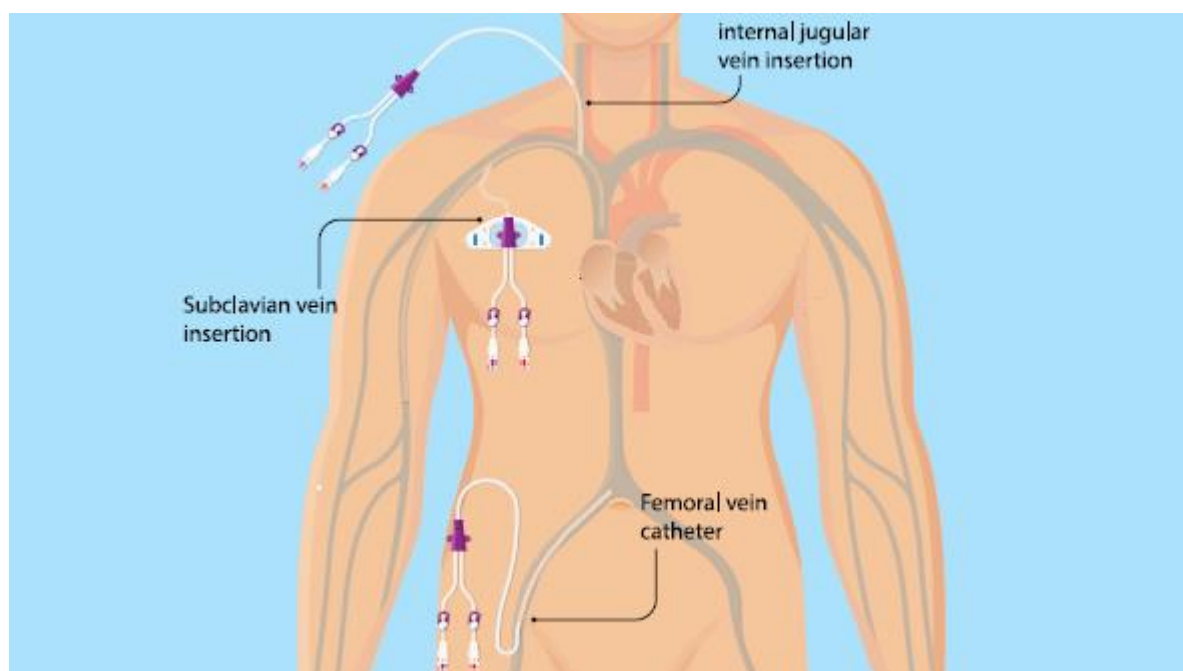


What is a Vascath

A Vascath is a catheter (flexible plastic tube) that is inserted into a vein located either in the neck or in the groin. Vascaths are usually made from a combination of silicone and polyurethane and may have two or three tubes called lumens. Vascaths can stay in place for one to four weeks. If dialysis or apheresis is required for longer than four weeks, arrangements to have a tunnelled central venous catheter will be made.



Why might I have a Vascath?

Vascaths are inserted for apheresis when patient's veins are not good enough to perform the procedure. They are designed to have blood withdrawn and replaced within the body at a rapid rate.

What happens during Vascath insertion?

The procedure takes approximately 30 minutes and is performed by either a doctor or a specialist nurse. Great care will be taken to avoid introducing an infection- this will include the use of sterile gloves and drapes.

The tip of the catheter is passed along the vein until it is positioned in one of two larger veins (the superior vena cava or the inferior vena cava). The catheter is then secured in position with two stitches that will stay in place until the device is removed. At the end of the procedure, a small dressing will be placed over the insertion site.

You may be required to have a routine x-ray to check the position of the vascath.

Will I feel any pain?

A local anaesthetic will be injected to numb the area so that you do not feel any pain during the

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procedure. You may experience a stinging sensation when the local anaesthetic is injected, but this should pass quickly. After the anaesthetic has worn off, you may feel some discomfort around the insertion site, which can be relieved with mild painkillers. This usually begins to ease after a day or two.

