

How can I help care for my cannula?

To prevent infection your cannula must be kept clean and dry. A dressing will cover the cannula site. Your cannula will be checked every day by your nurse. The cannula will normally need to be removed after three days and replaced if the treatment is still needed.

You should avoid heavy lifting and excessive movement of your arm to prevent the cannula from becoming dislodged.

Complications with cannulas are rare but please seek advice if you have any of the following problems with your cannula:

- Pain at the cannula site
- Redness, swelling or oozing at the cannula site
- If it becomes dislodged or falls out (in which case cover the site with the clean dressing provided and press firmly to stop any bleeding)

If you require any advice / support please call:

Monday to Friday 8.30am to 4.30pm
0113 843 4200

Any other time:

111 (NHS non-emergency number)

Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email lch.pet@nhs.net

We can make this information available in Braille, large print, audio or other languages on request.

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**Leeds Community
Healthcare**
NHS Trust

Information for patients who require intravenous or subcutaneous diuretics in Leeds



Community Cardiac Service

Frequently Asked Questions

How can diuretics be given?

The most common way to give diuretics is in tablet form (water tablet).

Sometimes the tablets do not work as well as they should and fluid can build up in your body.

Giving the diuretic by injection can be more effective. There are two ways of doing this:

1) Intravenously (IV)

This is where a fine tube called a cannula is inserted into a vein and the diuretic is given by injection over a period of time (the period of time will depend on the dose given).

2) Subcutaneously (SC)

This is where a small fine tube called a cannula is inserted under the skin and the diuretic is infused over 24 hours.

Before a cannula is inserted the procedure will be explained and a sample shown to you first if you choose. This will be done by the nurse visiting you at home.



Do I need to be in hospital or can I be at home for my IV treatment?

This treatment was previously only offered in hospital but is now available as a community treatment for many patients with heart failure.

Do I have to purchase anything?

No. The nurse will arrange and deliver everything needed to give you this treatment (unless you currently have to pay for your medical prescriptions in which case the usual prescription charge will apply). If you are being discharged from hospital on this treatment then a supply of the drug will be sent home with you.

Are there any risks to me if I receive treatment at home?

An allergic reaction to a drug may sometimes occur when a new drug is given, but this is rare (and you may have already safely received this treatment in hospital). You will be given advice about reactions and what to do if one occurs.

You may experience some side effects including dizziness. This is usually due to a drop in your blood pressure and must be reported to your nurse.

Diuretics can sometimes alter your kidney function. You will have regular blood tests at home to monitor this closely.

Can I bathe/shower?

You can still shower and bath so long as the line is kept clean and dry. The cannula should not be immersed in the bath. If the dressing does become wet underneath please tell your nurse when she arrives.

How is the cannula removed when it is no longer needed?

A nurse will remove the cannula. It will come out easily. A dry sterile dressing will be placed over the site if required. This can be removed after 24 hours.

Who will give me my IV medication?

A nurse will come to your home to insert the cannula, prescribe and administer your medication. You may decide that you prefer to have this treatment in hospital which can be arranged if necessary.

What if it does not work?

This will depend on your individual wishes. Your heart failure nurse may recommend that you are admitted to hospital or she may seek advice from the cardiologist. It may be that you are not well enough for any further hospital treatment and that you would prefer to stay at home or possibly the hospice - this would all be discussed with you by your heart failure nurse.