Central Vascular Access Device
Insertion
Child / Young Person

A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
A Cultural Support Person is required? ☐ Yes ☐ No
If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Procedure

The following will be performed (doctor/doctor delegate to document – include site and/or side where relevant to the procedure)

A Central Vascular Access Device is used to give direct access to the blood stream without having to repeatedly insert a needle into a vein. There are many different types of devices. The device that is inserted is dependant on the type and length of treatment required.

☐ Non-Tunnelled Catheter such as Vascath® and central line;
☐ Tunnelled Catheter such as Hickman Catheter® and Permacath Dialysis Catheter®;
☐ Implantable Port such as Portacath® and Infusaport®.

This procedure will require an injection of local anaesthetic and a general anaesthetic.

C. Risks of the procedure

In recommending a Central Venous Access Device, the doctor believes the benefits from having this procedure exceed the risks involved. The risks and complications with this procedure and with having a device can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the insertion site. This may require medication.
- Bleeding or bruising may occur. This is usually stopped by applying further pressure and/or ice to the puncture site. This is more common if Aspirin, Warfarin, or any other drug is used to thin the blood is taken.
- The device may become kinked and need repositioning or removal.
- The device may become blocked and need medications to unblock or may need to be removed.

(Tunnelled and Non-tunnelled catheters only) The device may be accidentally removed if pulled on.

- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection at the skin, requiring antibiotics and/or further treatment.
- Infection in the device, requiring the device to be removed.
- Pneumothorax, a collection of air around the lining of the lungs. This usually resolves by itself but sometimes may require the insertion of a chest tube.
- Damage to surrounding structures such as blood vessels, nerves and muscles, requiring further treatment.
- Failure to gain access to the vein. This may require a second attempt from a different location.
- Blood clot blocking the vein, may require medication to treat.
- An allergy to injected drugs, requiring further treatment.
- Failure to gain access to the vein. This may require a second attempt from a different location.
- Blood clot blocking the vein, may require medication to treat.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Injected medications may leak outside of the vein under the skin and into tissue, this may require treatment.
- A fast or irregular heart beat. This usually resolves on its own but sometimes may need further treatment.
- The catheter tip may move from the original placement. The device may need to be removed.
- An air bubble enters the blood stream. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.
I acknowledge that the doctor / doctor delegate has explained the proposed procedure to me and/or my child.

My child and/or I understand:

- the risk and complications, including those that are specific to me/ my child.
- the sedation/ anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/ my child.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- a doctor/ doctor delegate undergoing further training may conduct this procedure.

I have been given the following Information Sheet/s:
- Central Vascular Access Device Insertion - Child / Young Person
- About your Child’s Anaesthetic

- My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.
- I understand that I have the right to change my/our mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during the procedure / treatment and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release image/s or video footage may be recorded as part of and during the procedure / treatment and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What is a Central Vascular Access Device?
A Central Vascular Access Device is used to give direct access to the blood stream without having to repeatedly insert a needle into a vein.

Types of devices include:
- Non-Tunnelled Catheter such as Vascath® and central line;
- Tunnelled Catheter such as Hickman Catheter® and Permacath Dialysis Catheter®;
- Implantable Port such as Portacath® and Infusaport®.

2. Will there be any discomfort, is any anaesthetic needed?
This procedure will require an injection of local anaesthetic and a general anaesthetic, please read About Your Child’s Anaesthetic - Information Sheet (if you do not have this information sheet please ask for one).

3. Preparation for the procedure
The medical imaging department will give instructions on how to prepare for the procedure.
- Please tell the staff if you/your child is or suspect may be pregnant.
- If you/your child takes Aspirin, Warfarin or any other drug that is used to thin the blood ask your doctor/health practitioner if it should be stopped before the procedure as it may affect the blood clotting.

