

## Day Surgery Unit (Vascular Access Team)

# Day Surgery - Everything I need to know about implanted vascular ports

### Introduction

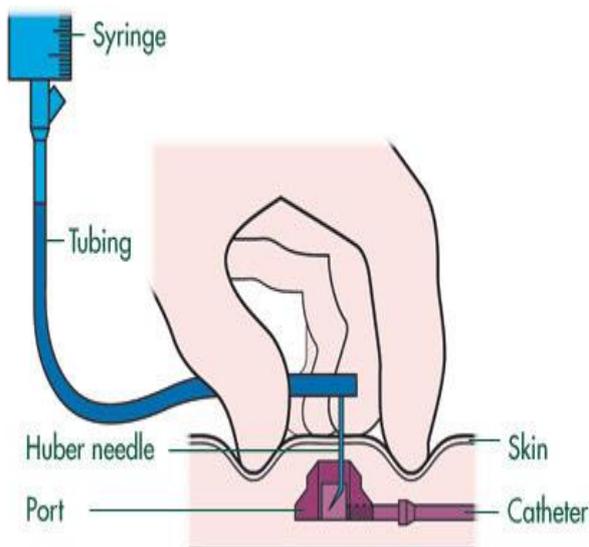
An Implanted vascular port is a type of central line which is used for the administration of intravenous medications and for taking blood samples. They are also known as

Port-a-caths or vascuports.

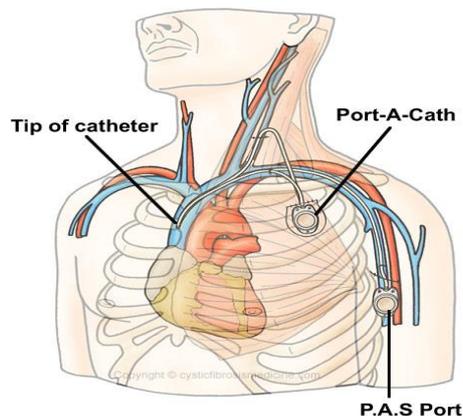
Implanted ports are small silicone or polyurethane lines which are inserted into a large central vein via a small pocket underneath the skin on the chest or arm

The catheter is usually inserted under the skin on your chest. The tip of the line will enter a large central vein just above the heart. Access to the port for administering medicines will be via a small disc which sits in a pocket of skin on the chest around the size of a 10pence piece.

The port will look and feel like a small round bump underneath the skin, however you will not be able to see it from outside your body.



## Patient Information



Images courtesy of Macmillan Cancer Support and cfmedicine.com (2008)

### Why have an implanted port?

Implanted ports can be used to administer a variety of intravenous treatments. Ports are useful for patients who have small veins and for patients who require long term intravenous therapy. An implanted port is accessed using a specific type of needle and can be used for:

- The administration of a wide range of intravenous treatments
- The administration of intravenous fluids such as a drip
- Taking blood samples

An implanted port has the following advantages:

- The port is positioned underneath the skin therefore it cannot be seen from outside your body
- You will be able to swim and bathe with an implanted port in place without worrying about getting it wet
- They can be used for long term treatments
- Once placed and healed the port does not require any dressings and only needs to be flushed once a month to maintain it

In order to administer treatment, implanted ports are accessed by introducing a small specific type of needle called a 'Huber' needle through the skin directly above the port. A small amount of local anaesthetic gel can be used to make insertion of the needle into the port less uncomfortable.

### Are there any risks?

As with other types of central lines there are risks with an implanted port, however these risks are small. They include:

- **Infection:** Infection of the port can occur at any time whilst the line is in place. To prevent infection the line is inserted using sterile precautions and the line will be accessed with strict infection prevention precautions to reduce the risk, as infection can occur around the skin pocket of the port or within the bloodstream
- **Thrombus or clot:** A blood clot may form around the tip of the line. This is often identified when patients experience swollen and painful arms, face or neck or if there is difficulty using the port

### What you as a patient must do to have a port.

1. You can eat and drink as normal on the day of surgery.
2. You need to have your bloods taken within 7 days of your port being inserted.
3. If you are on Aspirin/Clexane or Tinziparin you must not take it the night before surgery.
4. If you are on Clopidogrel stop it 7 days before surgery.
5. If you are on Warfarin ask your consultant when to stop taking it.

### What to expect when having port inserted.

The port will be inserted in theatre normally in the Day Surgery Unit by a surgeon, Practitioner or Anaesthetist. A member of staff will be with you throughout.

1. Local anaesthetic will be given to two areas, one in your neck and one in your chest as it goes in you will feel a scratch and maybe some stinging.
2. You will be covered in sterile drapes to form a tent and an X-ray machine will be over the top of you. A member of staff will be with you to ensure you are comfortable.

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3. The surgeon/anaesthetist will check that the local anaesthetic has taken effect.
4. A small incision is made in your neck to thread the port catheter into your vein. A larger incision, around the size of a 10p piece is then made on your chest to create a pocket of skin to hold the round disc part of the port. When these are being carried out you shouldn't feel pain but you may experience feelings of pressure, tugging and popping. If you feel pain you can tell the member of staff with you and more pain relief can be given.
5. Once the port is inserted you will have a chest X-ray in theatre to confirm the correct position of the port and the tip of the catheter within the vein.
6. You will have glue to both wounds as a dressing. If you are having chemotherapy soon after your port insertion you will have a needle in the port and it will be secured with a special dressing.

## After the procedure

Once on the ward the local anaesthetic will wear off. You will be able to eat and drink as normal. Your neck and chest may feel tender for the next 24 - 48 hours after the procedure. Taking your usual painkillers as directed will help to reduce any discomfort.

There will be no dressings required for your port. The cuts will be closed together with stitches under the skin. **You will need to keep the area dry for five to seven days to assist with healing.**

## Care of your implanted port

Your implanted port must be flushed once a month if it is not being used this frequently. This will be arranged by the nurses providing your treatment.

You are able to continue to bathe and shower as normal while you have an implanted port.

## How is the implanted port removed?

When your implanted port is no longer required it may be removed.

The removal of the port is a surgical procedure and will take place in theatre under a local anaesthetic.

**If you have any questions relating to the insertion, care or removal of an implanted port, please contact the Vascular Access team for advice:**

**Vascular Access team**

**Day surgery, West wing, ground floor**

**University Hospitals Coventry and Warwickshire NHS Trust**

**Tel. 024 7696 5900**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the Vascular Access Team and we will do our best to meet your needs

The Trust operates a smoke free policy

### Document History

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