

Staff Teaching Sheet

Exposed Cuff on a Tunnelled Cuff Catheter



1. Assess the exit site. Measure the distance between the exposed cuff and the exit site.
2. Ensure the catheter is secured and notify the nephrologist and VA Nurse. This patient will likely require an urgent re-wire of their catheter.
3. Do **not** start dialysis unless otherwise directed.
4. Do **not** attempt to reinsert the catheter.



Why are these steps so important?

Because this can (and does) happen!

NOTE: Only under direction of the nephrologist may we temporarily run a patient with an exposed cuff.

What's the risk of an exposed Tunnelled Cuff Catheter (TCC) cuff?

A catheter is held in place by the dacron cuff and can easily fall out if the cuff is visible. The exposed cuff also suggests that the catheter tip is no longer in the correct position and delivery of blood through this catheter could no longer be adequate. Bacteria can also collect on the exposed cuff and cause infection.

How to reduce risk of cuff exposures and migration of catheters:

- Assess access site every run and ensure catheter is securely anchored.
- Provide and reinforce patient teaching on safe care of their catheter.
- Alert VA Nurse/nephrologist of any remarkable exit site findings.
- Ensure suture removal guidelines are strictly adhered to (minimum 6 - 8 weeks for hub sutures) and suture removal dates are clearly noted on the care plan.

NOTE: Pts who are considered to be at high risk of TCC dislodgement may have alternate orders regarding suture removal, such as requiring sutures indefinitely.

Questions? Talk to your VA Nurse or Clinical Nurse Educator.