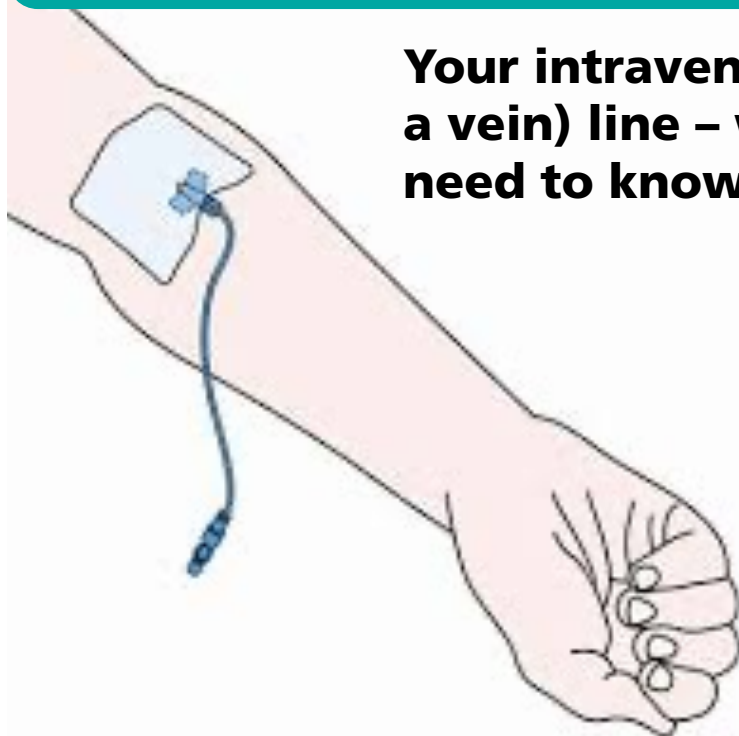


# Care of your midline

## Information for patients

**Your intravenous (into  
a vein) line – what you  
need to know**



**This leaflet answers common questions about caring for your line. If you would like any further information or have any particular worries, please do not hesitate to contact your named nurse or doctor.**

# What is a midline?

This is a long flexible tube that is inserted into the veins in the upper arm.

The midline is threaded along the vein and is between 10 and 20cm in length. This type of line is NOT classed as a central venous access device.

# What is it used for?

It is designed to deliver treatments such as:

- Antibiotics and other intravenous medications
- Intravenous fluids
- Blood products.

# Benefits of a midline:

- Helps preserve other veins.
- They are a reliable source of intravenous access.
- They can remain in place for 4 to 6 weeks.

# How is the midline put in?

A doctor or specialist nurse will put in your midline at the hospital. It can either be done in an outpatient department or on a ward. They will talk with you about which arm would be better to use. They can also answer any questions you may have about the line.

The skin will be cleaned with antiseptic and numbed with local anaesthetic before a vein is located. An ultrasound scanner will help the practitioner choose the best vein to use in your arm.

When the skin is completely numb, they will put a needle into the vein and gently thread the midline through the needle into a large vein. They then remove the needle. This should not take long and is usually painless.

The end of the line comes out above the bend of the elbow and will be held in place by a securement device and a clear dressing under a cotton sleeve.

Please note that once the effects of the local anaesthetic (numbing) has worn off you may feel slight discomfort or an ache at the insertion site (where the line goes into to the upper arm). This is normal and simple painkillers such as paracetamol can be taken if required.

There may be some bruising around the insertion site and some blood on the dressing, this is quite normal and nothing to be worried about.

## Possible problems when putting in a midline

It can sometimes be difficult to thread the midline into the vein. If there is a problem, it is usually possible to try again using a different vein.

# What are the risks?

Midline insertion carries a small risk of complications described below. Your specialist nurse or doctor will explain these to you:

## Infection

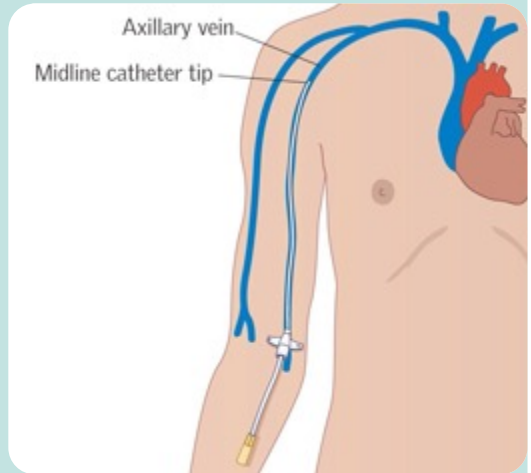
It is possible for an infection to develop inside the midline, or at the point of insertion. If you notice redness around the line or a discharge from the insertion site, or you have a temperature, fever, chills or feel generally unwell, it could mean you have an infection.

## Blood clot

It is possible for a blood clot to develop when a midline is in place. Pain, swelling or discomfort in your arm on the side of the midline insertion could be signs of a blood clot.

## Malposition

Occasionally the line can become dislodged. If you notice the line that you can see on your arm is longer than usual the position may no longer be correct. In the unlikely event the line falls out completely you should apply pressure to the site immediately to stop any bleeding and contact your doctor or nursing team. Never try to re insert your midline if it has been partially or completely pulled out.



## Bleeding and bruising

Sometimes a small amount of blood may be seen around the insertion site. Gentle pressure may be applied by the practitioner after the procedure to stop the bleeding.

## Line becomes cut or punctured

Inform your doctor or nurse immediately. The line will need to be clamped to prevent damage caused by bleeding and by air entering the blood stream.

## Blocked line

If the line becomes partially blocked it may be difficult to give medications through it. The nurses may be able to unblock the line, but if unsuccessful then the line will need to be removed and a new one inserted.

# Caring for your midline:

- The line is kept in place with a securement device and a dressing.
- If you are an inpatient the nurses on the ward will provide care and maintenance of your midline.
- If you are an outpatient discharged under the OPAT (Outpatient Parenteral Antimicrobial Therapy) team they will be responsible for the care and maintenance of your midline.

Please make sure you have the contact details of the team responsible for your midline before you are discharged.

## Keep it dry

It is important the dressing always remains clean and dry. The semi-transparent dressing is water resistant but not waterproof.

It is fine to shower, but ensure it is covered well with a waterproof sleeve (these will be provided at the time of the insertion) and not in the direct line of the water.

If you prefer a bath, make sure the arm with midline in place is kept out of the water and ensure a waterproof sleeve is also worn. Keeping the area dry will help prevent infection.

## IMPORTANT:

- Never open any clamps or remove any end caps.
- Avoid sharp objects near your line.

# Using your line

The end of the line (on the outside) must be thoroughly cleaned with an antiseptic wipe before it is used. The lumen of your line must be flushed after use to prevent it from blocking. The dressing and bungs should be changed weekly. Anyone using your line should be trained to do so.

Dressing changes, bung changes, delivering medications are all sterile procedures. Report to your team if you feel unwell during or immediately after the line is used.

# Living with your midline

## **Can I go swimming?**

Swimming is not advised as it will not be possible to keep the area completely dry and there is a high risk of infection.

## **Can I go to work?**

Having a midline should not keep you from doing most of your day-to-day activities. You will still be able to go to work or school.

If you do want to continue with work discuss this with your practitioner as there may be some restrictions dependant on the job you do.

## **Can I have sexual intercourse?**

There is no reason why this should be affected by the midline insertion. To minimise the risk of catching the line please ensure the Midline is secured to your arm and covered with a cotton sleeve.

# How is the midline removed?

When you do not need a midline anymore, it will be taken out. A nurse will usually do this for you on the ward, in an outpatient department or in your home address. The line will be gently pulled out, and the area where the midline was put in will be covered with a dressing. This is painless and only takes a few minutes.

# Service contact information

If you or your carer have a concern, or simply require more information, help or support, please contact either:

OPAT team on 01623 622515, extension 6145 or 2711.

Office hours are 8am to 8pm, Monday to Sunday.

**Or**

Medical Day Case Unit at Newark Hospital on 01623 622515, extension 5320.

Office hours are 8am to 5pm, Monday to Friday.

**Or**

Medical Day Case Unit at King's Mill Hospital on 01623 622515, extension 2426.

Office hours are 8am to 8pm, Monday to Friday.

**Or**

Welcome Treatment Centre on 01623 622515, extension 3079.

Office hours are 8am to 4pm, Monday to Friday.

**If you require urgent advice or have a concern outside of these hours, please attend your nearest Emergency Department or call 999**

## **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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