

The temporary haemodialysis catheter

Department of Renal Medicine Patient Information Leaflet

Introduction

The information in this booklet is for:

- People have renal failure and who require urgent haemodialysis.
- People already having peritoneal dialysis (CAPD) treatment who require urgent haemodialysis.
- People who have problems with their long term haemodialysis access.

It contains information on haemodialysis, the types of catheters used during haemodialysis and how to look after them.

What is haemodialysis?

People who have renal failure have lost the normal functions of their kidneys. This means that the waste produced by the body cannot be removed by the affected kidneys. The build-up of these toxins can be fatal, if you are not treated quickly.

One way of getting rid of the waste is to connect you to an artificial kidney machine. This process is called **haemodialysis**. It involves diverting your blood into the external dialysis machine, where most of the waste is filtered out. The filtered blood is then returned to your body.

In order for you to be connected to the dialysis machine, we need access to your bloodstream. Temporary haemodialysis catheters are one way of accessing your bloodstream.

What is a temporary haemodialysis catheter?

The catheter is a specially designed length of thin plastic tubing. It is usually inserted into a vein in the neck or the groin. All the catheters are sensitive to body temperature and they are very soft and pliable once inside the body.

The temporary catheter is usually a short term measure to allow you to receive your first few sessions of haemodialysis.

Depending on the reason your kidneys are not working, they may or may not start to work again. If they will not be working again in the long term, we will discuss longer term solutions with you to access your bloodstream.

How is the catheter inserted?

It is inserted in the theatre room in the Renal Unit by the medical team. You will not be put to sleep as this is usually a minor procedure. We will give you a local anaesthetic which will numb the area where the catheter will be put in.

Once you have had the anaesthetic you should not feel any pain; however, you might feel some gentle pushing as the tube is inserted. This is normal.

The catheter is stitched in for security and a clear dressing is used to keep the catheter in place. The whole procedure may take between 20 to 40 minutes, depending upon the complexity of the individual case.

As with any medical procedure, there is always the risk of complications. These may cause the catheter to fail, and there may be times when the catheter will need to be replaced.

What happens after the catheter has been put in?

- Once inserted, the catheter can be used straight away, if needed.
- Every time you have dialysis, the staff will check the catheter dressing for any sign of bleeding or infection.

How do I care for the catheter?

Do

- Try to keep the site where the catheter goes in dry.
- Check the dressing is in place at least daily but do not remove it.
- Please tell the Renal Unit if you have any of the following:
 - Signs of wetness or smell from the dressing.
 - A temperature or fever.
 - Pain or tenderness in the catheter area, your arm or shoulder.
 - Any swelling on your hand or arm on the catheter side.
- If there is bleeding from the catheter site, press firmly it with a piece of gauze or a clean tissue for five minutes. **Please do not remove the existing dressing.** Keep some pieces of gauze and tape with you or in the car at all times.

If the bleeding does not stop, contact the Renal Unit for advice.

- Ask for advice any time you need to.
- Use the Renal Unit helpline for any queries.
- Explain to your family and/or carer about your catheter.

Do not

- Push the catheter back in if you think it has come out slightly. **Contact the Renal Unit immediately.**
- Expose the catheter to a dusty atmosphere. This may cause infection.
- Lift or pull heavy objects. This may cause movement of the catheter inside your body.
- Perform exercises like rotating your arm or pull-ups. This may cause the catheter to move.
- Bend the catheter. This may put pressure on the site where the catheter comes out.

Take good care of your catheter. It is your lifeline.

What are the risks from this type of catheter?

- Bleeding from the site where the catheter goes in.
- Infection of the site or the area around the catheter under the skin.
- General infection in the bloodstream called septicaemia, which could spread elsewhere such as the heart, joints and the brain.
- Infection at the tip of the catheter that can obstruct blood flow during dialysis.
- The arm or hand on the catheter side may become swollen and painful.
- Catheters that are inserted into a vein in the groin can cause pain and swelling of the leg, and possibly deep vein thrombosis (DVT). This is blood clots in the deep veins of the legs.
- The catheter may leak blood from the catheter ports. The port is the point at which the catheter enters your vein. It is sometimes called a central venous access device.
- Blood may leak into the tissue surrounding the catheter site and cause bruising.

- The catheter may become blocked with blood clots.

Some of these risks are more common than others. If any of these happen to you, try not to worry too much but talk to the renal staff for further advice.

Will I be able to go home with this catheter?

If the catheter is in your neck vein you are allowed to go home if the consultant is happy.

If the catheter is in your groin vein it will have to be removed before you go home as there is a risk of bleeding when you are more mobile.

Some advice in emergency situations

What can I do if the catheter has come out?

- Try your best to keep calm.
- If blood oozes out from the site, press the exit site firmly with your finger until someone can get a piece of gauze for you.
- Put the gauze on the bleeding site on top of the existing dressing.
- Ask someone to call the hospital.

Tell them you are a haemodialysis patient and your catheter has come out.

You will be told to come either to the Renal Unit or the Emergency Department at Russells Hall Hospital, or to go the nearest Accident and Emergency (A&E) department.

What can I do if the catheter leaks?

- Check if the caps on the ends of the catheter are tight. Tighten them if necessary.
- If the leak still persists, use the blue plastic clamp provided and clamp along the catheter tube near to the dressing.
- Contact the Renal Unit as soon as possible.
- **In all cases if bleeding cannot be controlled, please dial 999.**

What can I do if I have bleeding from the exit site?

- Use gauze or a clean tissue to press down on the bleeding site, over the top of the existing dressing.
- Ask someone to call the Renal Unit and prepare to come to the hospital.

Contact information

The Renal Unit – 01384 244384

7.30am to 8pm, Monday to Saturday

9am to 3.30pm Sunday

Out of these hours, ring the hospital switchboard number and tell them you are a renal patient. Ask to speak to the haemodialysis nurse on call.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/renal/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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