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References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

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Portacath

Vascular Surgery Unit
Pilgrim Hospital
www.ulh.nhs.uk

Aim of the leaflet

This leaflet aims to answer your questions about having a Portacath insertion. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a Portacath?

A Portacath is a small medical device that is inserted beneath the skin and connected into a large vein. It is made of two parts:

1. A soft, thin hollow plastic tube known as a catheter. The tube is tunneled under the skin with the tip sitting in a vein just outside the heart.
2. A port or disc (2.5 - 4cm in diameter), which is inserted under the skin in the chest and attached to the tube.

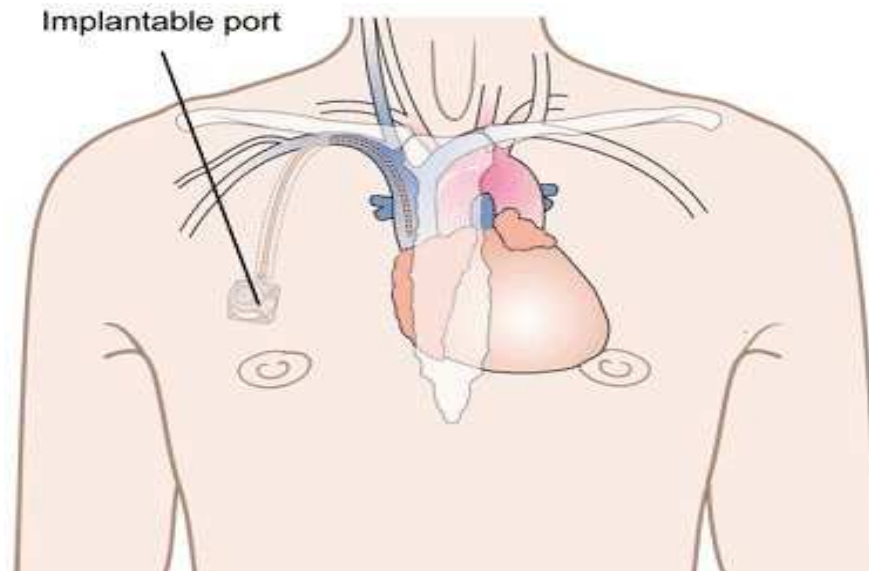


Diagram showing an implantable port
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Care of the Portacath

The Portacath requires very little maintenance once the skin has healed but trauma to the area should be avoided. Your Portacath needs flushing when not in use. Please check with your nurse or clinic that referred you how often this is required and they will make any arrangements required.

How will I know if something is wrong with my Portacath?

If you have a temperature, chills or feel unwell, please let the medical team looking after you know as soon as possible. This could be an early sign of infection. The tube is in a large vein close to your heart so it is important to treat any infection as soon as possible. If you have any concerns about your Portacath, please contact your nurse specialist or a member of the team caring for you.

How is the Portacath removed?

When you no longer need the Portacath, it will be taken out. This is usually done in the department where you had it inserted. Local anaesthetic will be applied to the area. A small cut is then made over the port site and the port is removed. As the catheter is attached to the port, this will be removed at the same time. The wound will then be stitched and dressed.

Are there any alternatives?

One alternative would be a repeated needle puncture to the vein every time you have treatment. Use of small tubing (cannula) in a small vein (usually arm/hand) would be needed for each treatment. A new one needs to be placed and removed each time.

Another type of CVAD, for example a 'Hickman' or PICC line might be used. These have advantages and disadvantages comparable to Portacaths. Please talk to your doctor or nurse if you would like more information on these alternatives.

What happens after the Portacath has been inserted?

After the insertion you will stay in for about two to four hours. Your blood pressure and pulse will be measured frequently at first and then at regular intervals and a clip on your finger will measure the oxygen level in your blood. This is not painful.

Once the local anaesthetic wears off you may have some pain or discomfort. Pain medication such as paracetamol can be taken to ease the discomfort.

