

Peripherally Inserted Central Catheter

Understanding your PICC procedure and consent form

Please read this handout before reading and signing the form “Special Consent for Procedural Treatment.”

This handout describes what to expect when having a PICC inserted. It includes risks, benefits, and other options you might choose. This handout is in addition to the talks you have had with your healthcare providers. Please read this handout carefully and ask questions about anything you do not understand.

What is a PICC?

A *Peripherally Inserted Central Catheter (PICC)* is a small flexible tube. It is used for giving patients medicines and nutrition.

The PICC is inserted into a vein on the inside of your arm, above your elbow. The catheter goes into the large central vein just above your heart. This catheter remains in place for as long as you need this type of *intravenous (IV)* therapy.

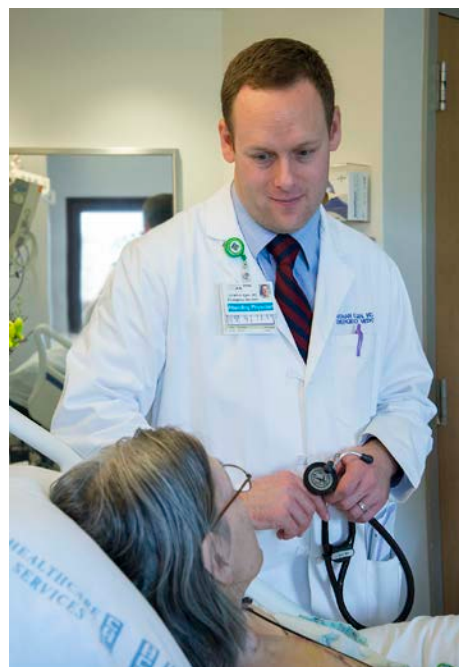
If a PICC will not work for you, your provider will talk with you about other options. There are other types of catheters that can be inserted into a vein in your neck, chest, or groin.

Why do I need a PICC?

A PICC is used instead of a standard IV catheter. A standard IV must be changed every few days.

Since the PICC can stay in longer:

- You may have fewer needle sticks during your treatment
- There may be less damage to the small veins where an IV would normally be inserted



Talk with your healthcare provider if you have any questions or concerns about having a PICC inserted.

Your nurse or healthcare provider can give you more details about why you need the PICC. Some medicines are safer for you if given through a PICC.

What medicines will be used?

A local *anesthetic* (numbing medicine) called *Lidocaine* will be used to numb the insertion site. If you are allergic to Lidocaine, another local anesthetic will be used.

The PICC will be flushed regularly with *saline* (sterile salt water). Some catheters may need to be flushed with a drug called *Heparin* to keep the line open.

Most people do not need any other medicines or *sedation* (medicine to help you relax) during the procedure.

How is the procedure done?

- For inpatients, this procedure is done in your hospital room, with sterile conditions to lower your risk of infection.
- The PICC nurse will use an *ultrasound* (sound waves) machine to find a vein.
- Two *electrocardiogram* (ECG) *leads* will be placed, one on your right shoulder and one on your left side. A lead is a small pad that is placed on your skin, with a wire attached that runs to a computer. An ECG shows your heart rhythm on a monitor.
- A lightweight Y-shaped plastic unit will be placed on the center of your chest at the base of your neck. This unit is hooked to a computer and is used to guide and confirm PICC tip placement. All of these items will be removed after the procedure is done.
- The PICC nurse will then give you a mask to wear for the rest of the procedure.
- The PICC nurse will set up a *sterile field* (a sterile area where the procedure will be done). This will take several minutes.
- Your skin will be cleaned with an antiseptic cleanser, either Chlorhexidine with alcohol or Betadine.
- You will be covered with a large sterile sheet (*drape*). Only the spot where the PICC will be placed is exposed.
- The area where the PICC is to be inserted will be numbed with a local anesthetic (usually Lidocaine). You will feel a mild sting for a few seconds when this medicine is injected. After that, the area will feel numb. The anesthetic will decrease your discomfort while the PICC is being inserted.

- Your PICC nurse will use ultrasound to help place a small IV in the vein in your arm.
- The nurse will then use a small guide wire to mark the vein.
- The nurse will use a *dilator* to make the opening in your vein large enough to accept the PICC. You will feel pressure at the insertion site during this part of the procedure.
- The catheter will be slowly threaded through the vein in your arm, along the vein beneath your collar bone, then into the large central vein (*superior vena cava*), where it will be positioned in the lower half of the vein just above your heart. You will not feel the catheter as it moves through your veins.
- The external end of the catheter will extend a few inches from your skin. A sterile anchoring device will attach the external part to your arm to prevent the catheter from coming out.
- A sterile see-through dressing will then be applied. This first PICC dressing will be changed within 24 hours. The dressing will then be changed every 7 days or as needed.
- The PICC tip position will be checked, by *directional technology* and an ECG and/or a chest X-ray. Your nurse will explain these before they are done.

What are the benefits of having a PICC?

This type of *central venous catheter* (CVC):

- Is more comfortable than a CVC placed in a neck or chest vein
- Has a lower risk of infection
- Can stay in place for as long as is needed, up to 1 year

It also allows you to:

- Receive any medicine and IV nutrition through the PICC
- Have a computed tomography (CT) scan with IV contrast injection
- Have your blood drawn using the PICC

What are the possible risks and complications from this procedure?

Before having this procedure, you must understand the risks involved. No procedure is completely risk-free.

The risks listed below are well-known, but there may also be risks not included in this list that we cannot foresee. The most common problem that occurs is not being able to thread the catheter to the right place. If

this happens, you will be referred to Interventional Radiology for more evaluation and line insertion.

Risks *During* the Procedure

- Mild pain
- Bruising
- Bleeding at the catheter insertion site

Rare problems include:

- Irregular heartbeat
- Arterial puncture
- Nerve injury

We take steps during the procedure to lower the chances of having a problem. But, it is not possible to completely eliminate the risk of a problem.

Risks *After* the PICC Is in Place

- Infection
- *Phlebitis* (inflammation and irritation of a vein)
- *Venous thrombosis* (blood clot in a vein)
- *Catheter occlusion* (blood clot inside the PICC)
- *Migration* (movement) of the catheter (either internally or externally)

Rare problems include:

- *Embolism* (blockage in a vein caused by a clot, air bubble, or broken piece of catheter)

What are my other options?

- You may decide not to have this procedure.
- You may also choose other types of central venous catheters, or a therapy that uses many short peripheral IV catheters. There are risks and benefits linked with these options. Please talk with your healthcare provider to learn more.

What follow-up care is needed?

- If the procedure is done during a hospital stay (an *inpatient* procedure), UWMC nurses will provide your follow-up care.
- If you are an *outpatient* and go home after your procedure, your follow-up care will be based on your unique needs.

