



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 in your arm. 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, although you may notice a slight bulge in the skin overlying the device. It can be accessed by a special needle inserted through the skin and into the device.

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

The benefits of a port:

- Ports 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?

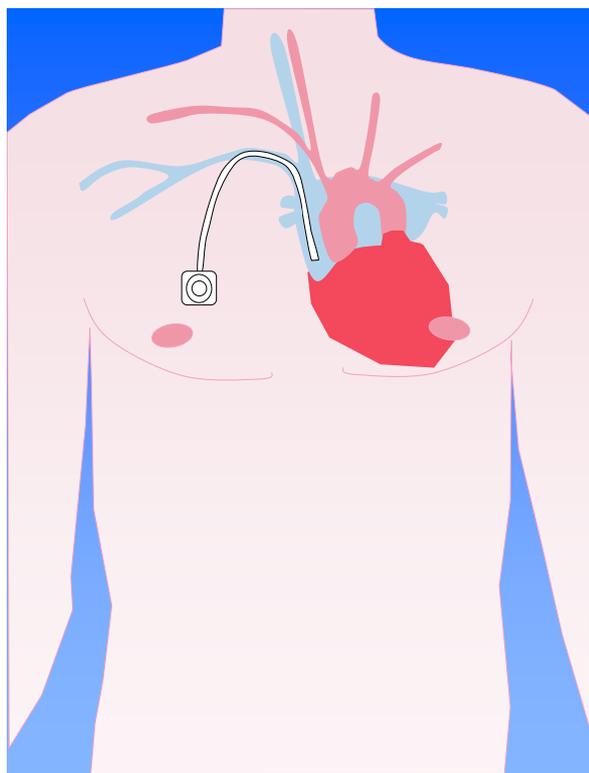
Bleeding: There may be bruising or, rarely, significant bleeding. Your doctor may need to prescribe a platelet transfusion or other medicine before the procedure to help your blood clot if this is a problem. If you take blood thinners/anticoagulants these may need to be stopped before the procedure.

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: Infections are uncommon and will require intravenous antibiotics, usually in hospital, and the line may need to be removed if the infection is not treated successfully.

Blocked line: This may result in difficulty taking blood from the port, or it may also be impossible to give medication through the port. It is essential the port is regularly flushed to avoid this.

Fracture: This is very rare, but may occur if liquids are forcibly injected or if the line gets pinched between the collarbone and rib.



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

Before your port is inserted

The hospital nurse will take some skin swabs several days before the port is inserted. This is to check for bacteria that may exist on your skin.

You will have a blood test a few days before your port insertion. This will check your blood clotting.

You will be given some chlorhexidine body wash with instructions to shower/wash with the solution the day before the procedure and on the morning of the port insertion.

If you are on anticoagulant medication (blood thinners), for example warfarin, apixaban or rivaroxaban, these will need to be stopped in advance of the procedure; you will be advised about this by the hospital team.

Please contact the Radiology Nurses for further advice if you have NOT been instructed to stop the blood thinner medication.

Who will be performing the Port or TIVAD?

If the procedure is taking place in the x-ray department, a doctor called an Interventional Radiologist, who has been specially trained in using x-ray and scanning equipment, will perform the procedure.

Ports are also sometimes inserted in the operating theatres.

Consent

Informed consent will be obtained prior to the procedure. The doctor will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

How is a port inserted?

Before the port is inserted, the Interventional Radiologist will explain the procedure and ask you to sign a consent form. You will have the opportunity to ask questions.

You may be given sedation or a general anaesthetic (if in an operating department) for the procedure and should stop diet 6 hours before and clear fluids 2 hours before the procedure.

A nurse will take your details and attach a monitor so your blood pressure, pulse etc can be recorded. You will be given some oxygen.

The skin will be cleaned with antiseptic to help avoid infection. We will keep everything as sterile as possible. You will have your head covered with a sterile drape; this will be lifted to allow you to see out.

An ultrasound and x-ray camera will be used to find the best position for the procedure.

The skin and deeper tissues on one side of your neck and front of your chest will be anaesthetised with a local anaesthetic; this will sting briefly before the tissues go numb.

You will be given sedation and pain relief as needed, which will make you sleepy and relaxed, but you will still be able to communicate with the nurse and Radiologist.

The port is then inserted into a pocket of tissue on the front of your chest and the intravenous tubing is fed into a main blood vessel in your chest.

The two small incisions will be closed with dissolvable stitches and you will have dressings over the incisions.

How long will it take?

Every patient's situation is different and it is not always easy to predict how difficult the procedure will be. The procedure may take between 45 minutes and an hour.

What happens afterwards?

You will be taken back to the ward on a bed. Nursing staff will monitor your blood pressure, pulse, temperature etc, to make sure there are no problems. You will stay in bed for a few hours, until you have recovered. You may eat and drink normally once the sedation has worn off.

You will normally be allowed to go home about 4 hours after the procedure, provided you meet the following criteria:

You must:

- Have a responsible adult to collect you, as you cannot drive home or travel on public transport.
- Have someone to stay with you for the first night just in case your wound bleeds or you feel unwell.
- Have access to a telephone.

Will it hurt?

The local anaesthetic will sting briefly, and after that, all you should feel is touch and pressure in the area where the Interventional Radiologist is working. There will be a nurse looking after you. If the procedure does become uncomfortable for you, then she/he will arrange for you to have more painkillers and sedation.

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.

Washing and showering

The wounds should be kept dry for 10 days. Following this, if they have fully healed, then they can be allowed to get wet. Only submerge the wounds, eg in a bath or swimming pool, once they have been checked by a medical professional to ensure that healing is complete.

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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