



Procedure Information – Percutaneous Venous Catheterization

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

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*Please fill in /
affix patient's label*

Introduction

Patients who need to undergo urgent or temporary hemodialysis without an arterio- venous (A-V) fistula will need to undergo a surgery for the creation of a 'temporary vascular access', which is usually made by percutaneous venous catheterization.

A percutaneous venous catheter is for temporary use only and it is commonly inserted into one of the following blood vessels:

1. Internal jugular vein
2. Femoral vein
3. Subclavian vein

The Procedure

A local anaesthetic is administered to the skin and an incision made for the insertion of a double-lumen catheter to the selected vein via a guide wire. The physician will then fix the position of the catheter with sutures to complete the surgery. The whole procedure lasts for about 15-30 mins and the patient remains conscious throughout. For safety's sake, patient should lie down as told, maintain the posture and avoid making casual body movements.

For catheterization to the subclavian vein or internal jugular vein, the patient will be examined by x-ray after surgery to ascertain proper location of the catheter before hemodialysis can be performed.

Risks and Complications

This is a minor operation, but the following complications may occur:

Possible Complication	Occurrence rate	Possible Complication	Occurrence rate
1. Bleeding at exit site	1-1.5%	8. Air embolism	0.2%
2. Subcutaneous hematoma	0.6%	9. Pulmonary embolism	0.3%
3. Catheter malposition	0.8%	10. Pneumothorax	0.25%(for internal jugular vein or subclavian vein catheterization only)
4. Dislodged catheter	2.5-5%	11. Hemothorax	0.5%(for internal jugular vein or subclavian vein catheterization only)
5. Catheter blockage	8-15%	12. Anomalous arteriovenous fistula	Rare but possible
6. Infection at exit site	2.8%	13. Nerve injury	Rare but possible
7. Venous thrombosis	0.5%	14. Central venous stenosis	3-50%(common with subclavian vein catheterization)

Before the procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.



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After the procedure

1. The wound is dressed with sterile gauze. The patient has to keep the wound clean and dry.
2. Bathing or showering of the catheter and the exit site is generally contra-indicated for the high risk of introducing infection to the catheter exit site and catheter dislodgement. Careful sponging with good personal hygiene practices.
3. Do not wear tight clothes, wear button-up shirts.
4. Avoid vigorous physical exercises that may pull or drag on the catheter or onto the clothing over the catheter.
5. Do not apply any sharp objects, e.g. brooch or safety pin, near the catheter or onto the clothing over the catheter to avoid accidental catheter damage.

Follow up

The patient should inform the renal ward staff immediately or seek emergency treatment from a nearby hospital in case of the following:

- | | |
|------------------------|---|
| 1. Bleeding | 5. Redness, swelling, pain, a feeling of excess warmth and discharge at the exit site |
| 2. Breathing distress | 6. Loosened sutures |
| 3. Fever | 7. Dislodged catheter |
| 4. Swelling of the arm | |

Should there be complications, removal of the percutaneous venous catheter may be necessary. Re-operation is needed before hemodialysis can be performed.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relative Name

Signature

Relationship (If any)

Date