

Linkworkers

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An information leaflet
for parents

Long Lines

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Awarded for excellence



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Background

This leaflet has been produced in order to help you to understand why your baby requires a 'long line'.

A 'long line' is a thin catheter inserted into one of the large veins in your baby's arm or leg.

Why does my baby need a long line?

There may be several reasons why your baby requires a long line:

- Small premature babies have an immature digestive system.
- It can take days before your baby can take all the milk feeds required.
- Using a long line means that your baby continues to receive the calories they need for growth even though they may not be feeding.
- A long line is inserted so that medication can be given as well as fluids.

Fluids can be given via a 'cannula' which is the small drip inserted into a vein. However, cannulas do not last very long as they frequently leak into the surrounding tissue and this is why a long line is preferred.

How is a long line inserted?

A suitable vein is identified by the doctor who inserts the long line.

The doctor will wear a surgical gown and gloves to ensure that the line remains sterile.

The line is inserted into a vein in the arm or the leg. (On rare occasions, a vein in the scalp is used).

The tip of the line is placed in a suitable position.

Once the line is in place, an x-ray is taken to ensure that it is in the correct position.

It may take more than one attempt to insert the long line, as the veins of premature babies are very small.

Sometimes we are not able to insert the long line. If this happens the surgeons will place a line into one of the larger internal veins.

Are there any complications associated with long lines?

Yes. Long lines may become blocked or they may leak. They may also become infected. Sometimes there can be bleeding from the site where the line is inserted. (This can usually be stopped by applying gentle pressure.) Very rarely they can cause fluid to accumulate around the heart.

Long lines are monitored very carefully and if any of these complications arise the line will be removed.

How will my baby be monitored while the long line is in place?

Your baby will continue to have heart rate and respiratory (breathing) rate monitoring. The line is also attached to a monitor that alarms if the line becomes blocked.

How do you know when to take the long line out?

When your baby no longer requires intravenous fluids, the long line will be removed.

Will I need to give consent?

Yes. You will be asked to sign a consent form before the line is inserted.

Who do I ask for more information?

Please ask to speak to one of the nurses or doctors if you have any further questions.