

Implanted port



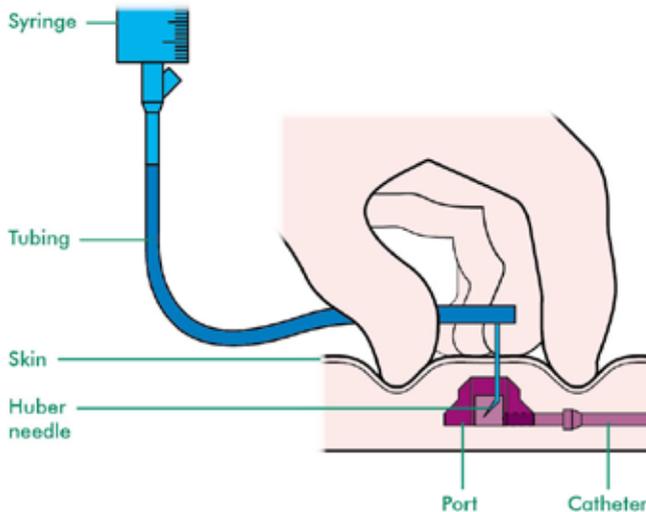
Intravenous Therapy Department

What is an implanted port?

An implanted port consists of a hub (the port), which is connected to a tube (the catheter). The port is implanted under the skin in the upper chest and may appear as a bump under the skin. The catheter runs in a tunnel under the skin, usually over the collar bone. It then enters the large vein in the lower neck or upper chest.

As the port is a closed system, without an opening on the skin, swimming and bathing are safe.

In order to use the implanted port we will pass a special needle into the front of the port, through the skin (see picture below). The needle is attached to a tube through which medications and fluids can be given.



Why do I need an implanted port?

An implanted port is for patients who need frequent or continuous administration of fluids and medication into the veins. For patients with difficult veins, it can be used for withdrawing blood for blood tests. Our implanted port can also be used for administering dye for CT. It may prevent the need to puncture veins repeatedly for these purposes.

Where will the procedure take place?

In the x-ray department.

How do I prepare for an implanted port insertion?

- You should have had nothing to eat for six hours beforehand, though you may drink small amounts of water only, and take your medications.
- Please bring a list of your regular medication.
- You should have had blood tests taken within the last two weeks before the procedure.
- If you have any allergies, diabetes or asthma please let us know.
- If you take anticoagulation medication such as warfarin, aspirin or clopidogrel please let us know.
- If you have previously reacted to intravenous contrast medium, the dye used for some x-rays and CT scanning, then let us know.
- Please arrange for a friend or relative to accompany you home.
- We will arrange for a skin swab to be taken from your nose and groin before the procedure. This is to check for the presence of methicillin resistant *Staphylococcus aureus* (MRSA) on the skin. If MRSA is found on your skin, we may apply antibacterial skin treatments before the procedure.

What actually happens during an implanted port insertion?

You will lie on the x-ray table on your back. A needle will be put into a vein in your arm for sedation and painkillers to be administered during the procedure. The skin around the neck and chest will be swabbed with antiseptic solution. The rest of your body will then be covered with a sterile theatre drape. After sedation has been administered, the skin over the vein will be numbed with long-acting local anaesthetic.

A needle will be inserted into the large vein through a tiny cut. The tiny cut will be approximately three millimeters in the lower neck or upper chest. A fine plastic tube will be then be placed into the vein. A further small cut (approximately three centimetres) is made in the chest for the port. During the procedure, the x-ray machine will move over your chest to guide the placement of the implanted device. Once the port and catheter are in place, the chest wound is closed with absorbable stitches. Dressings are then placed over the wound.

Will the procedure hurt?

You will be sedated from the outset, but when the local anaesthetic is injected it may sting. Any stinging sensation that you experience will soon pass as the skin and deeper tissues become numb. After this, the procedure should not be painful. You may also receive further intravenous sedation and painkillers to relieve any ongoing discomfort.

How long will the process take?

