

Information Sheet for STAFF: TUNNELLED CHEST INSERTED CENTRAL CATHETER (CICC)

FACTS ABOUT CICCs

- The CICC is a tunnelled 6 Fr double lumen or 5 Fr single lumen purple in colour and is power injectable
- The CICC is an 'open ended' catheter with all lumens exiting at the same point each providing an independent pathway for administration of medications & fluids
- A Dacron cuff sits in the catheter 'tunnel' approximately 2-3 cms from the exit site (where external lumens exit). There is a small incision at the base of the neck. This is referred to as the insertion site
- SURGICAL ADHESIVE is applied to the insertion site and around the exit site to address haemostasis and prevent bacterial migration during wound healing.
- The catheter wings are secured in a WingGuard providing catheter stability during cuff engraftment which usually takes for 2-3 weeks
- The WingGuard is then removed and does not require replacement
- Use Griploc/s to secure and support any IV tubing attached to the CICC to prevent drag on the catheter

MANAGEMENT and CARE

Management and care is essentially the same as for a Hickman catheter. *Refer to the tunnelled catheter section- CVAD Resource Book to guide your practice.*

KEY PRACTICE POINTS:

- The CICC has a small Dacron cuff which takes approximately 2-3 weeks to engraft and acts as an internal securement.
- Palpate the tunnel to assess cuff position during weekly dressing.
- Observe for cuff migration at insertion site. This is an indication that the CICC tip has migrated 2cms from the CAJ. The catheter may need to be removed and /or replaced.
- Surgical adhesive is used around the insertion site to
- *DO NOT clean the area at the insertion site while the **surgical adhesive** is in place. Start cleaning from perimeter of the **surgical adhesive** and work outwards to avoid dissolving it. The adhesive will wear away after a week and does not need replacing.*
- To prevent catheter migration and provide securement during the 2-3 week phase of cuff engraftment, the catheter wings are placed in a WingGuard securement device.
- The WingGuard does not require weekly replacement. Made of silicone the surface can be cleaned with Chlorhexidine 2% & alcohol 70% swab sticks during the weekly dressing. The new dressing is then placed over the top of the WingGuard(see image)
- At 2-3 weeks the WingGuard can be removed and ongoing replacement is not required.
- **NOTE:** The WingGuard may be used for the dwell of the CICC if there is a risk of catheter dislodgement or skin is compromised. In this situation change & replace the WingGuard every 3/52
- Routine dressing changes occur weekly or if the dressing is compromised in any way.

CICC



WingGuard on CICC wings



Dressing placed over top of WingGuard



REMOVING A CICC

CICC may be removed by RNs who have a CVAD Endorsement and Experience

1. Place patient in a supine (flat) position ideally head tilted slightly down. If unable to lie flat, the low semi-fowler position may be used.
2. Clean exit site as per policy – ref CVAD Resource Book
3. Retracted skin along 'tunnel' with non –dominant hand
4. Grasp the external portion of the CICC and give a firm tug to separate the cuff from the tissues
5. With head be no greater than 30° head-up position slowly remove the catheter with the breath held at end of exhalation - put digital pressure on the IJV insertion site as the CICC exits the jugular vein into tunnel
6. Cover the exit site with sterile gauze and apply pressure to the exit site until any bleeding has stopped
7. Cover wound using a sterile opsite with dressing pad and leave covered until healing has occurred
If there is difficulty removing the CICC medical intervention will be necessary to perform a small cut down to separate the cuff from the tissue allowing the catheter to be removed.

