

Implanted Port

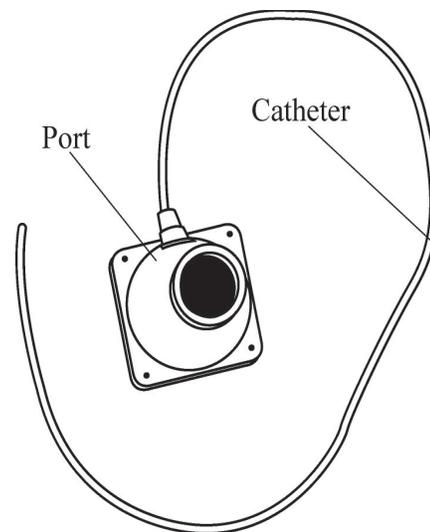
An implanted venous access port, also called a **subcutaneous access port, mediport or power port**, is a special type of intravenous (IV) device that is implanted (inserted) under your skin. A common place for a port to be implanted is the upper chest. Ports can also be put in an arm or the abdomen (belly). Infusion ports come in different shapes and sizes. The type of port you will have and the way it is used will depend on your needs.

Implanted ports may be used for:

- Chemotherapy treatment
- Taking blood samples
- Blood transfusions
- Giving IV fluids and IV medicines
- Therapeutic apheresis treatments (plasma exchange, red cell exchange, photopheresis and LDL apheresis)

An implanted port has two parts, the “port” and the “catheter”.

- The **port** is a small device that sits under your skin and is about the size of a quarter. The port has a small chamber with a raised center called the “septum”, which is sealed with a soft silicon top. The septum is where a special needle can be inserted through the skin to enter and use the port.
- A small **catheter** connects to the port. The catheter is a thin, soft plastic tube that is put into a large vein in your chest. The catheter connects the port to the large vein.



This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

- A special port, called a Bard Powerflow, is used for therapeutic apheresis treatments. This port is specifically designed to allow for a higher flow rate. It is always placed in the upper chest. The Bard Powerflow port is like other implanted ports, but the port is shaped like a funnel. This type of port can be used like other implanted ports, including to inject contrast dye for radiology scans.

How to Prepare for a Port Placement

Your doctor will give you information on how to prepare for this procedure.

Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery. If you take a medicine to thin your blood or prevent blood clots that is not on this list, make sure to tell your doctor **before** the surgery is scheduled to place your port.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

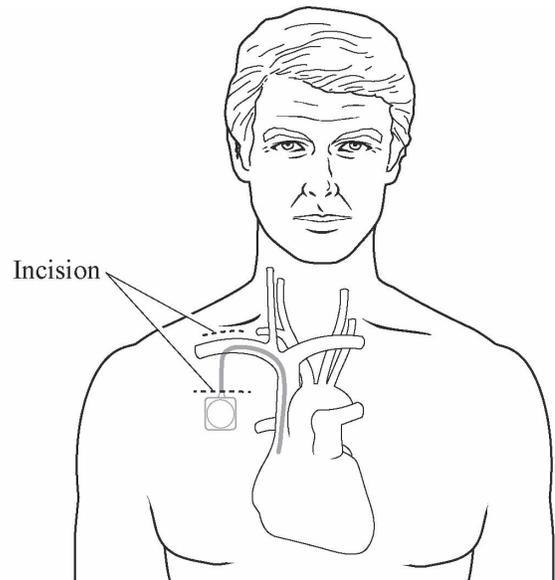
If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

How is a port put in?

- A port can be put in by a doctor in the operating room or in the radiology department.
- An IV line will be placed in your arm and you will be given medicine to help you relax.
- The skin where the port will be put in will be cleaned with an antibacterial soap.
- A numbing medicine will be given to reduce any discomfort. This medicine will numb the skin on your chest, neck and shoulder.
- Two small incisions will be made during the procedure:
 - ▶ One incision will be made near the bottom of your neck above your collarbone.
 - ▶ A second incision will be made on your upper chest. This is where the port will be placed under your skin.
 - ▶ A tunnel is then made under your skin between the two incisions. The catheter is connected to the port, pulled through the tunnel and placed into a large vein just above your heart.
- The incisions are closed and held together by stitches, special surgical glue or steri-strips (small pieces of tape). Both incisions are covered with a small gauze dressing.
- You may feel and see a raised area on your chest where the port has been placed.