What are the risks?

Inserting a Vascath is quite straightforward; however there are several risks known to be associated with the procedure in the immediate term.

Bruising

It can sometimes be difficult to locate the vein and insert the needle, and more than one attempt may be required. This can cause bruising and some tenderness around the area.

Bleeding

A small amount of bleeding can occur around the insertion site immediately after the procedure. This is quite common and is easily controlled by applying an extra dressing that puts direct pressure onto the site. If your platelet (blood cells that help stop bleeding) count is low, you may require a transfusion of platelets. If you are concerned about the amount of bleeding, please contact us on one of the telephone numbers at the end of this leaflet.

On rare occasions, the artery which runs parallel with the vein can be punctured by the needle used to locate the vein. Because the blood in our arteries is under a greater pressure than the blood in our veins, artery punctures tend to bleed more. Any bleeding is managed by applying pressure to the site for five to 10 minutes.

Punctured lung (neck placement only)

It is possible that the top of the lung could get punctured during the procedure, causing it to collapse (pneumothorax). This is very rare but it does occur. It may be necessary to have an additional tube placed in the side of the chest to re-inflate the lung.

Are there any alternatives?

It is unlikely that you would be able to have the treatment that you require without a Vascath. However you will be able to discuss this with the clinician who is going to insert the Vascath before the procedure.

How can I prepare for Vascath insertion?

You will be asked to arrive at the Venous Access Service (usually in the Ambulatory Care Unit) at a prearranged time.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

How do I look after the Vascath?

If you are staying in hospital, the nursing staff will help you look after the Vascath. The dressing over the insertion site will be changed by the nursing staff 24 hours after the procedure. After this, the dressing should be changed weekly, but more frequently if it gets wet or soiled.

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If the skin around the insertion site becomes inflamed, red, swollen or painful, it may indicate that you are allergic to the dressing or that you have required an infection. Please contact the relevant department if you experience any of these symptoms, as antibiotics may need to be prescribed.

You may bath/shower if care is taken to avoid getting the dressing wet. If the dressing does get wet, please take the following steps:

- Wash your hands
- Remove dressing
- Pat the site dry with a piece of sterile gauze
- Apply new dressing

It is important that the catheter is never submerged in water. You should not swim with a Vascath in place.

To prevent them from blocking, Vascath lumens (tubes) need to be flushed with a salt solution (saline) and 'locked' with a drug called heparin, which stops blood clots from forming. The nurse should do this each time the Vascath is used.

You should inform your nurse if you:

- Have a fever or experience cold, shivery flu-like symptoms
- Notice any swelling, redness or discharge at the catheter insertion site
- Have swollen fingers, pain in the back of your shoulder and/or a throbbing headache that is worse when lying down
- Have a femoral (groin) catheter and experience pain or swelling in the calf or thigh
- Notice a tear in the catheter
- Have any other concerns or worries related to the catheter

When will my Vascath be removed?

The Vascath will be removed once it is no longer required. When it is time to remove the Vascath, you will be asked to lie flat and if the Vascath is in your neck your bed will be tilted so that your head is slightly lower than your feet. The stitches securing the catheter will then be cut and removed. If the catheter is in the neck, you will be asked to take a deep breath and hold it while the catheter is withdrawn. If in the groin, the catheter will be withdrawn with firm steady pressure. This is a simple, painless procedure.

Following the procedure, the person removing the catheter will apply gentle pressure to the site for above five minutes. The hole in the vein will close naturally, but a dressing will be placed over the site, which should be left undisturbed for 48 hours. You will be instructed to lie flat for half an hour following the removal of the catheter.

Contact information;

Angio Co-ordinator: 0121 371 2291

Apheresis Unit: 0121 371 7820 (Monday-Friday; 08:00 – 17:00)

Clinical Nurse Specialist – Vascular Access: 0121 371 4952 (09:00 – 17:00 every Monday – Friday)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.uhb.nhs.uk

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.