

ABOUT YOUR IMPLANTED PORT

WHAT IS AN IMPLANTED PORT?

An implanted port is a type of central venous catheter (CVC). A CVC is a flexible tube that's put into one of your veins. You may need to get medication in a vein larger than the ones in your arms. Your port lets the medication go into your bloodstream through your larger veins. It can be used to give you medication for several days in a row.

A port protects your veins from damage from repeated access and makes it easier for your healthcare team to:

- Collect blood samples.
- Give you intravenous (IV) medication.
 - This is medication that's put into one of your veins. Some IV medications, such as anesthesia and some types of chemotherapy (chemo), must go through a large vein.
- Give you IV fluids.
- Give you IV blood products, such as platelets and plasma.
- Give you IV contrast.
 - This is a special dye that helps your healthcare provider see your organs better on a scan.

Your healthcare provider will tell you if getting a port is best for you and your treatment.

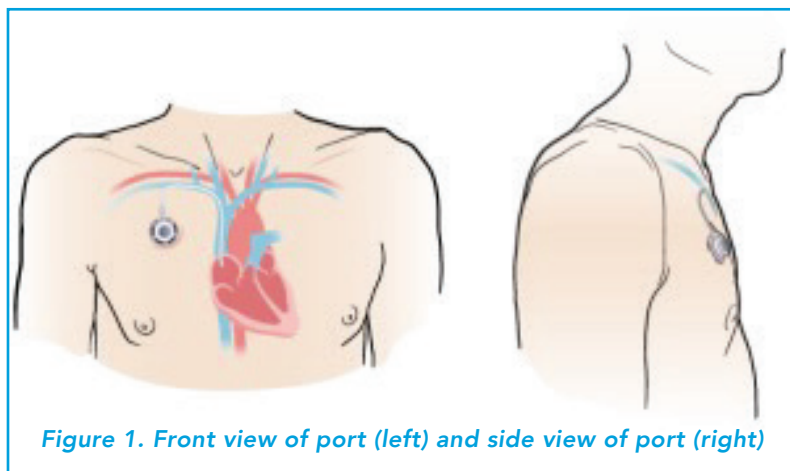


Figure 1. Front view of port (left) and side view of port (right)

A surgeon or interventional radiologist (also called an IR doctor) will place your port. An IR doctor is a specialist in image-guided procedures. They will typically place the port in your chest. A port can sometimes be placed into your upper arm or abdomen instead. Your healthcare provider will talk with you about where your port will be placed.

Ports placed in the chest usually are about 1 inch (2.5 centimeters) below the center of your right collarbone (see Figure 1). This allows for the most direct access to your vein. If you wear a bra, your port will be about 1 inch from where your bra strap lies.

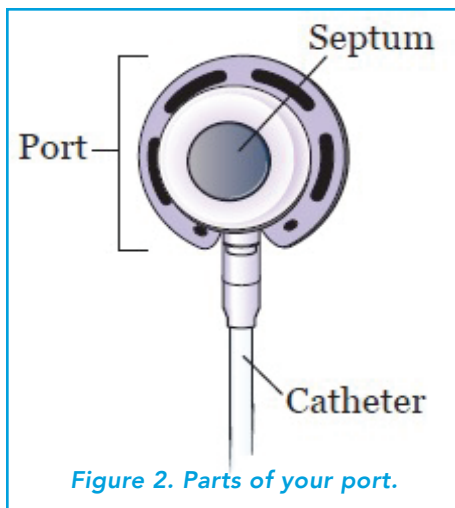
About Your Implanted Port

Your port may raise your skin about ½ an inch (1.2 centimeters). You may be able to feel it through your skin. Most people will not be able to tell that you have a port just by looking.

Your port can stay in place for years. Your healthcare provider will remove your port when you no longer need it. It may also have to be removed if it gets infected. You can have another port put in later if you need one.

