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If you or your support person do not clearly understand the procedure, please ask for clarification



CENTRAL VENOUS CATHETER REMOVAL

What is it?

A Central Venous Catheter (CVC) removal procedure is the process of safely taking out a catheter that was inserted into a large vein for long-term use. These catheters include PICC lines, port-a-catheters, and hemodialysis lines, which are used for treatments such as administering medication, fluids, or dialysis.

Why do I need it?

Removal of a CVC is performed when it is no longer needed, you need a different type of CVC, if it has malfunctioned, or if there are signs of infection.

Before

For specific questions regarding the clinical need for this procedure, please contact your ordering provider.

Patient Preparation:

You should wear loose-fitting clothing that is easy to change out of. **You will need to arrange for someone to drive you home after you have recovered from the procedure.** One support person (spouse, friend, caregiver, family member) may accompany you on the day of your appointment, but not into the procedure room.

Please bring a list of the medications you are currently taking and a list of any drug/medication allergies you may have.

You can eat and drink normally before the procedure. You may take your usual medications prior to the procedure. See next page if you take blood thinners.

Please phone the Diagnostic Imaging booking line at **705-325-2201 ext. 3505** for cancellations or rebooking if you are unable to attend your appointment.

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Bloodwork³

Bloodwork is **usually not needed** for this procedure.

However, it is required if you:

- Take Warfarin (Coumadin®)
- Have **prolonged bleeding**, risk of **thrombocytopenia** or **known thrombocytopenia**

If the above applies to you then your doctor will order:

- INR (must be ≤ 2.5 , ≤ 2.0 for ports or tunneled catheters)
- PTT
- CBC (platelets must be $\geq 20 \times 10^9/L$ or greater)

The bloodwork results must be current within **4 weeks of the procedure**.

If you take Warfarin (Coumadin), you'll need a new INR drawn **the day before** your procedure.

Important: Missing bloodwork may delay or reschedule your appointment.

Blood Thinners / Anticoagulants / Antiplatelets Medications³

Stop the listed medications as per the below schedule before your procedure unless instructed otherwise. If unsure, then consult your doctor or healthcare provider about which medications to pause, for how long, when to restart them, and any concerns you may have.

Medication	Withholding	When to Stop	Restart After
Coumadin® (Warfarin)*/**	Based on INR	Based on INR	NA or same day re-initiation for bridged patients
Cangrelor (Kengreal)	Yes	Defer procedure until off medication; if procedure is emergent, withhold 1 h before procedure	multidisciplinary decision making
Abciximab (ReoPro)	Yes	Withhold 24 h before procedure	multidisciplinary decision making
eptifibatide (Integrilin) tirofiban (Aggrastat)	Yes	4–8 h before procedure	multidisciplinary decision making
* consider bridging with heparin (need admission) for high thrombosis risk cases			
** consider using reversal agent if emergent or STAT			

Important Notes

- Patients on Warfarin (Coumadin®) need an **INR** test the **day before** the procedure.
- Those with **prosthetic valves**, **prior clots**, or **stroke-related atrial fibrillation** may need bridging therapy to prevent thrombosis.
- **Do not** stop blood thinners if you have **coronary or brain stents**—consult your doctor first.
- If anticoagulation is stopped, your doctor must provide instructions.
- Applies only to elective procedures, not emergencies.

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WHAT TO EXPECT AFTER¹



Recovery & Going Home

You may leave once the procedure is completed, as long as you are feeling well.

We recommend having someone drive you home after the procedure.

Don't drive if you are taking strong pain medicine. If you were given medication to help you relax or manage pain during the procedure (not common), then you cannot drive for the next 24 hours.



Diet & Activity

- Spend the remainder of the day resting at home.
- Resume a normal diet. You may resume light activities after 24 hours.
- Avoid strenuous arm movement for 24 to 48 hours after a CVC removal
- If needed, use ice to reduce soreness, but don't apply ice directly to the skin. Wrap it in a towel and use for 10-15 minutes at a time.



