What is a port or Totally Implanted Venous Access Device (TIVAD)?

Information for patients who are going to have a port

What is a port?

A port is a totally implanted venous access device (TIVAD) which is a type of central venous catheter. The port is inserted beneath the skin on your chest wall or under your arm pit. The port can be used to give you intravenous treatments and to take blood samples. The device is not externally visible as it lies beneath your skin. It can be accessed by a special needle through the skin.

Port is a generic name; the lines are otherwise known by the brand names e.g. Portacath® and Vascuport®.

The benefits of a port:

- Port’s allow fast and reliable access for intravenous injections and infusions, transfusions and for repeated taking of blood for tests
- They are probably more comfortable than frequent blood tests and cannulas
- They are safer than small cannulas (and occasionally essential) for the administration of some substances
- They can stay in place for many months
- They are cosmetically more acceptable than other types of central venous access catheter
- They pose fewer restrictions on patients undertaking physical activity such as swimming

Are there risks of having a port?

Bleeding: There may be bruising or significant bleeding. Your doctor may need to prescribe a platelet transfusion or other medicine before the procedure to help your blood clot if this is a problem.
**Pneumothorax (collapsed lung):** Rarely a lung is punctured and may even collapse temporarily. This often resolves spontaneously but may occasionally require insertion of a second tube (a ‘chest drain’) to re-expand the lung.

**Infections:** The risk is reduced by keeping the line scrupulously clean. Infections will require intravenous antibiotics, usually in hospital, and the line may have to be removed.

**Blocked line:** It may just be difficult to remove blood, or it may also be impossible to give medication through the line. It is essential the line is regularly flushed to avoid this.

**Rupture:** This is very rare but may occur if the line is ‘forced’ or gets pinched between collarbone and rib.

The usual position the port is placed in your body, beneath the skin.

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**How is a port inserted?**

You may require a blood test a couple of days prior to the procedure to check that your blood is clotting normally. You must inform the x-ray nurses in advance of the procedure if you are taking any anti-coagulation medicines such as warfarin.

Before the port is inserted your doctor will explain the procedure and ask you to sign a consent form. You will have the opportunity to ask questions. The insertion of the port is usually done in the radiology department or operating theatre. You may be given sedation or a general anaesthetic for the procedure and should be nil by mouth for 4 hours before the procedure. You will be given local anaesthetic to numb the area where the port will be inserted. A small incision is made under your skin, either on the chest wall or in your upper arm. The port is then inserted into a pocket of tissue and the intravenous tubing is fed into a main blood vessel in your chest. The incision will then be closed with stitches or some surgical glue.
You will have a dressing over the incision site on your chest wall or under your arm pit. Stitches are normally removed after 7-10 days after which you will not need to wear a dressing.

Although it may feel a little sore around the line after it is inserted, this is easily treated with painkillers and should settle within a couple of days.

You will normally be allowed to go home about 4 hours after the procedure but you should arrange for someone to drive you home as you may still feel sleepy after the sedation.

**Who to contact**

If you have a problem or concern about any aspect of your port, please contact a member of the hospital team looking after you.

They can be contacted on the number below:

Name: ……………………………………………… telephone: …………………………………