

No: A home central line is too hazardous



Sending injection-drug users home with a central access line is unsafe and potentially problematic. The temptation to use the line for narcotics can be overwhelming, particularly when the user lacks any other access. Because a lack of access is the main reason for placing a central line, the temptation posed by a new access route must be recognized. Four major concerns about sending such a patient home focus primarily on complications, which are predictable in these patients but difficult to prevent.

First, the narcotics used by an injection-drug user may be contaminated, and the needles used are often unclean. This means that a high risk exists for the development of acute bacterial endocarditis. Sending the patient home to reacquire the disease he or she is being treated for in the first place cannot be considered a successful treatment plan.

Second, when an injection-drug user attempts to access the “home central line,” he or she may not understand all of the pulmonary physiology involved in this fairly complex piece of equipment. Uncapping the port puts the drug user at high risk for the development of an air embolus.¹ This life-threatening complication is difficult to

prevent at home and relatively easy to deal with in a hospital by applying occlusive dressings to hold the port.

Third, a central access line should be manipulated as little as possible to increase the site’s duration. A narcotic addict using the site will undoubtedly use it more often than it would be used for medical reasons, and this will increase the chances of all complications. Frequent use can lead to colonization of the skin and the tract itself, which can result in line sepsis, another potentially serious complication.

Finally, narcotic drugs from the street may contain heavy metals and are often cut with mannitol, contaminated with talc, or strained through cotton.² All of these materials are thrombogenic. Indwelling catheters are an increasingly important cause of superior vena cava syndrome, and these clots may persist for years.^{3,4}

Notice that none of these concerns are about the drug user getting “high.” If prescribing narcotics would prevent the use of the central line, I would readily do so. If bacterial endocarditis or some other life-threatening complication develops, and the person is simultaneously “high” from opiates, the potential for disaster is enormous.

It is unsafe for this patient to be discharged if the physician knows or suspects that the patient will misuse the site.

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