

A Guide for Patients and Families

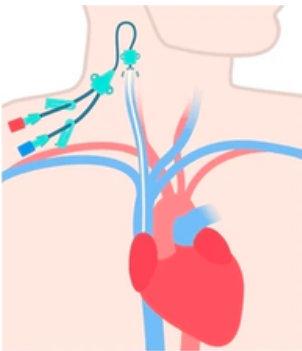
Care for your Dialysis Catheter – Haemodialysis Catheter

Overview

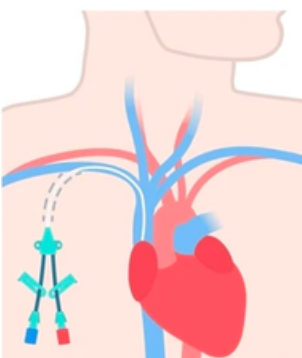
A haemodialysis catheter has two channels, one for removing blood from the body, and the other for returning blood after it has passed through the haemodialysis machine. It is inserted into a large vein, either in the neck (jugular vein), the upper chest (subclavian vein) or at the groin (femoral vein).

This catheter is usually used as a temporary access for haemodialysis before a permanent access is ready or when permanent access fails. Taking good care of your catheter will prevent problems such as infection and clotting, which may lead to admission to the hospital/prolong stay in hospital.

There are two types of haemodialysis catheter:



A **non-tunnelled catheter** is inserted in the veins either at the neck or groin. It is done under local anesthesia with ultrasound guidance. The catheter is held in place with stitches.



Tunnelled dialysis catheter is inserted at the interventional radiology room where x-rays are taken during the procedure to check that it has been correctly placed in the vein. It is “tunnelled” under the skin for 5-7cm, before exiting the skin.



Care and Management

1. Always keep your catheter and dressing clean and dry.
 - Protect your catheter and dressing with clean waterproof material before you bathe.
 - Shower below catheter and dressing. Sponge your upper body with a towel.
 - Do not go swimming.
 - Get your dressing changed at a clinic or dialysis centre if it gets wet.



2. Cap and clamp of catheter should be kept tightly closed when not in used for dialysis. They should be protected with clean gauze dressing.
3. Do not carry young children as they may accidentally pull out your catheter.
4. Only a dialysis trained nurse should use your catheter to take bloods or give medications.
5. Stitches holding a tunnelled dialysis catheter will usually be removed after 14 days at your dialysis centre. If you have any pain, bleeding or develop fever, please seek medical assistance immediately.
6. Tunnelled catheters can last for an extended period of time but should be removed when possible. Risk of infection gets higher as the dialysis catheter stays longer.
7. Non-tunnelled catheter must be removed before discharge from hospital.

Complications

1. Pain or bruising at insertion site

- This is common and usually settles after a few days. It can be relieved by simple analgesia e.g. Paracetamol.

2. Bleeding

- Minor bleeding from exit site is common after insertion, especially if you are on blood thinning medications, so it is important to let your doctors know if you are taking medications such as warfarin.
- Most bleeding will stop with pressure applied, but some patients may require blood transfusion.
- Inform the nurses if you notice wetness on the dressing site during your stay in the ward.
- Seek immediate medical attention at the A&E when bleeding cannot be stopped by pressure.

3. Infection

- Infection can occur at the exit site of the catheter, which will spread to the bloodstream.
- Signs of infection includes fever, chills, rigor, pain, redness and warmth around catheter exit site. These can be prevented by keeping your catheter dry. Inform your care team if you have the above symptoms. You will need antibiotics and the catheter may need to be removed.

4. Catheter dysfunction and malposition

- A catheter can get blocked due to various reasons and will require medical attention.

5. Narrowing of the vein

- This may occur to the vein where the dialysis catheter is placed which may result in poor flow of the catheter.
- There may be swelling in the face or arm if it happens in the chest or neck veins.
- Catheter may have to be removed.

6. Dislodged catheter

- The dialysis line may accidentally be removed if it is being pulled on.
- Apply firm pressure over your existing dressing (directly over the catheter exit point) with your fingers so that air does not enter the track left behind by the catheter.
- Inform the nurses immediately if you notice the line dislodged during your stay in the ward.
- Seek immediate medical attention at A&E and bring along the dislodged catheter with you.

7. Venous thrombosis

- Blood clots may form around your catheter.
- Should this happen, you may need to take blood thinning medications for a few months and the catheter will need to be removed.