Every patient's situation is different, and it is not always easy to predict how straightforward the procedure will be. Generally, the whole procedure takes about an hour but you may be in the x-ray department for longer.

What happens afterwards?

You will be allowed home after a short stay of observation and to allow you to recover from the sedation. Please arrange for a friend or relative to accompany you home. You are not allowed to drive or operate machinery for 24 hours after receiving sedation. At home you should rest for the remainder of the day. For the next ten days, you should keep the wound dry and clean and avoid strenuous activities of the arms and chest wall.

Dressing: The dressing may be changed 48 hours (two days) after the procedure. A sterile covering should ideally remain in place for 7-10 days. Try and avoid getting the dressing covering the wound wet. If the dressing becomes wet please contact your district nurse or clinic nurse to arrange a change of dressing.

Tips for washing and personal hygiene: We would recommend bathing rather than showering while your wound heals. Ensure that your bath water does not come near to or cover the wound or dressing.

If the dressing becomes wet please contact your district nurse or clinic nurse to arrange a dressing change.

You may shower once the dressing has come off.

Stitches: Your stitches are dissolvable and will eventually disappear on their own. Sterile skin closure strips cover your stitches. They will come off on their own. Please do not peel them off. You may notice a short thread at either end of the wound, this is normal. The stitch will normally fall off on its own. If the stitch is causing irritation then your district nurse or clinic nurse can cut it off after 7-10 days.

Immediately tell your doctor or nurse if you notice any of the following symptoms of infection or other possible complications related to the port:

- Fever, chills, shortness of breath or dizziness, chest pain, pain, swelling, drainage, or evidence of infection around the site of incision.
- Any fresh bleeding coming through the dressing or after the dressing is removed.

How soon can the implanted port be used?

The implanted port can be used immediately after it is inserted.

Are there any alternative procedures?

Alternative methods of establishing access to the vein may be discussed with your physician. These include; peripherally inserted central catheter (PICC), skin tunnelled central line (STC) or the use of a peripheral cannula.

Patient information leaflets are available for peripherally inserted central catheters and skin tunnelled central lines, should you desire more information about them.

Are there any risks or complications?

Implanted port insertion is a very safe procedure, but there are some potential risks and complications.

Occasionally bruising or damage to the vein in the neck can occur.

There is a theoretical potential for the lung to be 'scratched' when entering the neck vein, leading to chest discomfort and shortness of breath. This is a rare complication.

A wound infection can occur. Sometimes the port is thought to be infected if there are signs of severe infection in your body and no other source of infection is found. An infected implanted port may need to be removed.

Allergic reaction to x-ray dye if it is used or the drugs used during the procedure can occur. This is a rare complication.

Despite these possible complications, the procedure is normally very safe, and is carried out with no significant side effects at all.

Finally...

In terms of aftercare, your port will be flushed through with saline on a monthly basis.

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. **Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.**

Port information card

You will be given an information card and wrist band following the insertion of the port. These will provide important information about your port for health care providers who look after you. Please ensure that you bring these with you when you attend hospital, especially for CT scanning. It is wise to carry this information with you at all times.

Removal of port

When the port is no longer required it should be removed. This is a straight forward procedure.

Sedation will be given and the skin will be numbed beforehand. A small cut will be made along the same small scar from the port insertion and the port will be lifted out. The wound will be closed with dissolvable stitches.

Please arrange for a relative or friend to accompany you home.

Further wound care and dressings are not normally required.

Reference source

- St Georges NHS trust Implantable port information leaflet ref: CVA/INP/01 August 2013
- Cover image originally produced by Macmillan Cancer Support – reused with permission.

Sources of information and support

Macmillan Cancer Support

89 Albert Embankment
London SE1 7UQ

Macmillan Freephone helpline: 0808 808 0000

Website: www.macmillan.org.uk

Search Macmillan website for implantable ports, information and support.

Contact details

Oncology patients

- **Chilworth Day Unit:** 01483 406842
- **Onslow Ward:** 01483 406858

Non Oncology Patients

- Please contact your District Nurse or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: N/A

Future review date: January 2019

Author: Anna Berdo

PIN160122–1021

