

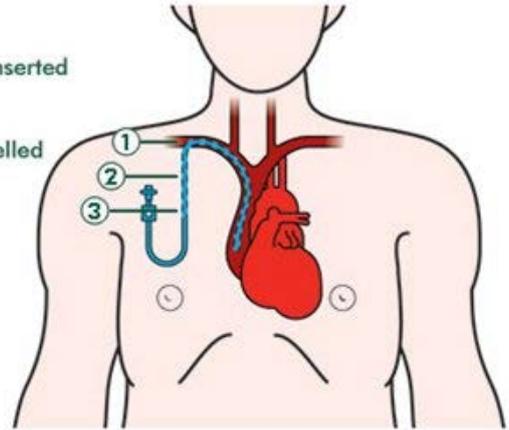


# Insertion of a Groshong line under sedation (1 of 2)

## What is a Groshong line ?

A Groshong line is a type of tube (catheter) that is placed under the skin on your chest, into a large vein either in your neck or under your collar bone, and then into a large vein near the

- 1 Central line is inserted into chest here
- 2 The line is tunnelled under the skin
- 3 The line comes out here



heart. Groshong is a brand name, like Hoover for a vacuum cleaner. They are sometimes also known as Hickman lines. The more general term is a tunnelled central line. It is a long term line and can last six to twelve months and sometimes longer, and is used for intravenous drugs, blood transfusions, chemotherapy and blood tests.

## Are there any side effects or risks?

### Infection

An infection can develop either inside the central line or around the exit site. You should contact your hospital doctor or nurse if the area where the line was placed becomes red, sore, swollen or oozes fluid. You should also seek medical advice or if you become unwell with a high temperature. To treat the infection it is likely that you will be given antibiotics. If these don't clear the infection, or if the infection is serious, the line may be removed.

### Blood clots

A blood clot (thrombosis) can form in your vein at the tip of the line and you may be given medication to help prevent this. If a clot does form, you will be given some medication to dissolve the clot. If this does not work, your line may have to be removed.

Signs of a blood clot around the central line include swelling, redness and/or tenderness in the arm, chest area or up into your neck (on the same side as the central line). You should also contact your hospital doctor or nurse immediately if you develop any shortness of breath or tightness in your chest.

## Clinical Radiology

 **01722 336262 ext 2857**

If you need this information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 email: [customer care@salisbury.nhs.uk](mailto:customer care@salisbury.nhs.uk).

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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## **Radiation dose**

The radiation dose is about the same as the average person receives from background radiation over 11 days. Special precautions are taken to keep the radiation dose to a minimum.

## **What if I am pregnant?**

Women who are pregnant should not have this examination, unless there are exceptional circumstances. Please advise the department if you think you are or might be pregnant.

## **Medication**

If you are taking any drugs that thin the blood, for example Warfarin, clopidogrel, rivaroxaban, apixaban or dabigatran please contact the radiology nurses on 01722 336262 ext 4205. You do not need to worry about taking aspirin. If you are unsure about whether any of your tablets thin your blood, please speak to your GP.

They can continue to take any other medication as normal.

When you come into hospital please bring with you all the medications you currently take.

## **Preparation for sedation**

If you are having sedation you will need to starve before the appointment. This means no food for 6 hours before your appointment and clear fluids (water, squash, black tea/coffee) up to 2 hours before the appointment.

Sedation will be given via a small needle which will be placed into the vein in your arm or hand. The nurses will monitor your oxygen level and blood pressure throughout the procedure.

## **Patients who have diabetes**

When you have a date for your procedure please telephone the diabetes nurses on 01722 336262 ext 2176 with the date and time for your procedure, so that they can advise you what to do about your insulin.

When you come into hospital please bring everything you need to manage your diabetes.

## **What do I do when I arrive in the department?**

Please report to the receptionist in the X-ray department first then take a seat in the main reception waiting area. From here you will be collected by a member of the team, who will check your details and prepare you for the procedure. You will be shown to a cubicle where you will be asked to undress and put on a hospital gown. The gown should be done up with the ties at the back.

You should place your clothes and personal items in one of the bags provided which you keep with you. The radiology doctor or a radiology nurse will make sure you understand the procedure and ask you to sign a consent form.

You will then be taken into the X-ray room for the examination.

## What happens during the procedure?

The line will be put in by a consultant interventional radiologist (a specially trained X-ray doctor). Once in the X-ray room you will be asked to lie down on your back on the X-ray table. We do not want to introduce infection, so the doctor and nurse will 'scrub up' and wear sterile gowns. There will also be a radiographer present. Occasionally we may ask you to let students watch as part of their training.

Your neck will be checked for a suitable vein using an ultrasound machine. The area where the line is to be inserted is then cleaned with an antiseptic solution and you will be covered with sterile sheets.

A local anaesthetic is used to numb the area. This can sting and be uncomfortable but this sensation wears off quickly. You shouldn't 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 (the insertion site) and the tip of the line is gently threaded into a large vein towards the heart. The position of the line can be seen on the X-ray monitor. You may then feel some pressure/pushing as the tunnel is made under the skin for 5-10cm. The line is tunnelled to reduce the risk of infection.

The position of the exit site will vary. You can ask the person who is going to put in the central line to show you where on your chest the exit site is likely to be.

When the line has been put in you will have dressings covering the insertion and exit sites and a stitch will be placed at the exit point of the line and at the entry site. The stitch remains in for as long as the line is in and everything is removed when the line is no longer required.

The procedure will take about one hour.

## What happens after the examination?

If you have had sedation you will be monitored in the radiology department for about 45 minutes before you go on to any other appointment.

Usually after the insertion of the line you will have an appointment with the nurses on a ward to teach you how to take care of the line.

For a few days you may have some pain or discomfort where it has been tunnelled under the skin. A mild painkiller such as paracetamol will help ease this. If this does not help or there is a large amount of bruising, please contact the radiology nurses for advice.

## Can I eat and drink afterwards?

Yes. Please eat and drink normally.

## Can I drive home?

You are not allowed to drive home if you have had sedation and you may be feeling a little sore after the procedure please arrange for someone to take you home.