

Implantable port (port-a-cath) insertion

Information for patients

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.

What is an implantable port?

An implantable port is a thin, soft, plastic tube that is put into a vein in your chest and has a port / reservoir just under the skin. The tube is long, thin, hollow and known as a catheter. The port is a disc about 1.5 – 3 cm in diameter. The catheter is usually inserted (tunneled) under the skin of your chest. The tip of the catheter lies in a large vein just above your heart and the other end connects to the port which sits under the skin on your upper 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.

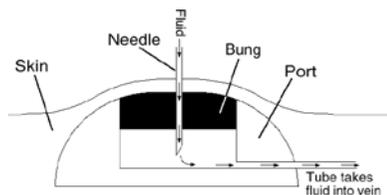


with having needles inserted regularly or frequently.

- (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.)

Benefits

- One of the biggest advantages to having a port is that you can swim, shower and bath as normal. The port is used by introducing a small special angled needle through the skin over the port. We can then give you any intravenous treatment you require and take any blood samples needed.



Why are implantable ports used?

For various reasons:

- Ports allow us to give all your intravenous treatment and take all the blood samples that are needed.
- In some people, the small veins in the arm cannot cope
- There are a variety of types and sizes of ports. If you choose to have a port placed, we will discuss with you where it is best to place the port on your chest and which size is most suitable for you.
- Once placed and healed the port does not need any

dressings. It only needs to be flushed once a month.

- When placing the needle into the port, the needle is penetrated through the skin. If you do not like the feeling of this, we can give you some cream to numb the area.

Preparation for the day your line is put in

You will be given a date and time for your port to be put in by the nurse specialist. A pre-assessment date will also be given so the procedure and port sizing can be discussed.

How is the port put in?

The port will be put in by a nurse specialist and/or a consultant Interventional Radiologist. This is done with local anaesthetic (i.e. you are awake but the areas concerned are numbed) and if you would like, we can give you intravenous sedation.

A small cut is made on the lower part of your neck to thread the catheter into the vein and a large cut is made on your chest, to make a pocket underneath your skin to fit the port into.

If you choose to have sedation:

A small drip will be put into your hand to enable us to give you the sedation. This will only be in place for the procedure and the sedation will make you feel pleasantly relaxed, and you may possibly sleep for short periods. You will be given oxygen during the procedure to “top up” the level of oxygen in your blood, this is because you do not breathe quite as deeply under sedation. A small probe will be put onto your finger to monitor the level of oxygen in your blood. The procedure should take approximately 2 hours.

If you choose to have sedation:

- You must not eat/drink for 4 hours before your port is placed.
- Please use a small amount of water needed to take any of your regular medication.
- You cannot drive for 24 hours afterwards so someone will need to drive you home.

Risks and complications

The main risk with ports is that they may become infected, or a clot or thrombosis might form.

As with every procedure there are some complications and risks. These will be fully explained to you before we place your port.

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. There are no ill effects from the sedation. Your neck, and chest may feel tender, but for no longer than 48 hours. Taking paracetamol regularly for the first 48 hrs, following the dosage instructions on the packet, after the port is placed will reduce any discomfort.

Dressings and care

There will be no dressings on your neck or chest. The cuts are closed with stitches under the skin which cannot be seen. Medical glue is used to close the skin.

Please keep the areas dry for 5 days and no swimming for 14 days or until the cuts are well healed. After this you can bath/shower/swim as usual.

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. If your arm, shoulder or neck becomes painful or swollen, please use the contact numbers in the back of your red book. If you are ever concerned in any way about your Port or your treatment, never hesitate to contact the hospital department you are having treatment with or your district nurse. We are all here to help you.

This document can be made available in other languages and other formats upon request.

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