Insertion of a permacath

**What is a permacath and why do I need one?**
A permacath is a piece of plastic tubing - very similar to a jugular catheter - and is used in exactly the same way for your haemodialysis.

The permacath has a cuff that holds the catheter in place and acts as a barrier to infection. The cuff is underneath the skin and cannot be seen. The catheter part that you can see is the part that protrudes from the chest wall. It is about 6 inches/15cms long and is made of soft, white, flexible plastic. There are 2 limbs.

A transparent dressing will be put over the part where the catheter leaves the chest wall and (since the catheter is under the level of your collar bone) it will not be seen when you are clothed.

**Where is the permacath placed?**
The permacath is placed in the jugular vein. It is tunnelled under the skin and tissues along the upper chest, under your collar bone and the end of the catheter will come out on the chest wall, about 4 inches/10cms underneath the collar bone.

As the permacath is less prone to infection, it can remain in your body for longer than the jugular catheter, whilst you are waiting for a fistula to be inserted. Occasionally, it is used for longer if a fistula cannot be formed. However, infections can occur in the permacath and it sometimes needs to be replaced.

**What will happen when I come into hospital?**
You will come into Ward 407 in the morning of the day your permacath is to be inserted. **Please telephone the ward on 01332 787407 at 9am before leaving home to check that a bed is available.**

You should only bring an overnight bag with you, as you are usually able to go home the next day.

On arrival to the ward you will be welcomed and shown to your bed. You will then be visited by one of the doctors from your consultant’s team. If you have not already done so you will be asked to sign a consent form to say that you understand what you have come into hospital for and what the procedure involves.
A small plastic tube (drip) will be placed in the back of your hand so that drugs can be given directly into the vein. About ½ hour - 1 hour before your catheter is inserted you will be given antibiotics through the drip (antibiotics are given at this stage merely as a precaution).

You will be asked to put on a hospital gown. You will not be able to have anything to eat or drink for a time before the catheter is inserted. You will be advised of the actual times.

At your appointed time, a porter will take you to the X-Ray Department on a trolley.

Why is the procedure done in the X-Ray Department?
During the procedure, x-rays are used to ensure that the permacath is being placed in the best position.

What happens when I get to the X-Ray Department?
You will be given some sedation through the drip. This will make you relaxed and sleepy, both during the procedure and during the rest of the evening.

The medical staff will be wearing green gowns and gloves. This clothing is needed in order to maintain a sterile environment during the procedure, which minimises infection.

A clip will be placed onto one of your fingers in order to monitor the oxygen levels in the blood during the procedure. The machine makes a bleeping noise.

Once the sedation has taken effect the permacath is tunnelled underneath the skin into the jugular vein. You will have 2 - 3 stitches at the bottom of your neck and the catheter will come out of your chest wall.

There will be another stitch around the catheter, where it leaves your chest wall. A transparent dressing will be put on both those areas and the stitches will be removed in 10 days by the Renal Unit or ward staff.

What are the risks and consequences associated with this procedure?
There is a small risk (as with a jugular catheter) of puncturing the lung. Therefore, if you experience excessive pain or shortness of breath when you return to the ward, it is important for you to tell the ward staff immediately.

There is also a small risk of bleeding from the permacath site, and it may be necessary for you to have an extra stitch put in to stop any more bleeding.

As with the jugular catheter, there is a risk of infection. In order to minimise this risk, staff wear gloves and use sterile supplies when connecting and disconnecting you to and from the dialysis machine.

Your temperature will be checked each time you come to dialyse and the dressing will be checked for any signs of infection underneath it. It is also important that you inform the Renal Unit staff of any pain, redness or leakage that you may see from the site of the catheter. The dressing is changed at least once a week.

If you are concerned about these risks or have any further queries, please speak to your consultant.
What are the alternatives?
Your consultant has recommended this procedure as being the best option.

There are no alternative procedures available. However, there is always the option of not receiving any treatment at all. The consequences of not receiving any treatment are potentially life threatening. If you would like more information please speak to your consultant or one of the nurses caring for you.

What happens after the procedure?
You will feel sleepy for several hours. You may feel some discomfort around the permacath and have some bruising. This is to be expected and pain relief may be necessary - please inform the ward staff if you are in discomfort or pain.

During the procedure a small amount of blood is lost. This is unavoidable. You will have some blood on the back of your head and neck when you wake up. This looks more than it is, so please don’t be alarmed.

When can I go home?
If everything has gone well, you will be able to go home the next day. Your catheter is to be treated as you treated your jugular catheter. An information sheet will be given to you when you leave hospital.

If you have any queries, or require further information please telephone the Renal Unit on 01332 785568 or Ward 407 on 01332 787407.

Alternatively ask for the Renal Nurse on-call via the switchboard on 01332 340131.