



Caring for your port

Information for patients who have had a port inserted

You have been fitted with a totally implanted venous access device (port) as part of your treatment plan. The port is held in place underneath your skin by stitches. It is important that your port receives regular care and attention to ensure that it works well and that infection does not occur.

Apart from the first week after the port has been inserted, there will be no dressing over the area where the port has been inserted. Your skin forms a natural barrier to bacteria entering the body.

You should be alert to the situations listed below and you should inform the hospital immediately if you are affected by any of them:

- Any pain, swelling or redness around the site of the port
- Swollen arm or neck on the side of the body the line is in
- Pain in the chest or shoulder area
- High temperatures or shivering attacks

Immediate after care

You will have an absorbent dressing over the port insertion site for the first 24 hours, after which the nurse will clean the site and renew the dressing.

Cleaning and dressing the port

- During the first week or two, it is important that you keep your port site clean and watch for any signs of infection whilst at home
- The nurse responsible for your care will arrange for your line to be redressed the day after it is inserted
- Following this, the dressing will not need to be changed again as long as it remains clean and intact for the first week. After 7-10 days, the dressing will be removed permanently and any stitches will also be removed

Flushing your port

- Unless you are receiving frequent treatment, your port only needs to be flushed once every 4 weeks
- It is vitally important that the whole procedure is carried out without introducing infection into the line, therefore always wash your hands before commencing the flush and never touch any part of the equipment that will be inserted into the line
- Gather together the following equipment:

A small tray, a sterile dressing pack, three 10 mL syringes, two green needles, 10mL 0.9% sodium chloride, Heparin sodium 50 units in 5 mL, a 2% Chlorhexidine swab, a non-coring needle, local anaesthetic gel if requested

- Apply local anaesthetic gel if required and leave for 30 minutes
- Prepare a clean area, wash the tray on which you will put the equipment and then wash your hands with soap and water and dry thoroughly
- Open the sterile dressing pack and turn out onto the clean tray. Open the packaging out fully, taking care not to touch the contents of the dressing pack, to create a sterile area
- Open the individual 2% Chlorhexidine wipe and drop onto the sterile area
- Open the syringe packets and drop the syringes onto the dressing pack without touching it. Then open the needles and drop onto the dressing pack in the same way
- Check that the Heparin sodium and 0.9% sodium chloride are the correct solutions and that they are not out of date. Using a piece of gauze or the syringe packaging to protect your fingers, break open the vials as you have been shown by your nurse, and then place on the tray
- Put on the sterile gloves
- Connect the needles to the syringes without touching the two parts that join. Holding the syringes, move the plungers up and down to loosen them and then place on the dressing pack
- Remove the sheath from the needle and, taking care not to touch the needle, insert it into the open vial of 0.9% sodium chloride. Using both hands, draw up the solution and then expel any air from the syringe and needle. Remove the needle from the syringe and place the syringe back on the dressing pack
- Repeat the above procedure with the Heparin sodium solution.
- Prime the non-coring needle and extension with the 0.9% sodium chloride and clamp the tubing.
- With your non-dominant hand, locate the port and thoroughly clean a 6cm area of skin over the site of the port with the individual 2% Chlorhexidine swab for 30 seconds and allow it to dry for 30 seconds

- Insert the non-coring needle into the port at a 90° angle until it comes into contact with the base of the port
- Withdraw the needle very slightly so it is not resting on the base of the port
- Insert a new 10mL syringe, open the clamp on the extension tubing and pull gently on the plunger of the syringe until blood is seen in the line. Clamp the line closed
- Insert the syringe with 0.9% sodium chloride in and commence the flushing procedure as you have been taught in hospital. Use the push-pause technique of flushing over about half a minute as you have been shown in hospital
- Repeat the procedure using the Heparin sodium solution using the same push-pause technique and close the clamp on the extension tubing as you are nearing the end of the flush
- If the port is not going to be used in the next 24 hours, remove the non-coring needle and carefully dispose of it, together with the syringes, needles and glass vial in the sharps bin provided
- If the port is going to be used in the next 24 hours, the non-coring needle can remain in place and should be covered with a transparent dressing to prevent movement of the needle. The non-coring needle can remain in place for up to 7 days.
- Do not be tempted to use an old syringe or needle as you will introduce infection into the line. Always use new equipment each time you flush the line

If you experience any difficulty with your port, or feel undue resistance when attempting to flush the line, please contact the hospital immediately for advice. **DO NOT attempt to force the flush if you feel undue resistance.**

Removal of the port

Once you have finished your treatment, or if your line needs removing because of other reasons, the hospital doctor will remove your port. This will normally be done in the operating theatre and you may have sedation or a general anaesthetic. A sterile dressing will be applied to the incision site.

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:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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