

# **GUIDELINES FOR INJECTING IN THE GROIN: A FEMORAL INJECTING RESOURCE**

**Asia Regional HIV/AIDS Project**

## **Acknowledgements**

This resource was created using the following resources:

'In the Groin: Femoral Injecting' – Exchange Supplies, 1 Great Western Industrial Centre, Dorchester, Dorset, UK. [www.exchangesupplies.org](http://www.exchangesupplies.org); and

'Femoral Injecting: A Guide to Injecting in the Groin Using the Femoral Vein' – Australian Injecting and Illicit Drug Users League, Sydney Building, Level 1/112-116 Alinga Street, Canberra, ACT, Australia. [www.aivl.org.au](http://www.aivl.org.au). The photographs used in this resource were used with the permission of AIVL.

## **FEMORAL INJECTING RESOURCE**

### **A Message for Outreach Workers**

This resource has been developed because Injecting Drug Users (IDUs) in some South East Asian countries have reported injecting in the femoral veins. Femoral injecting is considered very dangerous for the health of people who inject drugs and should be discouraged. Outreach workers should advise femoral injectors to try safer alternatives. However, in the interests of reducing the harms involved with those who continue this practice, this resource attempts to inform and educate femoral injectors so that they can do it more safely.

### **Who should this resource be given to?**

This resource should not be given out to all clients who access your services. It should only be given to people who the outreach worker knows are already injecting in the femoral veins. In some cases, if a person indicates they would like to use their femoral veins to inject, the outreach worker may give them this resource but should always educate the person on the dangers of femoral injecting and seek safer alternatives with the person.

### **How should this resource be given out?**

This resource should only be available to people who are injecting in the femoral vein or who identify themselves as potential femoral injectors. It should be used to inform and educate the person on the risks and potential hazards of femoral injecting.

When this resource is given out, the outreach worker or staff member should read through and explain the resource with the person. The outreach worker or staff member should educate the person on the dangers of femoral injecting and work with the person to find safer alternatives to femoral injecting.

## FEMORAL INJECTING

The production of this material does not indicate an endorsement of femoral injecting. The information contained within this resource is intended to help users who are already injecting or are thinking about injecting in the femoral vein to inject more safely. In no way is it meant to encourage femoral injecting. This information has been developed due to the growing numbers of people who report femoral injecting practices despite the dangers involved.

**Femoral injecting is an extremely dangerous practice. Even following this information will not guarantee problem-free injecting, and femoral injecting is strongly discouraged.**

## WHY IS FEMORAL INJECTING DANGEROUS?

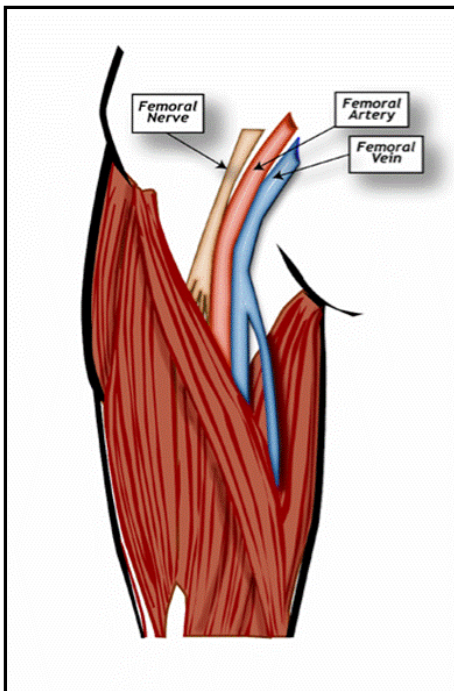


Figure 1 A diagram of the femoral area including the femoral nerve, artery and vein (front view, right leg)

The femoral vein is located in the groin area and takes blood from the legs to the heart. There are many reasons femoral injecting is considered to be a very risky practice. It is located very close to the femoral artery, the main supply route of blood from the heart to the lower limbs, and it is also located close to the femoral nerve. Missing the femoral vein may result in hitting the artery or nerve and can cause major health problems for the user.

