NETCARE
CONCET COTE

# Implantable port

information leaflet for patients







## What is an implantable port?

An implantable port, commonly called an A-port or chemo port, is a small medical device, shaped like a disk and placed beneath the skin.

It is made up of a reservoir with a self-sealing silicone membrane and metal backing plate, and a thin tube which once placed, enters into one of the large central blood vessels near the heart.

The most common place for port placement is on either the right or left upper chest and just below the collarbone.

### How is the A-port inserted?

Your doctor will discuss the procedure with you and answer any questions that you may still have, before obtaining your consent for the procedure. You will be admitted to the hospital to have the A-port inserted, usually under general anaesthesia. The site chosen will either be on the right or left of the chest and just below the collarbone.

The doctor will make two small cuts under the skin and insert the implanted port. It will be connected to a thin flexible tube or catheter which is threaded into the large vein just above the heart.



The small cuts will be closed with absorbable stitches



A chest X-ray will be done to verify the placement of the implanted port after the procedure



The whole procedure is estimated to take half a day



You will be observed after the procedure to ensure that you are fit to go home

# What are the risks associated with port insertion?

As with most surgical procedures, there are risks such as bleeding or infection. Other risks associated with a port placement include the:



Tip of the catheter not being in the best position



Accidental puncture of the lungs



Accidental puncture of the artery which may cause bleeding

Your doctor will discuss all the risks with you prior to the procedure.

# How should the implanted port be cared for?

- You will have a plaster covering the small incision on your chest. Leave this on for 48 hours (2 days) after your procedure, or as long as your doctor tells you to.
- No dressing is needed after the incision site heals as the implanted port is concealed under the skin.
- The implanted port will be flushed after use by a trained doctor or nurse to ensure it does not become blocked. When not in use, maintenance flushing of the port is routinely performed as follows:

First flush: 4 weeks after completion of chemotherapy

**Second flush:** 8 weeks after completion of chemotherapy

**Third flush:** 3 monthly thereafter; providing that there

are no problems with the A-port

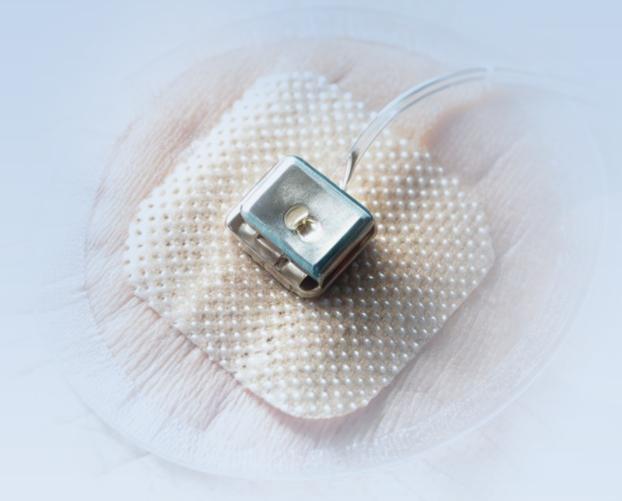
• If any problems are encountered at any stage, then port flushes should be done on a 4-weekly basis until the port problems are resolved or until such time that the port is surgically removed.

#### What are ports used for?

An implantable port can be used to give you treatments such as:

- Chemotherapy
- Blood transfusions
- Antibiotoics
- Intravenous (IV) fluids.

Ports can also be used when you need to have blood tests. This means you will not need to have needles put into your arms every time you have treatment.





## How is the port accessed prior to use?

Accessing a port is an aseptic procedure meaning that the procedure is performed as cleanly as possible, to reduce the chance of introducing infection into the port. Your port should only be accessed by a healthcare professional who has received special training in this procedure.

The port reservoir is accessed by piercing the skin and septum (port membrane) using a special non-coring needle which does not damage the port membrane. The septum is self-sealing when the needle is removed.

How is the implanted port removed when it is no longer needed?

A removal procedure in theatre will be arranged as a day case.

#### Frequently asked questions

#### Things to note before my implantable port insertion

Fasting is required before the procedure.

#### What activities are allowed after the insertion?

Generally, you are encouraged to exercise, however, sports like tennis, golf or other forms of vigorous activities are discouraged. There is a risk of catheter migration and dislodgement due to the excessive movements required during these activities.

You can bathe or shower as usual as the implanted port is concealed under the skin. Water sport such as swimming is allowed after the incision site has healed completely. However, if the implanted port is in use, swimming is not allowed due to the risk of needle dislodgement and infection.

#### Can I go on holidays with the implanted port?

Please communicate with your doctor before planning a trip.

Maintenance of the implanted port must be considered during your travel.

## How long can the special port needle stay in for? Port needles need to be changed at least every seven days and should

Port needles need to be changed at least every seven days and should only remain in the port when the port is being used. When the port is not in use, the non-coring needle should be removed.

If it is confirmed by a healthcare practitioner that the port needle needs to be left in place for a short time but the port will not be used during that time, please make sure that the catheter tubing of the port remains clamped at all times while not in use and ensure that the port dressing that secures the needle stays dry and intact.

## How will I know if something is wrong with my implanted port after insertion?

Complications may arise with your implanted port.

Seek help from your oncologist or SACT nurse at the chemotherapy (SACT) unit during office hours or at the hospital's emergency department after hours, if any of the following occur:



Chest pain or difficulty breathing



Impaired wound healing over the incision site or exposed implanted port



Chills or uncontrolled shivering



Fever higher than 38 °C



Swelling, redness, pain or discharges at or around the implanted port site



Any other abnormal and/or prolonged symptoms, which cause concerns

