

Procedures/Diagnostic tests: Interventional Radiology

Venous Access Device Placement

You are scheduled to have a venous access device (VAD) placed one of your veins using x ray and ultrasound.

The VAD is a slender tube (catheter) placed in a large vein in your body such as your neck vein (jugular), under your collarbone (subclavian vein), or in your arm. These veins lead to a vein called the superior vena cava, a large vein near your heart. This catheter enables your health care team to give you medication and draw blood. You may need this catheter for up to 30 days or longer.

Preparation

- You will need a history and physical (H&P) no more than 30 days before your procedure.
- You will need to have blood work drawn, usually no more than 7 days before your procedure.
- Do not eat anything after midnight the day of the procedure.
- Ask your doctor if you may drink a small amount of clear liquids such as water, clear tea, or black coffee up to 2 to 3 hours before your procedure.
- If you take aspirin, ibuprophen (Motrin), naproxen (Aleve), or blood thinning medicines, ask your doctor if you should continue taking them.
- Ask your doctor if you should take your regular medications at their regular time with a sip of water before your procedure.

Immediately before the procedure

- When you arrive in the Interventional Radiology section, the radiologist and nurse will discuss the procedure with you and answer your questions.
- They will ask you to sign a consent form giving permission to do the procedure.
- You will change into a hospital gown (if you are not already wearing one).
- Any procedure that breaks the skin has a risk of bleeding or infection. To reduce these problems, we check the results of your blood work and clean your skin with antiseptic soap.

Procedure

- Your nurse and/or interventional radiology technologist will attach you to monitors to assess your vital signs.

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- Your nurse may start an intravenous line if you do not already have one.
 - Your skin will be cleansed and draped with sterile towels. Do not touch the cleansed site or towels.
 - Patients generally receive local anesthesia (numbing medicine) where the catheter will be inserted. Your nurse will watch you closely.
 - Ultrasound and x ray will help the radiologist accurately place the catheter.

Immediately after the procedure

- A small dressing will be put over the skin where the catheter leaves your body.
- You will be returned to your room, or outpatient clinic.
- Your clinic or patient care area nurses will show you how to care for your catheter.

You received a central line catheter on (date):_____.

We took x rays to confirm your catheter's location, and the catheter is ready to use.

The medications you received for your procedure included:

After the procedure

- The site may be tender for the next day.
- The dressing may be changed in 24 hours. If it becomes blood soaked, it should be changed sooner. If a lot of bleeding continues after the dressing is changed, call your primary care team.
- Stitches (sutures) help hold your catheter in place. If you need the catheter for more than 2 weeks, the catheter may need to be resutured to prevent it from accidentally falling out.

Special instructions

- Follow the instructions given to you by your primary care team.
- Your primary care team will give you instructions about how to care for your catheter.
- If you take aspirin, ibuprophen (Motrin), naproxen (Aleve), or blood thinning medicines, ask your doctor if you should continue taking them.

Please call your clinic doctor if you have any of the following symptoms:

- Temperature or chills as directed by your clinic (often 38.5 C or 101 F)
- Redness, swelling, or excessive bleeding or drainage at the catheter site

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- Unrelieved or increasing pain at the catheter site
 - Shortness of breath/difficulty breathing
 - Swelling, burning, or severe pain in the arm, shoulder or neck on the side where the catheter was placed
 - If you have any routine questions or concerns please contact your clinic doctor or nurse

If you have any symptoms that you feel are severe, and you cannot contact your NIH physician call 911 or go to your closest emergency room and bring this sheet.

NIH Clinic/Doctor _____ Phone _____

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Questions about the Clinical Center?
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