Other dangers involved with femoral injecting include an increased risk of deep vein thrombosis, pulmonary embolus, abscesses and ulcers. The following information may help you understand some of the dangers involved when injecting in the groin, and how to minimize or cope with problems if they occur.

## HITTING THE FEMORAL ARTERY

Injecting into any artery is dangerous. The blood rushes out of an artery much more strongly than a vein, and can be difficult to stop once it has started. You will know you have hit the femoral artery if bright red frothy blood rushes into the barrel of the syringe without you pulling back on the plunger. If this happens you must stop immediately. **DO NOT TRY TO INJECT.** Injecting into an artery

increases the risk of deep vein thrombosis, abscesses and fungal infections in the artery wall. All of these conditions can result in life-threatening problems.

If you hit the femoral artery:

1. Blood will spurt out so be prepared for a lot of bleeding. Have clean towels or wads of cotton ready to press on the injecting site.
2. Gently remove the needle and apply firm pressure to the site with the towel.
3. Maintain pressure on the site until the bleeding stops. Lying down on your back and raising the leg can also help the bleeding to stop, and may be more comfortable.
4. If the bleeding continues call an ambulance. Blood loss kills.

## **HITTING THE FEMORAL NERVE**

Injecting into a nerve is very painful and can result in long term and sometimes permanent damage to your body. The femoral nerve controls the movement in your knee and leg and damaging this nerve can have severe consequences on your ability to function in life.

You will know you have hit the femoral nerve if you feel a sharp pain, sometimes described as an intense electric shock, down your leg.

If you hit the femoral nerve you will instinctively want to pull the needle out immediately. **DO NOT DO THIS.** Instead, you should:

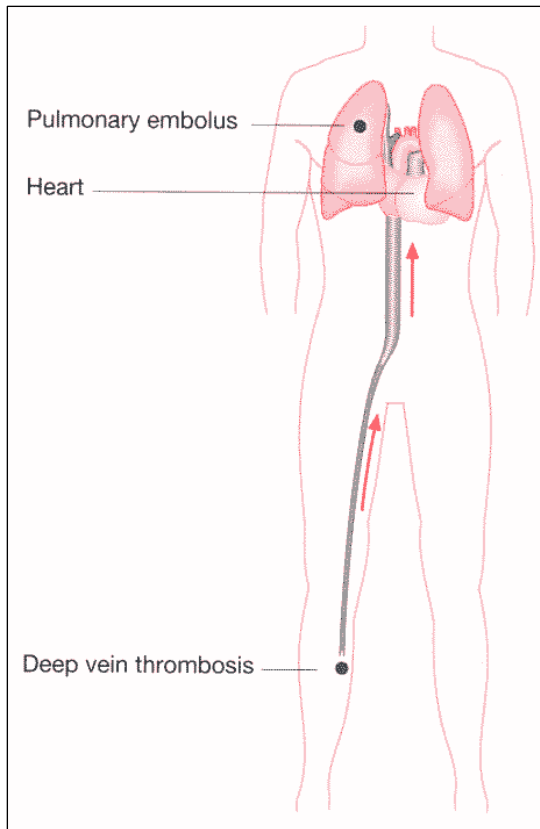
1. Try to pull the needle out slowly to avoid doing further damage to the vein.
2. Apply pressure to the site to stop bleeding.

If the nerve is not badly damaged it may repair itself over time. This could take up to a year. During this time you may have difficulty moving your leg or bending your knee, and you may feel pain or numbness in the leg. However, the damage to the nerve may not repair itself, and you may experience pain and difficulty walking for the rest of your life.

## **BLOOD CLOTS**

Blood clots, known as deep vein thrombosis (DVT), are a potentially life threatening condition and can be difficult to treat without specialized medical care. If you damage a vein in the arm, the blood can be diverted to other veins (though blood clots anywhere are not good), but this is not the case in the leg. The femoral vein is the only vein that carries blood from the leg to the heart. Therefore, if the femoral vein is blocked, blood will not circulate around the leg and the leg muscles (tissue) will begin to die. In this case, it is very likely that all

or part of the leg will need to be amputated. Symptoms of deep vein thrombosis include redness, swelling and pain in the leg.



