Implantable Catheter – port system (Port-a-Cath) insertion and removal

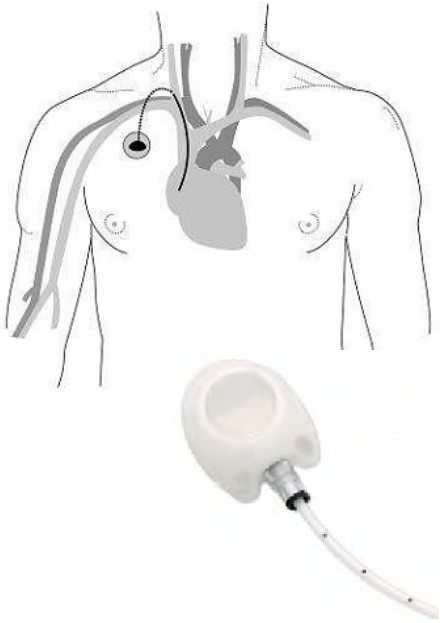
This leaflet is designed to help you understand what an implantable port or Port-a-Cath is, why they are used and what is involved when you have one placed or removed.

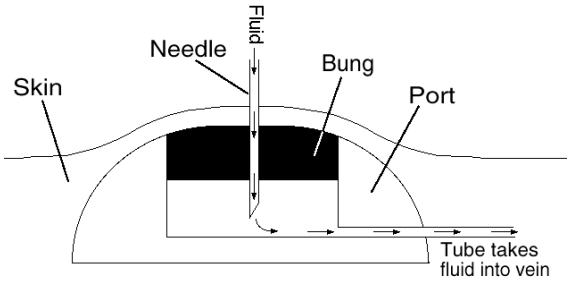
What is a Port-a-Cath?

An implantable port or Port-a-Cath is a way of giving injectable drugs via a catheter (plastic tube), which is put into a vein. The port (reservoir) is inserted directly just under the skin on the chest. The port will show as a small bump underneath your skin which can be felt, but nothing is visible on the outside of your body.

Drugs will be directly delivered into the circulating blood via the port, through the skin with a special (Huber) needle.

The tip of the catheter lies in a large vein just above your heart and the other end connects to the port.





Why use implantable ports?

- Ports allow us to give all your intravenous treatments and take necessary blood samples without the need for more needles.
- In some people, the small veins in the arm cannot cope with having needles inserted regularly or frequently.
- If you would like to speak to someone who has a port in place, please let us know and we will try to arrange this.

What are the benefits?

- One of the biggest advantages to having a port is that you can swim, shower / bathe and travel as normal.
- Using the Huber needle we can give you any intravenous treatment you require, take blood samples and give you contrast media during CT scans.

- The types and sizes of ports are usually decided by the clinician. If you choose to have a port placed, we will discuss with you where to place the port on your chest and which size is most suitable for you.
- Once placed, the port does not need any dressings after the post-operative period.
- The catheter usually only needs to be flushed with saline every 4 to 6 weeks, if not in frequent use, or after blood sampling to keep it clear of blockages. In the event of a blood clot forming at the tip of the catheter, we can use lock solutions to improve patency
- When placing the needle into the port, it goes through the skin. We can give you cream to numb the area if required.

Preparing for the insertion

You will be given a date and time for your port to be placed by the vascular practitioner.

How is the port put in?

The port will be put in by a nurse specialist or a consultant interventional radiologist. This is done under sterile conditions, using local anaesthetic (i.e. you are awake but the area is numbed).
A small cut is made on the lower part of your neck to thread the catheter into the vein and down into the chest, and a slightly larger cut is made on your chest wall, to insert the port.

If you have sedation:

- Take any regular medication with a sip of water.
- Port pillows for seat belts are available onine

Risks and complications

The main risk with ports is that they may become infected, or a clot (thrombosis) might form. These will be fully explained to you before the procedure takes place.

After your port is placed

Once you have had your port placed, you will be able to sit up and have something to eat and drink immediately. Your neck, and chest may feel tender, but this should go within 48 hours. After the port has been placed, taking paracetamol regularly for the first 48 hours, following the dosage instructions on the packet, will reduce any discomfort. You can go back to your regular diet and activities afterwards.

Dressings and care

There is no requirement for permanent dressings on your neck or chest. The incisions are closed with dissolvable stitches under the skin which cannot be seen. Medical glue may also be used to close the wounds. A temporary dressing will be applied post insertion and you can remove it after couple of days.
Please keep the areas on your neck and chest dry for 5 days. You should not swim for 14 days or until the wounds are well healed. After this you can bath/shower/swim as usual.
You will be given a ‘make and model’ card. Please keep this safe.

Care and maintenance of your port, including flushing, will be carried out by the district nurses or your hospital team.

Things to look out for

If you feel 'shivery' or cold after your port has been flushed, it may mean you have an infection. **Please contact your district nurse or your hospital nurse/consultant as soon as possible,** using the contact numbers in the back of your treatment book, if your arm, shoulder or neck becomes painful or swollen.

Removal of Port-a-Cath: caring out for your incision

Keep your dressing clean and dry for 48 hours after your procedure. After this, you can wash your wounds gently with soap and water. Rinse your skin well and pat dry with a soft towel. The swelling and bruising will resolve with time. There could be non-absorbable sutures to be removed after 2 weeks, instructions will be given to you post procedure.

If you are ever concerned in any way about your port insertion or removal, please contact the hospital department you are having treatment with; we are all here to help you.

Contacting us

Radiology Day Case Unit, Tel 0118 322 8368 (Monday-Friday 8.30am-5pm).
Radiology Vascular Access Team, Tel 0118 322 6935 (Monday-Friday 8.00am-6pm).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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