We will provide light refreshments, such as tea or coffee, a sandwich and some fruit. The nurse will tell you when you can get up and move around. You will have two dressings, one on the port site and one on the base of your neck. These require changing after 48 hours and we will give you some dressings and advise on how to care for small wounds/scars. Dressings will usually be required for up to two weeks.

When can the Portacath be used?

The Portacath can be used as soon as it is inserted.

What is Portacath used for?

The Portacath line can be used to give you treatments such as chemotherapy, blood transfusions, antibiotics and intravenous (IV) fluids. It can also be used to take samples of your blood for testing. Portacath lines can be used to pass liquid food into the vein if your digestive system is not able to cope with food for any reason. This means that you will not need to have needles put into veins in your arms every time you have treatment.

You can go home with a Portacath line in place and it can be left in for weeks or months.

A Portacath line may be helpful if doctors and nurses find it difficult to get needles into your veins, or if the walls of your veins have been hardened by previous treatment.

How is the Portacath inserted?

You will be taken into the interventional radiology suite/theatre and asked to lie on the table. The area for the insertion will be cleaned with antiseptic fluid and draped with sterile towels. The surgeon will inject some local anaesthetic into your skin on your chest and neck to numb the area. This may sting a little as it goes in. After this you should only feel pressure not pain. Please let the nurse know if you are uncomfortable.

The surgeon/radiologist will make two cuts in the skin which will leave two small scars. The catheter will be inserted into the vein in your chest via one of these cuts. It will then be tunnelled under the skin to the second cut. The catheter is then connected to the port, which is fitted into a space created under the skin. We will check the position of the catheter and port with the imaging machine. If it is satisfactory, the cuts are then stitched and a dressing is put over the site.

A Portacath can be left in for a long period of time, up to several years if necessary, so it can be used throughout your treatment. There will be two small scars left on your skin and one small “bump” over the skin where the port is placed.

Will I feel any pain?

The local anaesthetic injection will sting momentarily. The operation should then be pain-free but you may still feel pressure where the doctor is working. If you experience any pain during the procedure please tell the nurse so pain relief can be given to you.

What do I need to do to prepare for the procedure?

You can come into hospital, have a Portacath inserted and go home the same day. You will usually need to have a blood test to measure full blood count and clotting before the procedure. Your doctor or clinic nurse specialist will tell you how to arrange it when they recommend a Portacath.

Please let us know if you are taking any antiplatelet medicines (for example, aspirin, clopidogrel) or any medicines that thin the blood (for example warfarin), as these may need to be withheld temporarily before the procedure. If you are taking these drugs, please let the department know before coming to the hospital.

You cannot eat or drink anything (except water) for six hours before the procedure. You can drink water up to 2 hours before the procedure. You will need a responsible adult to take you home by private transport. We do not recommend that you use public transport as it is unsafe if you feel unwell. You will also need somebody to stay with you overnight.

Possible problems when putting in the Portacath

Serious risks and complications of having a Portacath inserted are not common. However, as with any procedure, some risks or complications may occur. For example:

Bruising: This is quite common and normally settles a few days after the procedure.

Infection: The insertion procedure is carried out in a sterile condition to eliminate or reduce any sources of infection. However, infection may still occur from local infection of the skin or from within the bloodstream at any time while the Portacath is in place. Infections can usually be treated with antibiotics. In some cases, however, we may have to remove the Portacath.

Thrombosis (blood clot): Sometimes a clot forms around tubing in the vein. This rarely causes you any problem. However, it sometimes prevents blood being taken from the Portacath for a blood test. To avoid this problem, a blood thinning solution is usually locked inside the port and the catheter when it is not in use.

Lung puncture: This happens when the lung is accidentally punctured during the procedure. It is not a common complication. If this occurs, we may keep you in hospital for a few days until the lung has healed.

Blockage: Rarely the tubing of your Portacath can become blocked. Regular flushing helps to prevent this – your Portacath will be flushed in the ward or unit where you receive your treatment. Some patients learn to use Portacath themselves. Speak to your nurse specialist if you would like to arrange this. If Portacath becomes blocked, sometimes it is possible to unblock it.