

TUNNELLED CHEST INSERTED CENTRAL CATHETER (CICC)

FACTS ABOUT CICC's

- 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 catheter exits the skin). 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
- Use Griploc/s to secure and support any IV tubing attached to the CICC to prevent drag on the catheter during IV infusions.

MANAGEMENT and CARE

Management and care is essentially the same as for a Hickman catheter. *Refer to the tunnelled catheter section- CICC, 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 exit site. This is an indication that the CICC tip has migrated out 2-3cms from the CAJ. The catheter may need to be removed and /or replaced.
- Surgical adhesive is used around the insertion site to provide haemostasis following insertion.
- *While the **surgical adhesive** is in place DO NOT clean over the exit site. Start cleaning from perimeter of the **surgical adhesive** and work outwards to avoid dissolving adhesive. The adhesive wears off after a week, it doesn't need replacing. Direct cleaning over the exit site can resume as per protocol. Use Cavilon skin protectant where the dressing is placed and also under the WingGuard*
- Place catheter wings in a WingGuard securement device.(see image)to provide securement during the phase of cuff engraftment.
- The WingGuard is silicone and 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) **NOTE: The WingGuard may remain in place for the dwell of the CICC to protect the skin from pressure areas associated with the CICC wings.**
- **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
Refer to CVAD Removal section in CVAD Resource book

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. Retract skin along 'tunnel' with non –dominant hand
4. Ask the patient to breath hold during **removal** OR **remove** CICC at the end of inspiration.
5. Grasp the external portion of the CICC and give a firm tug to separate the cuff from the tissues
6. Slowly withdraw CICC. Apply continuous and direct pressure slightly above the site for a minimum 5 minutes before assessing for bleeding.
7. Cover the exit site with sterile gauze and apply pressure to the exit site until any bleeding has stopped
8. 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.

