Care of your Hickman Line

Patient Information
What is a Hickman Line?

Hickman lines are long, hollow tubes made from silicone rubber. They are also called “skin-tunneled central venous catheters”.

The Hickman line is put in (tunnelled) under the skin of your chest and into a vein close by. One end of the line goes into a large vein just above your heart. The other end comes out of your chest.

The line is usually sealed with a special cap or bung. This can be attached to a drip or syringe containing your medication. There will be a clamp to keep the line closed when it is not being used.

Why is a Hickman Line necessary?

A Hickman line can be used to give you treatments such as chemotherapy, blood transfusions, antibiotics, intravenous (IV) fluids and sterile liquid food if you are unable to eat.

It can also be used to take samples of your blood for testing. This means that you won’t need to have needles put in every time you have treatment.

You can go home with the Hickman line in and it can be left in for weeks or months.

A Hickman line may be helpful if doctors and nurses find it difficult to get needles into your veins. It is also helpful if you do not like needles.

How is a Hickman Line put in?

Your Hickman line will be put in by a doctor at the hospital. This is usually done under a local anaesthetic, but a general anaesthetic is sometimes used.
Your neck will be checked for a suitable vein, using a small ultrasound machine. The area where the line will be put in is then cleaned with an antiseptic solution.

The local anaesthetic is used to numb the area. You should not feel any pain when the tube is being put in, but you may feel a bit sore for a few days afterwards.

A small cut is made in the skin near your collarbone. This is called the insertion site. The tip of the line is gently threaded into a large vein, towards the heart. The other end of the line is then tunneled under the skin. The tube then reaches the exit site. This is where it comes out of your body. The diagram below shows these positions of the central line.

To stop the Hickman line from falling out, there is a small cuff around the Hickman line. It can be felt under the skin, just above the exit site. The tissue under the skin grows around this cuff in about three weeks and holds the line safely in place.

Until this happens, you will have a stitch holding the line in place. This stitch usually stays in place for about three weeks.

You will have a chest x-ray to make sure the line is in the right place.

The position of the exit site will vary. When the line has been put in, you will have dressings covering the insertion and exit sites. For a few days after you may have some pain or discomfort where it has been tunneled under the skin. You can ask your doctor or nurse which painkillers you should take to help with this.

You cannot drive for 24 hours after you have had your line put in; you will need someone to drive you home afterwards. This is because we will give you some sedation during the procedure. You will also be given this leaflet to read and if you have any questions having read this please do not hesitate to ask.
Who will care for your Hickman Line?

Whilst in hospital the nursing staff will care for your Hickman line. This will involve:

- Cleaning the exit site and applying a new dressing weekly unless soiled.
- Flushing the line when not in use to prevent blockage of the line.
- Accessing the line to deliver antibiotics, intravenous feeding or blood.
- Using the line to obtain bloods.

When you leave hospital, we will arrange for the district nurse to attend weekly to your home. They will clean your Hickman line and flush it weekly whilst you are not attending the hospital. The district nurses are experienced in caring for Hickman lines and will have all the equipment required to care for the Hickman line.

If you are having intravenous antibiotics via your Hickman line at home, then the hospital At Home team will come to your house daily and administer the antibiotics. They are experienced nurses in caring for Hickman lines.

Whilst you have a Hickman line it is vital that anyone who handles the Hickman or redresses the site has a good standard of hand hygiene. They must wash their hands in anti-bacterial soap first and use a sterile method during all actions taken with the Hickman line or at the exit site. It is important that your Hickman exit site remains completely covered if you are admitted to hospital but whilst at home it is fine to be uncovered.

When having a shower or bath avoid getting the Hickman Line wet.

How will I know if something is wrong with my Hickman line?

Sometimes problems can occur while you have a Hickman Line.

- Hickman Lines can become infected, please report any pain, redness or oozing from the site or if you feel “shivery” or cold after your line has been flushed please contact immediately the Hospital at Home team or your local A+E.

- Please check your temperature if feeling unwell and report any temperature above 37.5

- Blood clots can develop in the vein or along route where the Hickman Line is sitting, please report any swelling or pain to your arm or neck immediately to the Hospital at home nurses or local A+E.
Removal of your Hickman Line

Once your treatment is completed your team will organise removal of your Hickman Line. This will mean going to theatre and having a local anaesthetic to remove the Hickman Line.

Useful contact number

If you are concerned about any aspect of your Hickman line please contact:

- Your district nurse/hospital at home team

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Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information call 01942 773106.

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