PARTS OF YOUR IMPLANTED PORT

The parts of the implanted port are the port, septum, and catheter (see Figure 2).



PORT AND SEPTUM

The port is the starting point for fluids to flow through the catheter. It sits under your skin and has a raised center called a septum. This is the part of the port where needles will be placed. It's also called the access point.

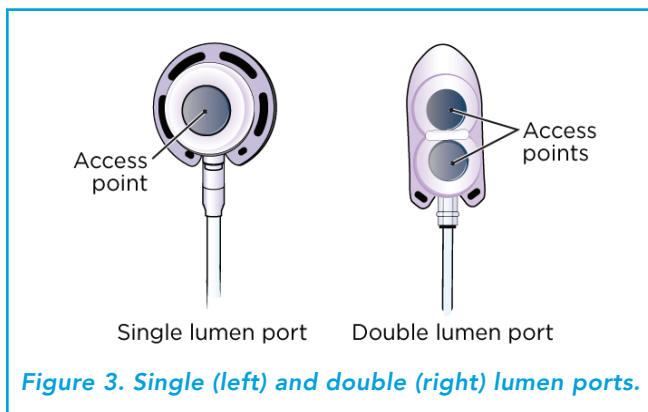
The septum is made from a self-sealing rubber material. Nothing can enter the port without a needle in it. The septum closes once the needle is removed.

CATHETER

The catheter is a thin, flexible plastic tube. One end is connected to your port. The other end sits in your vein.

TYPES OF IMPLANTED PORTS

Ports can be shaped like a circle, oval, or triangle. Your port may be a Mediport®, BardPort®, PowerPort®, or Port-A-Cath®. They can be a single lumen port or a double lumen port (see figure 3). Your healthcare provider will choose the one that's best for you and your treatments.



SINGLE LUMEN PORT

A single lumen port has 1 access point. Most people get a single lumen port.

DOUBLE LUMEN PORT

A double lumen port has 2 access points. You can put a needle in each access point. You might get a double lumen port if you need more than 1 point of access for treatment.



Figure 4. Single (left) and double (right).

POWER-INJECTABLE PORTS

Most implanted ports are made to be used during imaging tests. These include computed tomography (CT) scans or magnetic resonance imaging (MRI). These ports let you have high speed injections (shots) of contrast. These are called power-injectable ports (see Figure 4).

Your healthcare provider will tell you if you have a power-injectable port. They will also give you a wallet card with information about your port. Always carry this card with you.

Your doctor will make a small incision (surgical cut) on your chest (see Figure 5). It will be about 1 to 1.5 inches (2.5 to 4 centimeters) long. They will make a second small incision of about 0.5 inches (1 centimeter) long on your chest, near the collarbone. Then, they will make a pocket under your skin. This will hold your port in place.

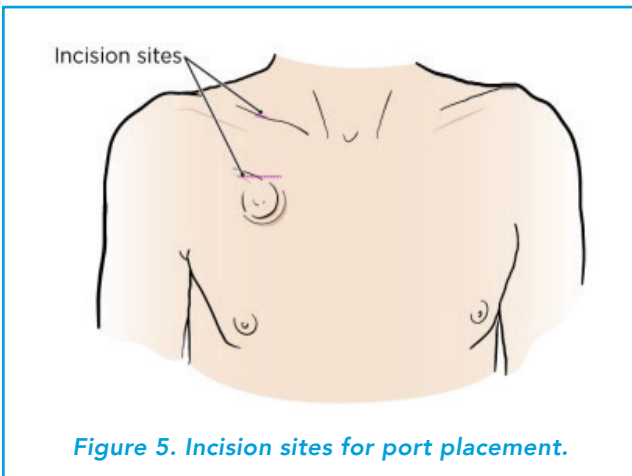


Figure 5. Incision sites for port placement.

