

Understanding your **PORTACATH** Patient Information

What is the purpose of this information sheet?

This information sheet has been written by patients, members of the public and health professionals. We hope it will be useful for you, your family/Whānau, friends and carers in providing all the information you will need about the Portacath you are having inserted for treatment. It outlines:

- What is a Portacath?
- Why do we use a Portacath?
- Do I have alternative options to a Portacath?
- Are there any risks if I have a Portacath?
- How is my Portacath inserted?
- Where is my Portacath placed?
- What should I expect after insertion of my Portacath?
- How do I care for my Portacath?
- What are my responsibilities?
- Identifying and resolving problems with my Portacath
- Important phone numbers

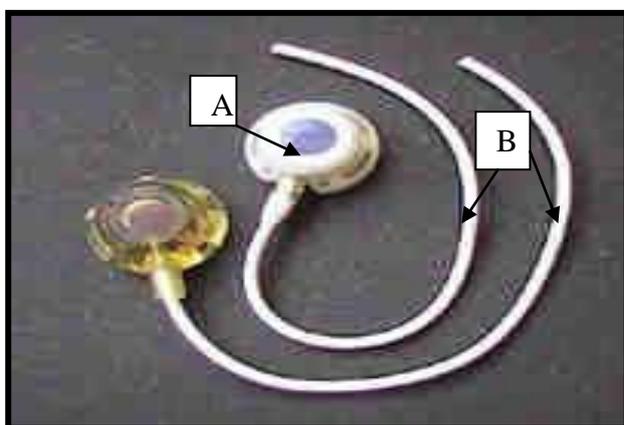


What is a Portacath?

A Portacath (port) is an implanted device that gives access to your veins. This allows you to have intravenous medication and blood tests taken.

Ports are most suitable for people who need regular, long term intravenous treatment. People who have difficulty with other types of intravenous access such as PICC or small peripheral cannula can also benefit from having a port. If they are looked after, ports can provide intravenous access for over 5 years.

A Portacath consists of two parts - the port, and a catheter. There are many different types of portacath. Your health professional will discuss with you which is the best type of port for the treatment you will be having. Power Ports may be placed in oncology patients to allow for the use of the port for CT scans



**Portacaths showing:
The portal body 'A' and the catheter 'B'**



**This is a Power Port
used for CT scans**

Why do we use a Portacath?

- It allows us to give all your IV medications and to take your blood samples.
- It reduces the need to insert needles into your arm veins making treatments more comfortable for you.
- It can remain in place for up to 5 years or more.
- It gives you freedom to use your arms normally in all your daily activities.
- When it is not in use, there is no special care of the port needed.

Do I have an alternative option to a Portacath?

There are other types of intravenous catheters which can be used. Please feel free to discuss the choice of catheter with your doctor or nurse.

Is there any risk if I have a Portacath?

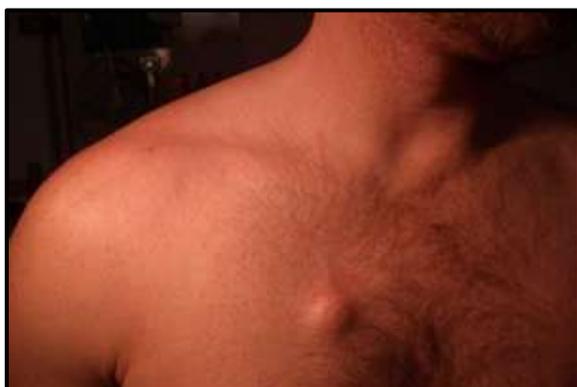
There are risks associated with any type of catheter we may need to use. The risks relating to the insertion of the portacath being placed is small. Complications can include injury to the blood vessel, wound infection, excessive bruising and a small risk of the lung being punctured will be discussed with you on the day of insertion.

There is also a small risk that the vein under your collar bone can clot off. This can result in some swelling of the arm but is usually not serious. Your medical team will discuss these with you. You still always have a choice to change your mind.

Will it hurt?

