



York Teaching Hospital
NHS Foundation Trust

Your Tunnelled Dialysis Line

Information for patients, relatives and carers

① For more information, please contact
Your local Renal Unit:

Easingwold Renal Satellite Unit
Tel: 01904 724800

Harrogate Renal Satellite Unit
Tel: 01423 554513

Scarborough Renal Satellite Unit
Tel: 01723 357810

York Hospital Renal Unit
Tel: 01904 725370

(If your Renal Unit is closed contact Ward 33 at The York
Hospital on telephone 01904 726033)

Caring with pride

Introduction

If you need haemodialysis you will need to have something called 'vascular access'. This is a way of gaining access to your blood via a blood vessel.

Vascular access can be an arterio-venous (AV) fistula or graft, or a dialysis access line. A dialysis access line is also known as a central venous catheter.

What is a dialysis access line?

A dialysis access line is a flexible hollow tube, which is placed into a blood vessel. There are two types. One type is a non-tunnelled line, which is for short-term use and is explained in a separate information leaflet.

The second type is a tunnelled line, which can be left in place for several months or even years.

How does a tunnelled line work?

The tunnelled line consists of two thin tubes that are inserted into a vein, usually in your neck. A tunnelled line is occasionally placed in the vein at the top of your leg, just below the groin. The tubes are then tunnelled under your skin to reduce the risk of infection. One tube is used to take blood from you to the dialysis machine. The other is used to return the blood from the dialysis machine to your body.

What happens?

A doctor inserts the line, usually in the Renal Unit or the Vascular Imaging Unit.

The doctor will explain the procedure in detail beforehand. You will be given some local anaesthetic to make the skin numb. Once your line is in place you will be sent for an X-ray to check the lines are in the right position. You will usually be able to go home one to two hours after the line has been inserted.

The line will be covered by a clear dressing at the point where it enters the skin.

There are two clamps near the end of the line which should always be closed and small caps will cover the two ends. For comfort the ends of the line are usually wrapped in gauze.

Initially your line will be secured using a stabilisation device which is designed to help keep your line in the correct position while your skin heals. This will stay in place for at least two to three weeks. This will be changed weekly by the nurses in your dialysis unit.

How should I take care of my line?

- It is really important to avoid getting your line wet. For the first six weeks after your line has been inserted you should not shower. This is to reduce the risk of infection whilst the skin heals.
- After this time there are specially designed shower pouches which you can use to protect your line site when you shower. Ask your renal nurses for details about these.
- You may have a bath as long as you are careful to keep the line out of the water.
- Do not swim whilst your line is in place.
- Do not remove the clear dressing or caps from the line – this should only be done by a renal nurse or doctor.

Are there any potential problems that I should know about?

Infection

There is a risk of infection when a line is in place. Signs of infection may be any or all of the following:

- Redness, oozing (discharge), pain, or tenderness around the area where the line goes into your skin.
- Feeling unwell, high temperature, shivery or aching.

If you develop any of these symptoms, you should contact your dialysis unit straightaway for advice.

Bleeding

- If you notice any bleeding around the tubes, press firmly for 10-15 minutes with a soft pad on top of the clear dressing. If the bleeding does not stop call the Renal Unit. If it worsens or is severe, call 999 for urgent assistance.

Line dislodgement

- If the line comes out of position, call the Renal Unit; **never** attempt to push a line back in.
- If the line falls out completely, press on the site firmly with a soft pad for 10-15 minutes to stop any bleeding and contact the Renal Unit.

Cap falls off

- If the cap on the end of the line comes off make sure the clamps on the tubes are still closed. Replace the cap if it is not dirty and it is possible to do so. You must then call the Renal Unit as you will need to come and have the line cleaned and new caps put on. This is very important to ensure no air or infection gets into the line.

Dressing comes off

- If the clear dressing peels off there may be a risk of infection, call the Renal Unit.

Remember: If you have any doubts please phone us, contact numbers on the front cover of this leaflet.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Sister Judith Hartley, Renal Medicine, telephone 01904 724800, email Judith.hartley@york.nhs.uk or write to us at: Easingwold Renal Satellite Unit, Acorn Court, Church Avenue, Easingwold YO61 3HD.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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