

Insertion of a tunnelled line

Information for patients, relatives and carers

NHS

York and Scarborough
Teaching Hospitals
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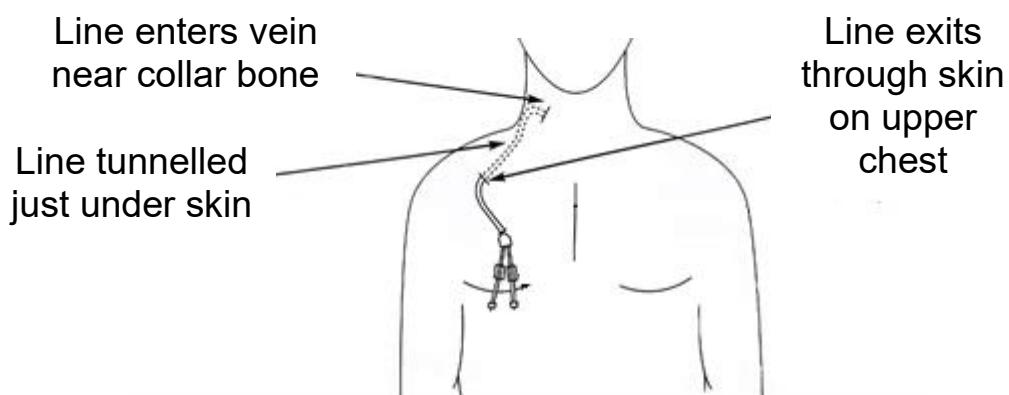
ⓘ For more information, please contact: **Radiology Department**
York Hospital Vascular Imaging Unit: Phone: 01904 726065, Wigginton Road, York, YO31 8HE, or Scarborough Hospital Radiology Nurses: Phone: 01723 342304, Woodlands Drive, Scarborough, YO12 6QL.

About this leaflet

In this leaflet we tell you about the procedure known as insertion of a tunnelled line (which may also be referred to as a tunnelled catheter or Hickman line). We explain what is involved and what the possible risks are. The information in this leaflet is not meant to replace informed discussion between you and your doctor but can act as a starting point for such a discussion.

What is a tunnelled line?

A tunnelled line is a long, flexible tube made from silicone. This is inserted into one of the main veins in the neck, above or just below the collar bone. It is used to administer medication and blood products, and to take blood samples. The line may remain in place for several months or for the duration of your treatment.



Why do I need a tunneled line?

Tunneled lines are recommended for patients having chemotherapy, or who need regular infusions, antibiotic treatment or intravenous nutrition. The tunneled line allows these treatments to be given without the need for repeated venous cannulation.

Who makes the decision?

The doctors in charge of your case have recommended that this is the best option for you. If, after a full discussion of the procedure, you do not want it to be carried out, then you can decide against it.

Are there any alternatives?

The alternatives to having a tunneled line inserted are:

- To have a standard peripheral intravenous cannula placed in a vein on your arm every time access to your blood is needed or;
- To have a PICC line (peripherally inserted central cannula: a long tube inserted in a vein in your arm but reaching up into the large veins in your chest) or;
- To have a Portacath (similar to a tunneled line but with no external tubing, requires a needle to go through the skin each time it is used).

For long term use, a tunneled line is a reliable and convenient option.

What happens before the insertion of a tunneled line?

You can come into hospital, have a tunneled line inserted and go home the same day.

You will usually need to have a blood test (to measure full blood count and clotting) before the procedure. Your doctor or clinic nurse specialist will tell you how to arrange this when they book your appointment.

You may need to stop or alter the dose of any medicines that thin the blood, for example, warfarin, rivaroxaban, dabigatran, apixaban, or the injections heparin, dalteparin (Fragmin), enoxaparin (Clexane). You must let your doctor know if you are taking any blood thinning drugs, and also tell us when you arrive in the department.

Take your other medicines as normal, unless your doctor or nurse tells you not to.

If you have any allergies, you **must** let your doctor know.

You will be admitted to the department on the day of your procedure.

We will welcome you, check your details and ask a range of questions relating to your general wellbeing and medical condition.

Most people prefer to have this simple procedure with just local anaesthetic but you may be offered a mild sedative injection as well.

However, to proceed with the sedative you must have fasted, that is eaten and drunk nothing, for four hours beforehand (you **can** drink clear fluids up to an hour before the procedure).

We will fasten an armband containing your hospital information to your wrist.

We will ask you to change into a gown ready for your procedure.

If it has not already been done, we will ask you to sign a consent form (FYCON92-1 Insertion of tunnelled line) to confirm that you agree to this procedure and understand the information we give you. The consent form will be kept in your patient notes, and you will also be offered a copy.

It may be necessary to shave some chest hair.

We will check your temperature, pulse and blood pressure, and if the procedure is to be performed using sedation, a cannula will be inserted into a vein in your arm.

What happens during insertion of a tunnelled line?

It usually takes about 30 minutes to insert the catheter but may take longer. However, much of this is preparation time.

You will be asked to lie on your back. You will have a monitoring device attached to your arm and finger and may be given oxygen through small tubes in your nostrils.

A specially trained doctor called a radiologist will carry out the procedure with an assistant. The skin over the neck vein and chest will be cleaned with antiseptic, and then most of the rest of your body covered with a theatre towel.

Local anaesthetic and sedation will be given as required.

Ultrasound scanning is used to guide the entry of the tunnelled line into the vein. The line is then tunnelled under the skin to an exit point on your chest. We check the position of the line by X-ray.

Both the entry and exit sites will have small stitches and sterile dressings, which will later be removed. This will be arranged by haematology or oncology.

Are there any risks or complications?

The majority of tunnelled line insertions are very straightforward, with simple and problem free after care. You may get some bruising, however, and as with any procedure there are potential complications.

Potential complications include:

- Failure to insert a working tunnelled line (occurring in less than one in 50)
- Air leak from the lung (pneumothorax) (occurring in less than one in 200)
- Bleeding into the chest (haemothorax or haemomediastinum) (occurring in less than one in 200)
- X-rays are used to check the line position, so the procedure also carries small risks associated with ionising radiation. If you are female and you might be pregnant, it is essential that you inform a member of staff beforehand. The amount of X-ray radiation used for a tunnelled line is very low, similar to that of a chest X-ray, and equivalent to the amount of radiation you would normally receive from the environment, (background radiation) over the course of a few days.

What happens after insertion of a tunnelled line?

If you have had sedation you need to stay in bed for an hour or two until you have recovered.

Will my tunnelled line last for as long as I need it?

Usually removal of a tunnelled line (a simple procedure under local anaesthetic) is done when it is no longer required for treatment. However, particularly when lines are in place for long periods, problems such as infection, line blockage or clots can sometimes develop, which means a line has to be removed and then replaced with a new one.

Finally

This leaflet should have answered some of your questions but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Before you sign the consent form, make sure you are satisfied that you have received enough information about the procedure.

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: Dr Rajashekhar Gali, Radiology, York Hospital, Wigginton Road, York, YO31 8HE or phone 01904 726675.

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

yhs-tr.patientexperienceteam@nhs.net

An answer phone is available out of hours.

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.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner

Dr Rajashekhar Gali

Date first issued

May 2002

Review Date

December 2028

Version

9 (issued January 2026)

Approved by

Radiology Clinical Governance Group

Linked to consent form

FYCON92-1 Insertion of tunneled line v6

Document Reference

PIL99 v9

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