You will have some tenderness or discomfort at the incision site after the insertion. This is usually able to be managed with oral pain medication such as paracetamol. The discomfort should settle after 2 - 3 days.

One of the advantages of having a port put is that when it is not being used it is completely under the skin, with no tubing or catheter visible. This means you can shower and do your daily activities without having to be concerned about your port.



A Portacath not accessed



A Portacath accessed

Having a CT scan

If you have a power port in place, it can be used to receive contrast medium you might need when you undergo a CT scan. Only a power port can be used. The port must be accessed with a powerloc® needle for a CT scan with contrast. At the time of insertion, you will be told that you have a power port and receive the wallet card. You need to carry this wallet card with you to all medical appointment

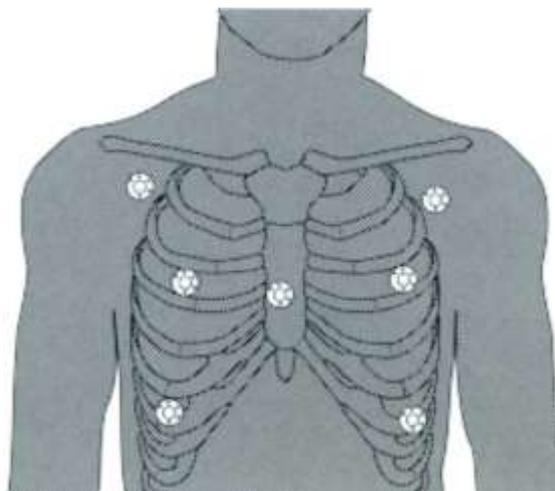
How is my Portacath inserted?

Portacaths can be inserted as a day procedure, or you may be asked to come in and stay in hospital for

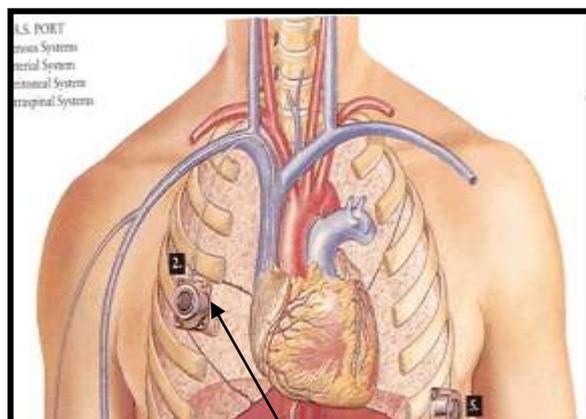
a short time. You will go to operating theatre and your port will be put in by a vascular surgeon. A general anaesthetic is usually given or you may be given sedation to make you feel sleepy and relaxed and the port inserted with plenty of local anaesthetic at the insertion site.

Ports are usually placed on the chest wall. A small incision and “pocket” is made on the chest wall for the port. The catheter part is placed into a vein and fed along the vein until the tip is sitting in one of the large veins in your chest and just outside the heart.

The port body is placed into the pocket. The port body is stitched to the muscle to hold it in place. Both the pocket and incision for the catheter are closed with dissolvable stitches. We will discuss with you the best place to put your port.



Possible site for Portacath placement



Showing the Portacath in place

Care following the insertion of a Portacath

After your port has been inserted the dressings often remain in place for 1 week before the port is accessed and used. This is to allow any bruising and/or swelling to go down so that it is more comfortable for you. The dressings can be removed if the portacath needs to be accessed within the first week. If your port is needed for treatment straight away, we will ask the surgeon to leave the port accessed after the port is inserted in theatre.

Accessing your Portacath

To access your port for treatment, local anaesthetic cream can be put over the port site to numb the area. This cream is wiped off and the skin on the chest wall over the port is cleaned with antiseptic solution.

The nurse will wear sterile gloves and access the port using a special needle (called a huber or non-coring needle).

Once the port has been accessed, the needle can be left in place for 1 week. All treatment and blood tests can then be done using the port.

The needle is secured in place with a transparent dressing. It is important not to get this dressing wet.

