

How are they inserted?

The procedures are all performed in sterile radiology operating theatres and are inserted using local anaesthetic, which completely numbs the area, making it painless. Mild pressure sensations can still be experienced, though these are short in duration. Sedation is available to all patients if requested to help with the overall experience.



Dr Simpson always uses a combination of both Ultrasound and X-rays to visualise the veins ensuring each line is exactly the right length and in the correct position for where you have chosen the device to be.

The average procedure times are 5-10min for a PICC; 10-20min for a Tunnelled CVAD; 20-30min for a Portacath, with all wounds closed using fully absorbable stitches or glue, meaning there are no sutures to remove at a later date. All the devices can be used immediately.

Most patients are ready to go home about 60min after the procedure and it is important that someone drives you home if you have had sedation.

How do I decide?

The following are some questions that may be useful in helping you reach a decision:

- ⦿ How do you feel about having a long term venous access device?
- ⦿ Do you, a relative or friend have experience of any of the devices?
- ⦿ Do you have an opinion as to which device you might prefer?
- ⦿ Where would you prefer the device to be?
- ⦿ How might it affect your body image?
- ⦿ How long do you need the device for?
- ⦿ How might the venous access device reduce your ability to carry out the following day to day activities:

Hygiene, Sleeping, Mobility, Driving, Work, Exercise, Hobbies, Socialising



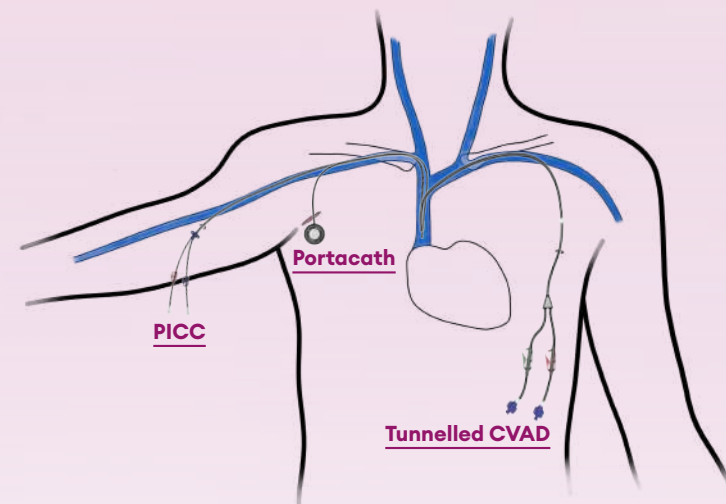
If you would like some more information or want to book a consultation with Dr. Matt Simpson, then please visit



www.yorkshirevascularaccess.com

Choosing a device for your treatment

Choosing the right venous access device is a crucial decision that affects your healthcare journey. With a multitude of options available, it can be challenging to determine which device aligns best with your unique needs and lifestyle.



Our experienced team at Yorkshire Vascular Access is here to support you every step of the way. We offer a comprehensive range of devices that can be tailored to your specific requirements and ensure safe and efficient insertions enabling you to commence your treatment promptly.

Central Venous Access Devices (CVADs)

CVADs encompass a vast range of devices, each with individual characteristics making them suitable for specific needs, but broadly they all consist of a thin, long plastic tube, more commonly known as a “line” or “catheter”. One end of this catheter sits in the largest vein of the body known as the Superior Vena Cava, which carries blood from the head, chest and arms back into the heart. The other end of this catheter connects to a device allowing medications to be injected. This device can either be secured completely underneath the skin or can exit the skin and lie outside of your body. The three most commonly used for long term treatment are:

Portacath

As the name suggests this consists of a port and a catheter. A port is a small injectable chamber which is implanted and secured underneath the skin through a small scar. The most common sites for a port to be placed are towards the outside of the chest or on the inner aspect of the upper arm, though they can be placed anywhere.



Portacaths are extremely robust devices as they sit completely underneath the skin, resulting in minimal impact on daily activities such as hygiene, hobbies, exercise or socialising. They are ideal for anyone requiring regular blood tests or frequent medications into their veins such as chemotherapy, intravenous nutrition, blood transfusions, fluids or electrolyte replacement amongst other indications.

To access the port, a special ‘Huber’ needle passes through the skin and the silicone bung on the roof of the port in order to gain access to the chamber and catheter. Numbing cream can be applied to increase comfort.



Tunnelled CVAD

e.g. Hickman[®] Line



Tunnelled CVADs come in various sizes and materials with choices incorporating multiple distinct lines incorporated as one. For example a Hickman[®] line, being one of the most common, has 2 lines. This is often favourable when several different medications are needed at the same time.

The main indications for a tunnelled CVAD include intravenous nutrition, transfusion of blood products and chemotherapy.

The catheter exits the skin, through a very small scar, usually on the front of the chest below the collarbone and ends with a connector that allows medications to be administered through it. The catheter has a small “cuff” built onto it which remains underneath the skin, preventing the device from falling out.

PICC

PICC stands for Peripherally Inserted Central Catheter with the word ‘Peripherally’ meaning away from the chest. The catheter portion exits the skin through the same skin puncture site used for entry to the vein.

These are usually placed on the inner aspect of the upper arm and the external portion and connectors are secured here with dressings that stick to the skin.



They are most commonly used for patients requiring courses of antibiotics, or a short course of chemotherapy, although if properly looked after and maintained they can last several months.

They are very quick and simple to place and also come with 1 or 2 lumens allowing multiple infusions to run at the same time.