



CARING FOR YOUR CANNULA

This information answers some commonly asked questions about your cannula.

What is a cannula and where will the cannula be put?

- An intravenous cannula is a small plastic tube which is inserted into a vein. A cannula is most commonly inserted into your hand or arm.
- A cannula is used to allow medication or fluid to be given directly into a vein.
- The doctor or nurse will try to avoid the hand you use for writing. However, this may not be possible.

Are there any alternatives to a cannula?

You may discuss possible alternatives with the staff that are looking after you. However, some treatments can only be given through a cannula.

How will the cannula be put in?

The doctor or nurse will follow a number of steps when inserting your cannula.

These steps include:

- Washing their hands and wearing gloves.
- Cleaning your skin with antiseptic where the cannula is to be inserted.
- Using sterile equipment.
- The cannula is inserted into the vein using a fine needle

Is a cannula insertion painful?

- You may feel a sharp sting as the needle goes in.
- This pain should pass very quickly once the cannula is in place.

Can the cannula fall out?

- The cannula will be secured with a see-through dressing. There is usually no need for the cannula to be bandaged.
- A cannula may fall out if the dressing becomes loose. Please inform staff if the dressing becomes loose.

Are there any risks?

- There is a risk of infection with any procedure that punctures the skin. A cannula can cause irritation of the vein.
- Difficult or unsuccessful insertions can cause bruising, clots, cannula dislodgment or delay treatment.

How will staff care for my cannula?

Ongoing care of your cannula is important to prevent infection. Therefore it is necessary that:

- Hands are cleaned with soap or alcohol hand rub before and after touching the cannula and attached 'lines'.
- A cannula inserted by ambulance officers or during an emergency, is removed within 24 hours.
- The cannula is checked routinely for signs of irritation, infection or blockage.
- The dressing is kept intact.
- To reduce the risk of complications, the dressing should be marked with the date that it is inserted. The insertion of the cannula should be documented in your file.

How can I help in the care of my cannula?

- Try not to touch the cannula or play with the coloured cap when it is in place.
- Keep the dressing and cannula clean and dry.
- Protect the cannula from knocks or from being pulled.
- Wash your hands after going to the toilet.
- Tell the nurse, midwife or doctor if you:
 Experience pain, feel hot, cold or shivery, see redness, leaking or swelling around the insertion or connections.
- Tell the nurses if you feel something is wrong with your cannula or if you think the cannula is not needed anymore.
- The dressing is waterproof, however, we recommend that you try to avoid soaking the cannula. After showering or washing carefully pat the cannula site dry.
- Do not be afraid to remind staff to clean their hands before touching your cannula. It is not rude to remind staff if they have forgotten.
- Do not ask nurses to disconnect your cannula for a shower.
- Disconnecting your cannula can place you more at risk of infection.

When will the cannula be removed?

- In adults a cannula will normally be removed after 3 days. The cannula may be removed earlier if a problem occurs or if it is no longer needed. However, occasionally there may be medical reasons for leaving the cannula in longer.
- A new cannula may need to be inserted after this period if treatment is still required.
- When the cannula has been taken out, the place where it has been may feel slightly bruised. This sensation can last for up to one week and is quite normal. The dressing which is put over the site after removal can usually be taken off within a couple of hours.
- If there is any swelling, pain, redness or discharge from the site after removal, please tell your nurse or your local GP.
- A cannula is normally removed before you are discharged from the hospital.
- You may be discharged from hospital with a cannula if treatment is to continue at home. A community nurse will then monitor your cannula.

If you have any questions about the information in this leaflet, please speak to a member of staff. You can also request an Interpreter if you need one.



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