Your healthcare provider will place the catheter through the second incision and insert it into your vein. Your care team will use sutures (stitches), or surgical glue called Dermabond® to close your incisions. If you have sutures, they will be absorbed into your body. You will not need to have them removed. They may also use Steri-Strips™. These are short, thin strips of surgical tape that are stronger than a regular bandage. Do not scratch or pick on your incision/sutures or Dermabond. Do not remove the Steri-strips, they will fall off on their own.

ACCESSING YOUR IMPLANTED PORT

Your healthcare team will access your port when you need IV fluids or medication. They will do this by placing a needle through the access point (see Figure 6). The fluid or medication will move from your port through the catheter and into your bloodstream.

Only healthcare providers trained in port care should access your port.

Your care team may need to access your port the day it's placed. If they do, they will insert an access needle into the septum when your port is placed.

The needle and port will be covered by a special bandage (dressing) while your port is accessed (see Figure 7). The dressing will help to keep the needle in place. There also can be a small bandage over the top incision. You don't need a bandage over your port when it's not being used once it has healed.

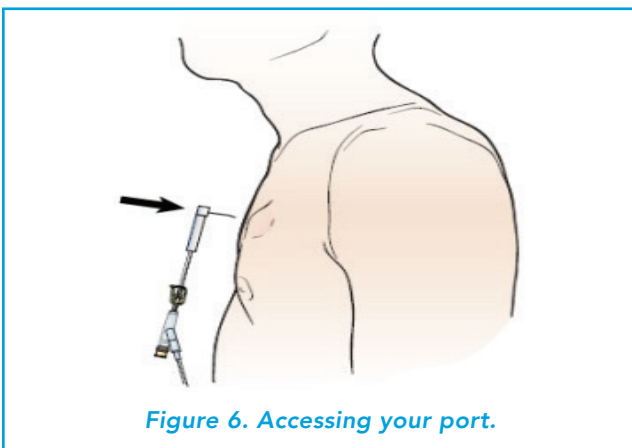


Figure 6. Accessing your port.

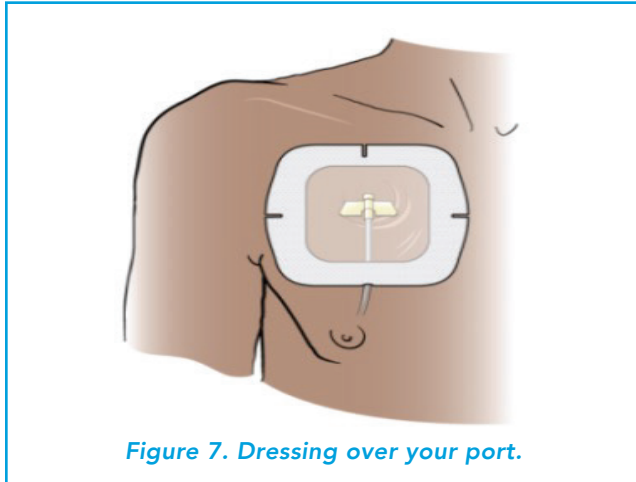


Figure 7. Dressing over your port.

FLUSHING YOUR IMPLANTED PORT

There is no need for port flushed while your port is being used for treatment. When it's not being used, your port will need to be flushed at least every 12 weeks. Depending on when your appointments are, a nurse may flush your port more often. To do this, they will put a needle into your port. They will inject saline (sterile salt water) into your catheter. This is done to make sure the catheter does not get blocked. Your catheter may not work if it is blocked. If this happens, you may need further evaluation.

REMOVING YOUR PORT

Your healthcare provider may decide to remove your port if you no longer need it. Talk to your healthcare provider for more information about removing your port.

When to Call your Healthcare Provider

- If you have new or increased pain at the site of your port.
- If you have swelling or a growing bruise at the site of your port.
- If you have pus or fluid coming from your incision(s).
- If you notice your incision(s) are hot, tender, red, irritated, or opening.
- If you have a fever of 100.4° F (38° C) or higher.
- If you have chills