

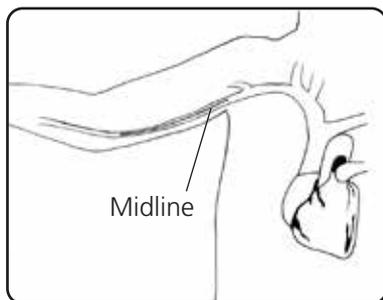
## Midline

### Introduction

It has been recommended that you have a midline inserted, as part of the care you are receiving. The practitioner placing the line will explain the procedure, and any potential risks. This leaflet is intended to enhance the information already given to you about the procedure, and about the care of your device.

### What is a midline?

A midline is a soft, small tube that allows access into a vein. They can be described as a long cannula. One end of the midline is fixed to your upper arm. It allows administration of medication into your veins.



### Why do I need a midline inserting?

A midline can be a useful device if your intravenous therapy is likely to continue for more than a week. The key purpose of having a midline is to prevent the discomfort of having needles repeatedly administer your treatment.

Reasons for midline insertion will vary, and will depend upon your medical condition, and your proposed treatment.

### How do I prepare for the midline insertion procedure?

As a patient you need to do very little to prepare before the insertion of the midline. It will help if you have been drinking fluids prior to the

insertion. You will also need to be on your bed for the procedure.

You can eat and drink normally.

### How is the midline inserted?

The insertion of the midline is not an operation, it will be a sterile procedure. The practitioner will prepare sterile equipment, and dress in surgical clothing.

The practitioner will use ultrasound to locate your veins, before inserting the midline through a needle. Local anaesthetic (lidocaine) is injected to numb the area. This does sting momentarily and works quickly.

Once the midline is inserted it will be secured with clear sterile dressing.

### What happens after the midline has been inserted?

Once the midline has been fixed in place, you may begin to receive your medication through it.

After the local anaesthetic has worn off you may feel some discomfort around the insertion site and your shoulder may ache a little from having your arm in an awkward position. This can be relieved by taking a painkiller like Paracetamol and should last for only a few hours.

The line site will be cleaned and the dressing renewed on a weekly basis.

### Are there any risks?

The insertion of the midline is a safe procedure; however, there are a couple of risks to consider. These risks are similar to those that may occur with ordinary cannula:

## **Bruising or bleeding**

With any procedure that involves the insertion of a needle into a vein, some bruising or bleeding may occur. This may be affected by your medical condition, or the medication you are taking.

We will routinely check your blood clotting results before starting the procedure and note if you are on medication such as warfarin or aspirin.

## **Infection**

Strict hand cleansing before any contact is essential.

Any device that is inserted into the body can become a source of infection. The nurses or doctor need to know if:

- the area around where the line goes into the vein becomes red, swollen, sore or oozes;
- if you develop a temperature or chills;
- you feel generally unwell.

You can help by not getting the area wet. Waterproof covers are available, please ask.

## **Thrombosis/blood clot**

A small risk is a formation of a blood clot around the midline. If you develop pain or swelling in your armpit or down your arm, inform us immediately. This would normally result in additional medical treatment.

## **Accidental puncture of the artery**

The risk of arterial puncture is minimised by the use of ultrasound as described in the procedure.

## **Failure to insert**

On rare occasions it may be difficult to insert the midline. This may result in multiple attempts or failure to place the midline in your vein.

We will advise on alternative vascular access devices if this happens.

## **Blocked midline**

Sometimes your midline may block; this will prevent the midline from being used. We may be

able to unblock it, but if we cannot, it may need to be removed.

If you are receiving drugs via a drip please inform the staff immediately when the bag/bottle is empty.

## **Dislodged midline (Migration)**

Check at least daily how much of the midline is visible on your arm. If this changes, please inform us immediately.

The practitioner ensures that the line is securely fixed and care must be taken to make sure that it doesn't get tugged.

## **When and how will my midline be removed?**

Midlines are usually removed at the end of treatment. Your midline can be removed in the place you normally receive your treatment. The dressing and the midline will be removed easily, usually with no discomfort. A small dressing will be applied that you can remove in 24 hours.

## **Frequently asked questions**

### **Can I have a bath / shower?**

You may bath or shower as normal as long as your line is protected by a waterproof cover. Do not submerge your arm under water when bathing.

There are commercial waterproof covers available upon request.

If the dressing is loose or wet after your bath/shower, it will need to be replaced.

### **What if my midline falls out?**

If the midline has only partly fallen out, fix it in place with some tape and contact your nurse immediately. If the midline has completely fallen out then press with a dressing over the hole for few minutes and apply a small dressing or plaster. Inform your nurse and keep the midline for inspection.

## Can I go home with my line?

If the medical team are happy for you to go home sometimes it is possible for your line to be cared for by the community nursing team. The ward staff will provide you with some supplies for the weekly dressing change and contact details of the Vascular Access Team.

*If you have any questions during your treatment and your doctor/nurse is unable to help, please contact:*

**Vascular Access Team**

**01392 406427**

and leave a message

## Recommendations/Top Tips

- We would recommend that you use your arm as normal.
- Drink plenty.
- Keep your dressing dry.

We will contact you or a member of staff at intervals during your treatment to monitor you and your line.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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