There is also a possibility that the blood clot will be carried from the leg, through the body and into the lungs. This is called Pulmonary Embolus. If this happens there is a chance that you will die. IF you have had any symptoms of deep vein thrombosis, or even if you haven't, and you feel chest pain or breathlessness, call an ambulance or seek medical assistance. Deep vein thrombosis and pulmonary embolus can have a very quick effect and needs to be treated by a qualified medical person.

**Figure 2 shows the way a blood clot can travel to the lungs from the femoral area and cause severe damage including death in some cases.**

## **ULCERS AND ABSCESSSES**

Abscesses and ulcers can be quite common for people who inject in the groin area. This area of the body is warm, can get sweaty and may be relatively unclean, particularly if clothes are not washed regularly. Abscesses and ulcers develop when you inject in the same spot too often. They can appear as an open wound or a closed painful swelling with stretched skin that may not heal without proper treatment. Symptoms include swelling, redness, warmth around the swelling, and pain. The abscess or ulcer may weep with pus or a bad smelling fluid. Abscesses can be life-threatening if not treated properly, and are quite dangerous in this area of the body.

If you notice a swelling or painful red lump around the injecting site, see a doctor. This is not an area of your body you want amputated. Abscesses can be easily treated by having the wound lanced and drained, and antibiotics are sometimes

prescribed to clear remaining infection. Ulcers may need to be cleaned and dressed by a medical person for periods of months before they heal.

## **ALTERNATIVES TO INJECTING INTO THE FEMORAL VEIN**

**If you are at the stage in your injecting career where femoral veins seem the best available option, it is time to consider other alternatives to injecting. Remember, femoral injecting is extremely dangerous:**

- If you are injecting in the femoral vein because it is hidden, but you still have veins in your arms, consider using them. If you take care of the veins in your arm by using new injecting equipment in clean, safe conditions (clean hands, taking your time, injecting carefully, etc), and if you regularly rotate the veins you inject in, you are less likely to develop visible bruising, sores or scars and injecting into the arms is much, much safer than in the groin.
- If you no longer have other veins to inject in, there are many different ways to take drugs. The following methods have drawbacks and benefits compared to injecting, and they can all be used to give your veins a chance to recover from constant injecting.
  - Consider smoking the drugs.
  - Another very effective method is to put the drug solution in a new, clean syringe barrel (take the needle off) and put the solution up your anus. It sounds weird but the anus has a lot of blood vessels that quickly absorb the solution, making the drugs work quickly and effectively. Both smoking drugs and putting them into your anus are effective and fast methods for your body to absorb drugs. They will work almost as quickly as injecting and reduce risks associated with injecting including vein damage, abscesses and overdose.
  - Try injecting in your muscles. You will not experience a “rush” but the effect of the drugs lasts longer.
  - You can also sniff or swallow the drugs – these methods are not as effective as injecting but they are much safer.

### **The BEST ADVICE:**

**If you are not already injecting in the groin – DON'T START!!!!**

## LOOKING AFTER YOUR VEINS

There are many ways to look after your veins when you are injecting, and in this way, the need to look for more dangerous veins like the femoral vein can be avoided. By taking good care of your veins you can continue to use them for a long time, if not for life.

### *Using New Injecting Equipment*

Using new needles every time you inject results in less damage to your veins. Used needles get barbs and go blunt very quickly, even after one injection, and this means that your veins might tear or get larger holes in them when you inject. Larger holes and tears take longer to heal, may scar and are more likely to get infected. New needles will also be sterile and reduce the risk of infections including abscesses.

### *Practicing Good Hygiene*

Using new injecting equipment, washing your hands with soap and water before injecting, using clean swabs on the injecting site, using clean, swabbed containers to hold or cook your drug solution, and using filters to filter the drugs are all techniques that will protect your veins from infection and damage.