What to Expect After a Port is Placed

- You may have some bruising, swelling and tenderness where the port was put in. These symptoms should go away after 1 to 2 days.
- You may have some mild discomfort in the area where the port was placed. Talk to your doctor about what you can do to help with any pain or soreness.

How to Care for Your Incisions

- Your incisions should heal in about 7 to 10 days.
- The nurse will put a check (✓) by the information about your dressing.

You will need to leave the gauze dressing on for:

- 24 hours** after the port is placed, then you may remove the dressing.
- 48 hours** after the port is placed, then you may remove the dressing.
- Do not remove the steri-strips (small pieces of tape). They will fall off on their own in about 10 to 14 days.
- Keep the incision areas clean, dry and open to the air until they heal.
- If you have a small amount of drainage from an incision, put on a new, sterile 4 x 4 inch gauze dressing. Change the dressing every 24 hours. Leave the dressing off when the drainage stops.
- **You may shower 1 to 2 days after your port was placed.** Follow the directions below when you take a shower to keep the incision areas dry:
 - ▶ Carefully cover both incisions with plastic wrap (Saran Wrap or Press-n-Seal). If you use Press-N-Seal, be sure to have a gauze pad over the steri-strip tapes so the Press-n-Seal does not pull the steri-strips off.
 - ▶ Use tape to seal all around the edges, so water does not get under the plastic wrap.
 - ▶ After your shower, remove the plastic wrap and gently pat the incisions dry.

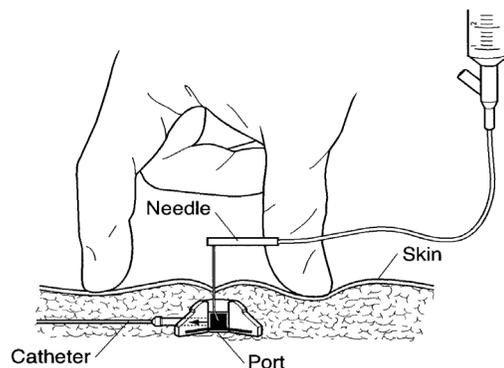
Activity Guidelines After a Port is Placed

For about 2 weeks after your port is placed, you will need to limit some of your activities to let your incisions heal. Here are precautions you will need to follow:

- **Do not** do any strenuous exercises. **Do not** do activities or exercises that involve reaching or stretching your chest and neck areas.
- **Do not** lift anything heavier than 10 pounds (a gallon of milk is about 8 pounds).
- Talk to your doctor or nurse about when you can return to your normal activities.
- **Do not play contact sports while you have a port.**

Care and Use of Your Port

- A port can stay in place as long as you need it and it is working well. This can be for several months to a year or longer.
- After your procedure, you will get a manufacturers patient card. This card gives details on your type of port. It is important to keep this card with you at all times. Bring the card with you to your treatments, doctor visits and if you go to the hospital so your health care team knows you have a port.
- Your port should be flushed with a fluid after each time it is used. **If your port is not being used, it needs to be flushed every 1 to 3 months.** This keeps it clear and open. If you have more than one port opening, each one should be flushed.
- Sterile Technique should always be followed when your port is to be used.
- When your port is used a special non-coring needle called a **Huber Needle will be inserted.** This type of needle has a 90-degree angle (see picture). Do not let anyone use any other type of needle in your port.



- If you have a special type of port, such as a **power port**, tell your nurse before they use the port. A power port requires a special type of needle to enter the port. A power port may be used for contrast dye injections during radiology tests such as a CT scan.
- A Bard Powerflow port is different than other implanted ports because it uses an over-the-needle catheter system. With this type of port, the needle and catheter are inserted into the port, and then the needle is removed, and the plastic catheter is left in place. Heparin is put into the port when the catheter is removed to keep it open until the next time the port is used.

Call your doctor right away if you have any of the following:

- Shortness of breath
- Dizziness
- Increased bleeding or drainage from your incisions
- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- More redness at your incision
- Increased pain, bruising, tenderness on the same side the port was placed
- Swelling of the face, neck, chest or arm on the same side where the port was put in
- Any other problems with your port