Wound Care

- Your CVC removal will have a dressing applied to the site. This will be different depending on which type of CVC you had:

PICC Line: A gauze dressing and Tegaderm covers the site.

Port-a-Cath: Sutures will be used to close the skin. Skin glue and ster-strips may be applied over the wound, along with gauze and a Tegaderm.

Hemodialysis Catheter: Sutures might be used to close the skin. Skin glue and ster-strips may be applied over the wound, along with gauze and a Tegaderm.

- **Do not** remove the steri-strips (small tapes). They will fall off on their own in about 10 to 14 days.
- Keep the dressing clean and dry for 48 hours. After 48 hours, you can remove the dressing, wash the area with soap and water, and cover it with a bandage until healed (unless otherwise directed).
- Contact your doctor or nurse with any questions or concerns about catheter removal and care.



Bathing

- Avoid submerging the area in water for 2 weeks (no swimming, hot tubs, or baths) to prevent infection, unless advised otherwise by your doctor.



Medication

- **If your doctor or healthcare provider advised you to stop any medications for this procedure then consult with them first about the safety of when you can start your medications again;**
- Otherwise, resume your normal medication schedule.
- If you **normally** take acetylsalicylic acid (Aspirin™) or another blood thinner medication, ask your doctor when to start taking it again. Make sure that you understand exactly what your doctor wants you to do;
- Otherwise, **do not** take (Aspirin™) or anti-inflammatory medicines (such as ibuprofen) for one **week** after the procedure.

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WHEN TO SEEK HELP^{1,2}



Call 911:

If you believe you require emergency care – **call 911**. Reasons to call 911 include:

- You have passed out (lose consciousness), or become very dizzy, weak, or less alert
- You experience sudden chest pain and shortness of breath; and/or
- You have severe trouble breathing
- Significant bleeding from the procedure site (i.e. bright red blood that won't stop)
- You have a fast or uneven pulse



Call your doctor, healthcare provider, or Health Connect Ontario immediately if you experience:

- Increased pain, swelling, warmth, or redness in your face, chest, neck, or arm side where the CVC was before.
- A fever (more than 100°F / 38°C).
- Chills, with or without fever.
- Bright red blood has soaked through the dressing
- You have new or worse pain at the CVC removal site.
- Bruising or swelling at the CVC removal site that is getting bigger.
- An upset stomach and you can't keep fluids down (you're throwing them up).
- Any other concerns.
- The area where the CVC was removed starts bleeding and does not stop with gentle pressure.

If you experience bleeding, apply firm pressure to the incision, sit upright, and stay still. To help, roll up a dry washcloth and press it firmly over the area. For hemodialysis lines and port-a-caths, you should also press at the base of your neck on the side the CVC was removed from. Contact your doctor, healthcare provider, or Health Connect Ontario immediately.

Health Connect Ontario may be reached 24-hours a day, including weekends, by:

- Calling 811
- Calling 1-866-797-0007 (TTY – teletypewriter service)
- Visiting <https://healthconnectontario.health.gov.on.ca/> and selecting “Chat with us”

BRING THIS INFORMATION PACKAGE WITH YOU SHOULD YOU URGENTLY NEED TO SEE YOUR DOCTOR OR GO TO THE EMERGENCY DEPARTMENT OF YOUR NEAREST HOSPITAL.

Use this material for your information only. It does not replace advice from your doctor or other health care professionals. Do not use this information for diagnosis or treatment. Consult with your health care provider about a specific medical condition.

References:

1. Removal of Your Central Venous Catheter (CVC) – Patient Education. The Ohio State University Comprehensive Cancer Center. <https://healthsystem.osumc.edu/pteduc/docs/RemovalCVC.pdf>
2. Port removal (Patient Education - Disease and Procedure). Accessed October 8, 2024. Lexi-Comp Online. <https://online.lexi.com/>
3. Patel et al. Society of Interventional Radiology Consensus Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions—Part II: Recommendations. JVIR 2019; 30:1168–1184.

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