

Chemotherapy and the rare risk of extravasation

Seamoor unit Chemotherapy Day Treatment Unit
Tel: 01271 311579

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

What is extravasation?

Extravasation is the term used to describe the leakage of a drug out of the vein into the surrounding tissue.

What causes extravasation?

The exact cause is not always clear, but we know that some people are more at risk than others. These include:

- The elderly, confused or agitated people
- People with fragile veins or certain diseases such as Raynaud's phenomenon
- People with a low platelet count (platelets are cells in the blood which help to stop bleeding; they also line the inside of veins)
- People who have already had a lot of chemotherapy treatment through their veins.
- Children

What are the symptoms?

You may notice redness, inflammation or irritation, warmth, pain, stinging or swelling at or near the site where the drug enters the vein.

Fortunately, more severe symptoms are very rare. However, these can range from superficial tissue/skin reaction, inflammation and blistering of the nearby skin to damage to the underlying tissue and structures, such as muscle and tendons.

How is it diagnosed?

Extravasation can be difficult to diagnose as some drugs can make veins feel sore without causing lasting damage and other drugs can cause temporary redness or 'flare' around the treatment site.

If during your treatment, you feel any pain, notice any redness or swelling or anything different in the way the drugs are going into the vein, please let the chemotherapy staff know immediately. It is important to let us know how you really feel so that we can act quickly.

What happens if extravasation occurs?

If extravasation has occurred during your treatment, the nurse will stop your treatment immediately and start following guidelines we have in place for this as follows:

- The affected area of skin will be marked with a pen; this allows us to monitor the site for any increase or decrease in redness to the area.
- We will need to take a photograph of the area, with your consent; this allows us to monitor the affected area.
- The cannula will be removed and, depending on the drug you may have, some cream will be applied to the area which can help to reduce inflammation.
- A hot or cold compress will be applied to the area – this depends on which drug you have been given – and the affected limb will be elevated.
- One of our doctors or our acute oncology team will review the site and arrange follow up care.

Follow up care

If extravasation is confirmed or suspected as having occurred, you will be given follow up care instructions by your doctor or our acute oncology team. You will then be followed up by acute oncology team for the next few days. They will ask you to look at the area to assess whether:

- The area has changed in colour or increased in redness
- The area is blistering, peeling or flaking
- The area is more uncomfortable
- The pain is making it difficult for you to exercise the arm or hand

They may ask you to send some photos or come in for us to assess the area. You can contact them if you have any concerns or worsening symptoms using the number on your yellow Systemic Anti-Cancer Treatment Alert Card. These numbers are also shown on the next page.

Can it be prevented?

We can reduce the risk by careful choice of the type of cannula used (this is a small device for entering the vein and through which fluids and drugs are given) and where it is placed in the hand or arm. The possibility of extravasation occurring cannot be completely prevented. This is why it is so important that you let staff know immediately of any change in the sensation around the cannula whilst the treatment is being given. Prompt action can reduce the damage and discomfort of extravasation. However unfortunately, even with prompt action, certain drugs can cause painful tissue damage and some patients may need to see a plastic surgeon for treatment.

We further try to reduce the risk of extravasation, by the use of central line which is inserted at the hospital and remains in place for the duration of the treatment. This line can also be used for taking the pre-treatment bloods. The nurse will discuss this with you at the pre-treatment visit.

Help available and further information

Acute Oncology Service and Seamoor Unit

Tel: 01271 311579 (Monday-Friday 8am-6pm)

All other times, please contact the switchboard on 01271 322577 and inform the operator that you are a cancer patient receiving treatment.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk