

Implantable Arm Ports

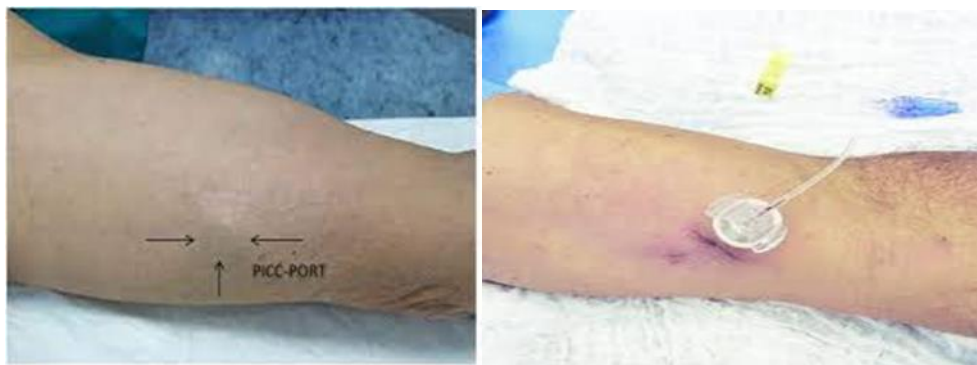
This leaflet aims to answer some of the questions you may have about implantable arm ports. It explains the process of having a port inserted, including the benefits, risks, and any alternatives. If you have any questions or concerns after reading this leaflet, please speak to a doctor or nurse looking after you.

If you need a large print, audio, braille, easy read, age-friendly or translated copy of this leaflet, contact the patient information team on 020 8725 4119. We will do our best to meet your need.

What is arm Port-a-Cath?

An implantable arm port is a special disc that is inserted under the skin on your upper arm, usually on your chest just below your collar bone. It is connected to a thin, flexible tube (catheter) placed in a large vein in your neck and arm. The port is used for giving fluids, chemotherapy or medicine into your bloodstream. It can also be used for taking blood samples.

To give you treatment or fluids a trained nurse will pass a needle through your skin into the port. S/he will remove the needle after the treatment has finished. When not in use, the port is almost invisible but you will be able to feel it under your skin. If necessary, the port can stay in for several months and you can go home with it.



Who can attend / receive the service?

An arm port is different from other kinds of intravenous lines (lines situated within a vein). When not in use, it is completely embedded under your skin and there are no external parts. This means you can bathe, shower or swim freely. Other lines may need to be kept dry and require weekly dressing changes and flushing.

An arm port is simpler to care for between treatments. If you are having a break from treatment, it only needs flushing once every eight weeks. Implantable ports are used in many different situations. Some patients may need a port to avoid having needles put into their arms every time they need treatment or a blood test. Others need a port because of the type of treatment they are having or to help reduce the amount of time they spend in hospital.

If you are not sure why you are being offered a port, please speak to the team looking after you or one of the central venous access nurses.

Where do I need to go?

We are a team of nurses which specialises in intravenous lines including ports and we are located at the St James Wing X-ray department. We can also provide expert advice before and after your port insertion.

Please feel free to ring us on 020 8725 4119 if you have any questions.

What do I need to bring with me?

If you are an inpatient, the nurses and doctors on the ward will advise you on how to prepare.

If you are an outpatient, one of the venous access nurses will give you detailed information about preparing for your appointment.

Patients have their implantable ports inserted under local anaesthetic in our department and you may need to have a blood test before the insertion. If you take tablets or injections to thin your blood, these may need to be stopped for a short time to prevent any bleeding during the port insertion.

If you are an outpatient, you should discuss this with the doctor who prescribes your blood-thinning medicine. One of the central venous access nurses will also talk through the plan with you. If you have ever had an infection called MRSA (methicillin resistant staphylococcus aureus), please let your doctor or nurse know. You may need to have a nose swab to see if the infection is still present before your port can be inserted.

We want to involve you in all the decisions about your care and treatment. The team looking after you will answer any questions which you may have so please ask if anything is unclear. If you decide to go ahead, we will ask you to sign a consent form.

This confirms that you agree to have the procedure and understand what it involves.

What happens during the procedure?

Your port will be inserted either by a specialist nurse in the venous access room located at St James wing or by a doctor called an interventional radiologist. To reduce the risk of infection, the nurse will wear a surgical gown with a hat and mask. You may be attached to a heart monitor and fitted with an oxygen mask only if required.

If your port is fitted by different trust, x-rays will be taken before using your port to check the tip of the port. If it is fitted by a specialist nurse, s/he will use a heart monitor to ensure the port is placed correctly. This technique is called 'ECG tip location' and your nurse will explain it to you in detail.

It usually takes about an hour to put in the arm port but you should allow several hours for the appointment. This is because it will take time to check you in and prepare equipment. The nurse putting in your arm port will also need to discuss it with you beforehand.

Your appointment may also be delayed if there is a patient who needs to be seen urgently.

What happens after the procedure?

If you are an inpatient, you will be taken back to the ward. If you are an outpatient, you should be able to go home on the same day. Try to arrange for a friend or relative to accompany you home if you can.

If needed, the port can be used immediately after it has been inserted. You may feel a bit sore and bruised around the insertion site for a few days after the procedure and you can take mild painkillers, such as paracetamol, to ease this.

When the bruising has settled down, the port should be painless although you may still feel some brief discomfort each time the port is used when the needle is being inserted through your skin.

When and how will my port be removed?

An implantable arm port can stay in for several weeks or months and it will be removed when you no longer need it. Removing the port is like inserting it. If you are likely to have more treatment, it may be possible to leave the port in situ.

Please discuss this with the team looking after you. If you do decide to keep the port in place, you will need to arrange for it to be flushed once every eight weeks. This can be done in the Trevor Howell Unit or with the venous access team at St James wing.

Are there any risks?

Risks during insertion

Most port insertions go smoothly. There is a very small risk of puncturing a blood vessel in the chest, air entering your bloodstream or a collapsed lung. These complications can be serious but we take every precaution to prevent them and they are very unlikely to happen.

Infection

It is possible for an infection to develop in the skin around the port or in the bloodstream. Contact your nursing or medical team or one of the central venous access nurses *as soon as you can* if you experience any of the following symptoms:

- a high temperature (over 38°C)
- feeling shivery
- pain, redness or swelling around the port.

If you have an infection, you will need to take a course of antibiotics and your port may need to be removed.

Blood clot

It is possible for a blood clot (thrombosis) to form in the vein used for the port. If you notice swelling or pain in the arm, shoulder or neck on the same side as the port, contact your nursing or medical team or one of the central venous access nurses as soon as possible.

If you have a clot, you will need medication to dissolve it. The port can often stay in place.

There is also a small risk of a blood clot on the lungs. This is rare. If you experience chest pain or sudden shortness of breath, go to your local Emergency Department (A&E) or call an ambulance.

Malfunction

In a small number of patients, the port fails to function properly. This may be because it has not been positioned correctly or it has moved. If this happens, the port will need to be removed.

Blockage

Ports can sometimes become blocked. We can usually unblock them by using a special flushing solution.

Pain when the port is used

When the port is used, a special needle is inserted through the skin. This may cause temporary discomfort like a blood test or injection. If you prefer, you can ask your nurse to apply a numbing cream to the skin before your port is used.

Difficulty in inserting the needle into the port

Sometimes it may take more than one attempt to successfully insert the needle.

What if I decide not to have an arm port?

This will depend on the type of treatment you are having. You should discuss your options with your doctor or nurse or contact the central venous access team on 020 8725 4119 if you have any concerns.

What about aftercare?

Stitches

We usually use dissolvable stitches which don't need to be removed.

Dressings

You will have one dressing to cover your arm port and if you are using your arm port on the same day, we will apply Tegaderm CHG dressing unless you have intolerance or allergy. After your treatment and removal of the Huber needle we will apply Mepore after you have completed your treatment to cover the incision site. You can remove these dressings after 24 to 72 hours.

We usually use waterproof dressings so you can shower or bathe normally.

Other care

If the port is not being used for treatment it will need to be flushed every eight weeks to stop it from getting blocked. You will need to make an appointment in the Supportive Care Department to have this done.

Things to look out for at home

While your port is in place, it is important that you contact your nursing or medical team or one of the central venous access nurses, if you notice any of the following:

- a high temperature (over 38°C)
- feeling shivery
- pain, redness or swelling around the port
- chest pain
- shortness of breath.

Contact us

Venous Access Service

020 8725 4119

Monday to Friday 9am to 5pm.

Trevor Howell Unit

020 8725 1082

All day.

Acute Oncology Service

07831 147 653

Out of 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 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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