### *Getting the Vein the First Time*

When it is difficult to find a vein, there are some techniques to make it easier. Try some of the following techniques if you are having trouble finding your veins:

- Use a tourniquet – tie a tourniquet close to the place where you want to inject between the site and your heart. A good tourniquet has a little bit of flexibility, is comfortable on your skin, is clean, and is easy to release. If you are injecting into your arms, tie the tourniquet tightly above the injection site and clench your fist a few times to pump the blood. This will make the veins pop out and become more visible on the surface of your arm. Gently insert the needle into the vein at between 30-45 degree angle with the hole in the needle facing away from the skin, pull the plunger back to check that blood enters the syringe and you are in the vein, gently release the tourniquet and inject slowly.
- Warm yourself – when your body is warm your veins move to the surface of your body to help you cool down, making them easier to find when injecting. Some easy ways you can warm yourself include having a hot shower or bath, and doing some exercise (running or jumping on the spot for a few minutes can help).

### *Rotating Veins*

It is always a good idea to rotate injecting sites. This means you use at least a few different veins in a few different areas of the body. If you do this all the time,

your veins will have more of a chance to recover from any damage done during injecting and you will protect yourself from collapsed or damaged veins.

*Taking a Break from Injecting*

You can give your veins a rest and a chance to heal by using other methods to take drugs such as smoking, eating or injecting in the muscles. Even a short break can make a difference to your veins.

Looking after your veins by maintaining good hygiene, using new needles every time you inject and rotating the veins you inject in can mean you may never have to look for dangerous and difficult veins like the femoral vein, because your other veins will still be usable.

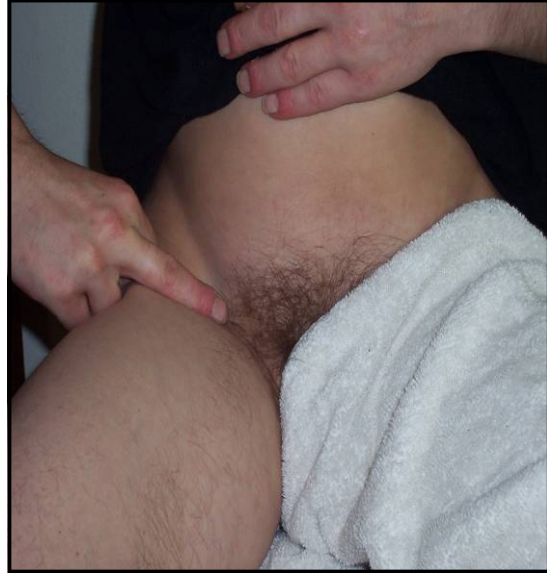
***After trying all the alternative options, if you still decide that femoral injecting is your best option, there are some things you can do to reduce the risks.***



## FINDING THE FEMORAL VEIN

After washing your hands and swabbing the injection site, find the position that is most comfortable for you. Some people prefer to sit and some prefer to stand when injecting into the femoral vein.

1. Find the femoral PULSE in your right groin.
2. Gently put the middle finger of your right hand on the pulse. (if injecting into your left groin, use the left hand)



3. Let your index finger rest beside the middle finger.
4. The femoral vein should be somewhere below the index finger.



**Note:** If you are already injecting into the femoral veins on both legs, you may want to continue to use the veins in both legs. However, if you have only used the vein in one leg, it may be best to stay with the vein you have found rather than risk hitting the nerve or artery in the other leg when searching for the vein.

## INJECTING INTO THE FEMORAL VEIN

1. Carefully insert the needle next to the index finger with the needle pointing in the direction of your heart.
2. Push the needle in straight (at about a 90 degree angle to the leg).
3. Pull back the plunger and check that the needle is in the vein. If it is in the vein the syringe will fill with dark red blood.



4. Inject the solution slowly and remove the needle gently to avoid damaging the vein.
5. Use the clean towel or tissue paper to stop the bleeding. Press lightly on the injection site for at least a minute then check to see if the bleeding has stopped or reduced. If you are continuing to bleed heavily lie back, raise the leg and continue to press on the injection site with the clean towel, and prepare for further action in case of continuing blood loss.



6. Keep the area clean after injecting.

**This information may help you inject safer if you are injecting in the femoral vein. However, there are significant risks involved with femoral injecting and we would advise you to try to use safer alternatives if you can. Always seek medical help if anything goes wrong.**