

The Lived
Experience of
Vascular Access

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The Story of MY Line

Study Aim

To gain insight into the experiences of patients living with a vascular access device (VAD).

- Peripherally Inserted Central Catheters
- Tunneled Central Venous Catheters
- Totally Implanted Ports
- To inform CAVA

DESIGN & METHODS

Single centre qualitative study.

An interpretive phenomenological approach.

One-to-one in-depth interviews.

Eleven patients were recruited to the study.

Interviews were digitally recorded, transcripts analysed and themed identified.

RESULTS

Violation pre long term device placement



Acceptance of a long term device



Bewilderment at lack of staff competence / confidence
(Fear of returning violation)

Theme One

The violation of repeated peripheral cannulation n

'Every time when you've to get that injection and it gets harder and harder and not everyone does it painlessly and it's not painless, it's not a painless procedure'

'It felt like they were stabbing me to death'

The self under attack: Feeling violated

- Surprise finding / not focus of the study
- Patients did not voice this distress at the time but held onto the vivid memories of it.
- The situation got worse on subsequent visits.
- Felt it was something to be 'endured'.

Theme Two

Device
acceptanc
e

'I do forget that it's there, just because – you don't notice it. You don't feel it once it's already there – you just get on with it.'

'It's part of me now'

Period of Adjustment

- **The ill informed self**
 - 'I wasn't prepared'
 - 'I think I should have been given some sort of leaflet'
- **The Self Adjusting:**
 - 'At first I didn't like it'
 - 'it was more just getting use to the initial having it in you and on you'
- **The device as part of self:**
 - 'You just forget about it'
 - 'It's part of me now'
- **Finding a better way (Being thrown a life line)**
 - 'It makes life easier'
 - 'It's been a life saver'
 - 'Improves quality of life'

Cognitive Dissonance Theory (Festinger, 1962)

Cognitive dissonance is a concept in social psychology

Refers to a situation involving conflicting attitudes, beliefs or behaviours.

This produces a feeling of discomfort leading to an alteration in one of beliefs or behaviour to reduce the discomfort and restore balance.

Cognitive Dissonance Theory (Festinger, 1962)

Can give rise to maladaptive behaviour

- Forming emotional attachments
- 'Spreading apart the alternatives'

*'It was like a
piece of
jewellery'*

*I would highly recommend it and
even more so than the PICC line ...
how that can fall out very easily,
the PICC line so I've been told and
that's why this is amazing because
I don't have to worry it coming
out.'*

Social Stigma

If I was away on holiday and sitting a pool or that then it would probably be more of an issue..... Just really from that point of view, how people might perceive it.

'I didn't want it to be seen. I don't want to be a patient, I mean I don't want people to know, I hate having cancer so I don't want to... if someone sees that – they would know that something was wrong so for that reason, I prefer to ... I do wear a top that will cover it'

Maintaining a positive self-image

- Sick people often experience a fragmentation of their former self – image.
- We should be in control of how we want other's to perceive us.
- Patients did not want to appear sick.
- Concealment was done to maintain privacy about illness and to avoid having to share information with others.
- More relevant in patients with external devices

Theme Three

Return of
violation

**Bewilderment
and dismay
at lack of
staff
competence.**

*'.....My 12 year
old used to
come and clean
it.'*

*'I can't believe that other
hospitals can't access it.
When I go for my bloods at
(another hospital) they
won't access it. They go
into your veins. They
should be able to use it
because it's not something
that's new.'*

Trust is based on the expectations of how others will treat you.

Being ill places individuals in a vulnerable situation.

Trust Trust in the context of medical setting will have a stronger emotional element.

Negative expectations may result in negative outcomes.

Variations in practice makes patients anxious and reduces trust.

RELEVANCE TO CLINICAL PRACTICE

Device Selection

Patients will accept any vascular access device. However, external devices are associated with the loss of self image management.

Totally Implanted Ports should be considered more readily?

RELEVANCE TO CLINICAL PRACTICE

Short term Peripheral cannulas

Long term vascular access should be considered early in the patient treatment journey to negate the need for frequent, repeated peripheral venous access.

Use of local anesthesia, vein visualisation technology, ultrasound guidance should be employed routinely.

We need to reconsider our use of short term vascular access devices and use extended dwell or long term vascular access devices when appropriate (VHP).

RELEVANCE TO CLINICAL PRACTICE

Education and Training

Education and training for staff caring and maintaining vascular access devices should be ensured, standardised and introduced earlier in nursing and medical student training.

Care and maintenance of vascular access devices should be mandatory and competence should be assessed.

Variations in practice should be reduced to increase patient trust.

Conclusi on

Vascular access is required by the majorities of patients who enter the healthcare system. Having an insight into the patient experiences of living with a vascular access devices will ensure that device selection and care and maintenance procedures are approached in a more sensitive and sophisticated way.