

Insertion of a temporary dialysis catheter (haemodialysis line)

Introduction

This leaflet provides information for renal patients and answers some of the commonly asked questions about having a temporary dialysis catheter. It also explains the benefits and risks of the procedure.

What is a temporary dialysis catheter?

Dialysis is a process for removing waste and extra water from the blood when your kidneys no longer do this for you. A temporary dialysis catheter allows blood from you to be taken to the dialysis machine, cleaned and returned to you. This can be via a neck line or a groin line.

Using a haemodialysis line is just one way of doing this. Once the line is inserted it can be used for dialysis the same day. The neck line is only temporary but can be used for 2 weeks if necessary.

What if I cannot have a neck line?

If you are unable to lie flat for a neck line, a very similar catheter can be inserted into your groin area to allow access to a vein. This is called a femoral line. Because of the position of this type of line, there is a higher risk of infection than with a neck line and should only be used for 3 to 5 days. If you have a catheter inserted into your groin, you will not be able to walk around or go home, as the line will damage the vein when your leg moves, it is also more likely to fall out.

Why do I need a temporary dialysis catheter?

Your doctor is aware you need dialysis treatment and considers a haemodialysis line is the best treatment option for you.

Who will be carrying out the procedure?

An experienced doctor, nurse or radiologist who is skilled in carrying out the procedure will insert the catheter.

The procedure will take place in the special procedures room on Ward 7B or in the main theatres at Gloucestershire Royal Hospital.

Is there an alternative treatment?

There is no alternative to this procedure.

Do I need to do anything to prepare for the procedure?

If you are taking blood thinning medications such as clopidogrel, aspirin, apixaban, rivaroxaban, prasugrel, apixaban, warfarin or ticagrelor please discuss this with your doctor. You will need to stop taking these medications for a few days before the procedure.

You may be asked to shower or wash using an antiseptic wash for 1 to 3 days before the procedure.

What happens during the procedure?

You will have a monitoring device attached to your arm and finger. This will monitor your blood pressure, pulse and the oxygen levels in your blood. It will also monitor your heart rhythm during the procedure. You may also be given oxygen via a face mask.

The doctor or nurse will wear a sterile gown, gloves and mask. Your neck or groin will be cleaned with antiseptic; this will feel cold on your skin. Most of your body will be covered with a theatre towel.

The doctor or nurse will use an ultrasound machine to find exactly where the veins are in the side of your neck or groin. The skin and deeper tissues will be numbed with local anaesthetic; this will sting slightly as it is injected. Once the skin is numb, a needle will be inserted into your vein, the ultra sound machine is used to make sure that the needle is correctly positioned. A guidewire is then passed through the needle and into your neck or groin vein.

A few stitches will be needed in your neck or groin to hold the catheter in place. These stitches will remain in place until the line is removed. A waterproof dressing will be placed over the site.

Will the procedure hurt?

The local anaesthetic injection will sting to begin with, but this quickly wears off and the area soon feels numb. You will feel a mild pressure when the catheter is being moved, but this will not hurt. After the procedure, your shoulder and the side of your neck or your groin may feel

bruised. You will be given pain relief to reduce any discomfort.

How long will the procedure take?

Usually, the procedure will take between 25 and 40 minutes, this will vary from patient to patient.

What will happen after the procedure?

Nurses will carry out routine observations including your blood pressure, pulse and temperature. They will also look at the puncture site where the catheter was inserted to check for any excessive bleeding.

If you have a neck line you will be taken to have a chest X-ray. This is to make sure that the catheter is in the correct position and that there are no problems before you start dialysis. An X-ray does not need to be carried out if you have a groin line.

Possible risks of having a temporary dialysis catheter?

The common risks of the procedure include:

- bleeding from the puncture site and the small skin wound where the catheter comes out. This is not dangerous and can be stopped by pressing on the area
- bruising and swelling around the puncture site
- pain at the puncture site which is not improved by your usual pain relief

Very rarely, the lung or another blood vessel may be punctured. If this happens, a blood transfusion or a tube to drain the air from around the lung may be needed. Everything is done to reduce the risk of this and the chance of experiencing a serious complication is small (less than 1 in every 100 cases). Once the catheter is successfully in place, the main complications will be a blockage of the catheter by a blood clot or infection.

Giving your consent (permission)

We want to involve you in all decisions about your care and treatment. You will be asked to sign a consent form stating that you have agreed to the treatment and that you understand the benefits and risks of the procedure. It is your decision; you can change your mind at any time, **even if you have signed the consent form.**

We hope that you have found this information leaflet helpful. Please remember that you are free to ask the doctor or nurse inserting the catheter as many questions as you like.

Contact information

If you would like further advice before or after the procedure, please contact a member of staff on Ward 7b.

Ward 7b

Gloucestershire Royal Hospital
Tel: 0300 422 6768 (24 hours)

Access Nurse

Gloucestershire Royal Hospital
Tel: 0300 422 6270 Monday to Friday

If you would like to discuss the procedure further with your renal doctor, they can be reached via their secretary on the number below. Please note you may be asked to leave a message on the answering service:

Secretary to Dr Jim Moriarty/Dr Qiaoling Zhou/ Dr Emma Wylie

Tel: 0300 422 6762

Monday, Tuesday, Thursday, Friday 08:00am to 4:00pm.

(Does not work Wednesdays)

Secretary to Dr Arvind Singh/Dr Su Jenkin

Tel: 0300 422 6299

Monday and Friday 08:00am to 2:00pm. Tuesday and Wednesday 08:00am to 1:00pm.

(Does not work Thursdays)

Secretary to Dr Iain Smith/Dr Adarsh Babu/Dr Boddana

Tel: 0300 422 6297

Monday to Thursday 09:00am to 2:00pm.

(Does not work Fridays)

Email: ghn-tr.renaladminteam@nhs.net

Further information

British Kidney Patient Association (BKPA)

3 The Windmills

St. Mary's Close Turk Street

Alton

GU34 1EF

Tel: 01420 541 424

Website: www.britishkidney-pa.co.uk

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