INFORMATION AND CONSENT FOR IMPLANTED VENOUS CATHETER

Your physician has referred you for placement of an intermediate / long-term venous access catheter, which is used for administration of antibiotics or other medications.

These catheters are soft tubes that a Radiologist or Physician Assistant will place into a vein into the neck or upper chest using x-rays and or ultrasound as a guide. A short 2 to 3 inch tunnel is made under the skin through which the catheter (tube) is passed. This “tunnel” helps prevent infection and allows the catheter to come out of the skin in a more comfortable spot.

These catheters are used only when intravenous (IV) medicines must be given for longer than a few days. For short-term treatment (up to a week) a simple IV catheter is sufficient. A different device is required for long-term venous access (months-years).

The risks of inserting these catheters are very small. A minimal risk of lung puncture (less than 1 in 200 patients) and a small risk of introducing air into the venous system (air embolism) is present. Occasionally, a small amount of bleeding around the catheter occurs for 24 to 48 hours after placement, but it is rarely dangerous. In addition, there is very remote risk of puncture or injury to an adjacent artery.

Once in place, these catheters can last up for 6 months or longer. The two main risks of having the catheter in place are:

1. **Infection** - which is uncommon, but even with meticulous care both bloodstream and catheter tunnel infections can occur. In these cases the catheter is removed and additional antibiotic therapy is usually required. Should you observe tenderness or redness along the catheter, please let your doctor know.

2. **Central Vein clotting** (Thrombosis) - the rate of central venal thrombosis is not known with certainty. When it does occur it is usually not symptomatic. If symptoms occur then treatment with blood thinners may be required.

There are several alternatives to placement of this type of catheter. A simple IV catheter may be used for a few days, but longer duration infusions require repeated catheter changes. Peripherally inserted, central venous catheters (PICC lines) are easier to insert and may be done at the bedside of the patient by specially trained nurses. Although, there are studies to directly compare them with tunneled central catheters, PICC lines are associated with symptomatic thrombophlebitis in at least 5% of catheter insertions; and a much larger number of patients develop thrombophlebitis without symptoms.

Once inserted these tunneled catheters are fairly comfortable and need minimal care. You will be given an instructional booklet, which, we ask you to read.
Consent for Implanted Venous Catheter:

I agree for insertion of Tunneled Venous Access Device with imaging guidance. I understand the risks, benefits, and alternatives to the procedure and agree to undergo the procedure.

X__________________________  __________________________  _________________
(patient or agent) (date) (time)
X__________________________  __________________________  _________________
(witness) (date) (time)
X__________________________  __________________________  _________________
(physician / physician assistant) (date) (time)