

Implanted Port (Portacath) Insertion

This leaflet explains more about implanted port insertion, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

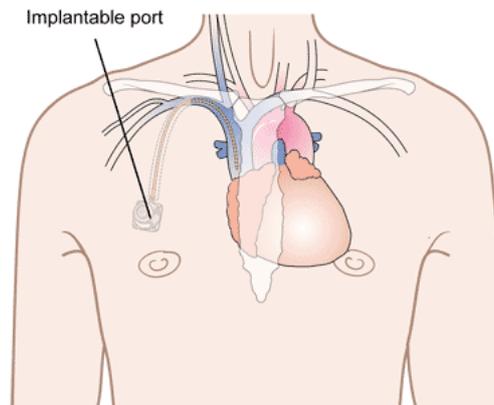


Diagram showing an implantable port
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What is an implanted port?

An implanted port consists of a reservoir (the port) and a tube (the catheter). The port is implanted under the skin in the upper chest and appears as a bump under the skin. The catheter runs in a tunnel under the skin, over the collarbone. It then enters the large vein in the lower neck. As it is completely internalised, swimming and bathing are not a problem.

Why should I have an implanted port?

An implanted port is for patients who need frequent or continuous long term administration of fluids and medication into the veins. For patients with difficult veins, it can be used for withdrawing blood for blood tests. It prevents the need to puncture veins repeatedly for these purposes.

What are the risks?

Although inserting an implanted port is quite straightforward, there are potential risks and complications known to be associated with the procedure.

- Sometimes a few attempts may be required to locate and insert the needle into the vein. This may cause bruising and some tenderness around the area.
- An artery runs parallel with the vein and, on rare occasions, it can be punctured with the needle used to locate the vein. The blood in our arteries is under a

greater pressure than in the veins, so artery punctures tend to bleed more. Any bleeding is managed by applying pressure to the site for five to ten minutes.

- There is a rare risk that the top of the lung could get punctured during the procedure. This may lead to one lung deflating (pneumothorax). If this occurs, it may be necessary to have an additional tube placed in the side of the chest to re-inflate the lung.

Are there any alternatives?

You will be able to discuss the options for alternative procedures with the nurse or doctor who has given you this leaflet.

How can I prepare for implanted port insertion?

- You should have had nothing to eat for six hours beforehand, though you may drink small amounts of water 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 or you are on anticoagulation (blood thinning medication), 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.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during 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 will be swabbed with antiseptic solution. The rest of your body will then be covered with a sterile theatre towel. The skin over the vein and for the port pocket will be numbed with local anaesthetic.

A needle will be inserted into the large vein through a tiny cut (approximately half a centimetre) in the lower neck. 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 port. Once the port and catheter are in place, the chest wound is closed with absorbable stitches. Dressings are then placed over the incision.

Will I feel any pain?

When the local anaesthetic is injected, it stings but this soon passes, and the skin and deeper tissues become numb. After this, the procedure should not be painful. You will also receive intravenous sedation and painkillers to relieve any pain and anxiety you may feel. If you feel any pain or become uncomfortable in any way, please inform us and more sedation can be given if necessary.

What happens after implanted port insertion?

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 upper limb and chest wall.

What do I need to do after I go home?

Dressing: You may take the dressing off 48 hours (two days) after the procedure.

Shower/Bath: You may shower/ bathe after the dressing comes off (two days).

Stitches: Your stitches are dissolvable and will eventually disappear on their own. Steristrips cover your stitches. They will come off on their own. Please do not peel them off.

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 redness 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.

When will my implanted port be removed?

The implanted port will be removed when it is no longer required. This will involve a similar procedure to the insertion of the implanted port (see above section). Local anaesthetic will be injected around the port and a small cut will be made along the skin where the port was inserted. The port will then be removed and the x-ray machine will be used to visualise the catheter coming out of the vein.

Contact us

If you have any questions or concerns about your implantable port, please contact the relevant department below:

Central Venous Access Office: 020 8725 3153 Monday to Friday (except Bank Holidays)

Ruth Myles Unit: 020 8725 2442 (Outside office hours)

Trevor Howell Day Unit: 020 8725 0519 (Office hours)

Neurosciences Day Unit: 020 8725 4533 (Office hours)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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