For Parent/Guardian/Adult
To prepare your child for the procedure and to ease their fears, tell them what they can expect to happen during the procedure. The information sheets will assist you with this

We welcome your help and support during the procedure.
- At the discretion of the medical imaging staff,
  - A parent/guardian/adult (unless pregnant) may be invited into the procedure room to support your child.
  - If your child is having a general anaesthetic you may be able to see them off to sleep. Once asleep you will be asked to leave the procedure room and wait in the waiting area.
- Other children are not allowed into the procedure room. These children must be supervised at all times by another parent/guardian/adult.

4. During the procedure
For All Devices
- A fine needle (IV cannula) will be inserted into a vein in the arm.
- Ultrasound will be used to look at the veins at the base of the neck and a suitable vein for the catheter will be selected.
- Local anaesthetic and sedation will be injected.
- A small cut is made in the skin over the vein at the base of the neck.
- Using ultrasound as a guide the needle will be inserted into their vein. The tip of the catheter will be positioned using x-ray guidance in a major blood vessel next to the heart. The catheter does not go into the heart.
- When the catheter is in the correct place a chest x-ray will be taken to confirm its placement.

Non-Tunnelled Catheter
- The catheter is inserted directly into the vein and is held in place with sutures and a dressing. This type of catheter can stay in for about a week.

Tunnelled Catheter
- A small cut is made in the skin on the chest and the catheter is pushed (tunnelled) under their skin until it reaches the vein to be entered.
- Tunnelled Catheters are held in place with sutures. One or two sutures are also required to close the small cut over the vein at the base of the neck. Dressings will be applied. This type of catheter can stay in for months.

Implantable Port
- A port is inserted entirely under the skin and has a catheter attached. The catheter is pushed (tunnelled) under the skin until it reaches the vein to be entered.
- All cuts are closed with sutures and dressings applied. Totally implantable devices can stay in for months or even years.

Taken from CancerHelp UK, the patient information website of Cancer research UK: www.cancerhelp.org.uk
5. After the procedure
The recovery time varies depending on the type of device inserted, the anaesthetic given and the age of the patient. It varies between 1 hour to 6 hours. The IV cannula will be removed after you/your child has recovered.
Following the insertion of the device it is normal to experience some tenderness and bruising for about 24 to 48 hours. Panadol and ice packs may help this. Education will be given about the Central Vascular Access Device, how to take care of it and the level of activity suitable while it is in place.

6. What are the risks of this specific procedure?
The risks and complications with this procedure and with having a device inserted can include but are not limited to the following.

Common risks and complications include:
- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the insertion site. This may require medication.
- Bleeding or bruising may occur. This is usually stopped by applying further pressure and/or ice to the puncture site. This is more common if Aspirin, Warfarin, or any other drug is used to thin the blood is taken.
- The device may become kinked and need repositioning or removal.
- The device may become blocked and need medications to unblock or may need to be removed.
- (Tunneled and Non-tunneled catheters only) The device may be accidentally removed if pulled on.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:
- Infection at the skin, requiring antibiotics and/or further treatment.
- Infection in the device, requiring the device to be removed.
- Pneumothorax, a collection of air around the lining of the lungs. This usually resolves by itself but sometimes may require the insertion of a chest tube.
- Damage to surrounding structures such as blood vessels, nerves and muscles, requiring further treatment.
- Failure to gain access to the vein. This may require a second attempt from a different location.
- Blood clot blocking the vein may require medication to treat.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:
- Injected medications may leak outside of the vein under the skin and into tissue, this may require treatment.
- A fast or irregular heart beat. This usually resolves on its own or may need further treatment.
- The catheter tip may move from the original placement. The device may need to be removed.
- An air bubble enters the blood stream. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

7. What are the safety issues when you/your child leave the hospital?
Take care not to pull on the device. Notify your nurse or clinic immediately if the device has been tugged on or falls out.

Go to the nearest Emergency Department or GP if you/your child become unwell or have:
- pain, unrelieved by simple pain killers
- continuous bleeding or swelling at the skin around the catheter
- redness or inflammation on the skin around the catheter
- a fever
- swelling in the arm on the side the device is inserted in
- other warning signs the doctor may have asked you to be aware of.