

## Totally implanted central venous access device (portacath)

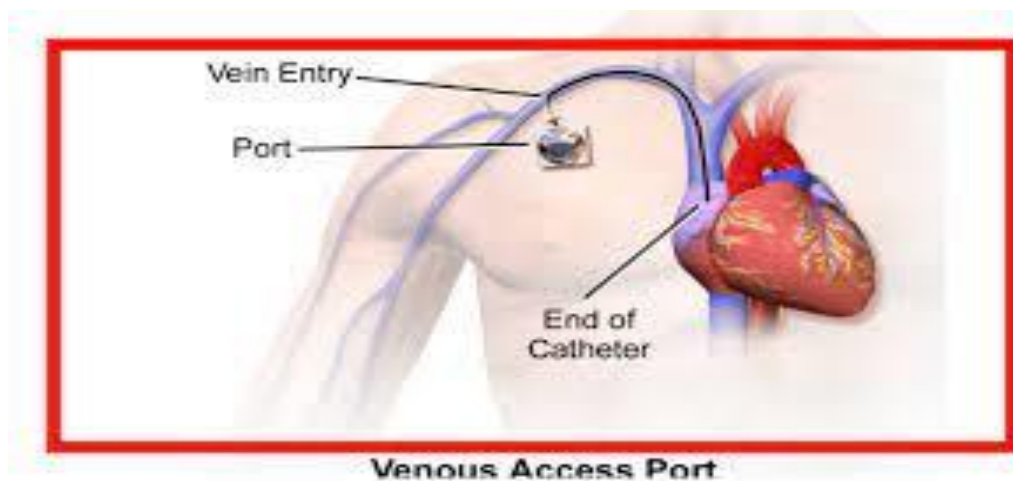
You have been advised that the most effective way for you to get your treatment is through a totally implanted venous access device called a portacath or port.

### What is a port?

The port is a hard plastic round shaped device with a silicone gel in the centre. This device is placed under the skin, in a pocket of tissue which is usually on the chest or in your arm.

Attached to the port is a soft, hollow tube which is inserted into a large vein which leads into the blood stream around your heart.

The port can give you fluids, blood products and medicines, and we can use it to take blood samples. It's designed to stay in your body for many months or even years.



### What does the port include?

It's made up of:

- the portal - a small chamber with a self-sealing silicone where we insert a special needle
- the catheter made from a soft, non-irritant material that the medication is administered through.
- a connector which joins the portal and catheter together.

## How is the port inserted?

A healthcare professional will do this in the radiology department using a local anaesthetic or sedation

## Possible risks and complications

Every procedure has some risks and complications. Your healthcare professional will explain these to you before they insert the port. They'll ask you to agree and get your consent to go ahead.

After the procedure, tell your nurse or doctor if you have:

- fresh bleeding or discharge at the point of entry
- swelling, redness or pain that spreads on your chest or arm
- a temperature or feel feverish.

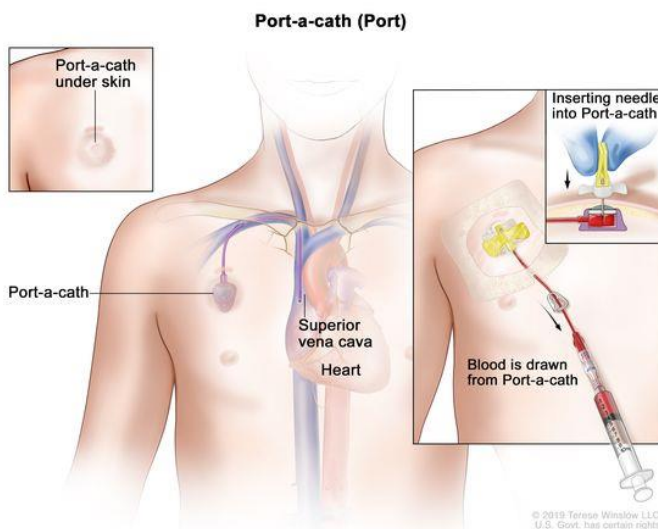
## Using your port

Your nurse or clinician will insert a special needle, known as a huber needle through the skin into the silicone section of the port.

You can have a skin anaesthetic to help numb the area if you need it before the needle insertion. Over time the skin over the port often becomes de-sensatised.

Once the needle is in position, we will put a dressing over the top to hold it in place and help protect it from infection and keeps it dry.

You'll get more specific instructions depending on your treatment needs.



## **Caring for your port?**

Once a needle has been inserted into the port, the needle can remain in place for 7 days, before it needs changing.

Depending on your treatment, a nurse or healthcare professional will flush the port with sodium chloride (saline) through the needle extension set. Administer your treatment and then flush the needle extension again with sodium chloride and a heparin/saline mix to help stop any blockage to the catheter tip.

They will either remove the needle if you are not due any further treatment or leave it in place until your cycle of treatment is complete or at 7 days

It is recommended that you have the port flushed and accessed every 4 to 6 weeks if you're not using it for treatment. The unit/specialist team looking after you will discuss this with you and make these arrangements.

## **Baths and showers**

The dressing that was put on when the port was accessed with a needle is waterproof and suitable to remain for showering. Try not to soak the dressing under the shower.

Remove any excess water from the dressing by dabbing it dry.

You can swim when your port **is not** accessed with a needle and the site is free from infection. Always talk to the team looking after you about any concerns.

## **How is the port removed?**

A healthcare professional in the radiology department will remove the port if you have any complications or when your doctor decides you no longer need it.

You'll have a local anaesthetic and an incision in the skin to remove the port as well as the catheter tube.

You'll have steristrips or stitches in place, which we'll discuss with you, and a dressing to cover the area for 5 to 7 days.

## **Contact us**

Call the nurse or department looking after you if you're worried about your port. T

## **IV Therapy/Outpatient Parenteral Antibiotic Therapy (OPAT) Team**

01296 315485

Mondays to Sundays, 8.30am to 4.30pm

07810 181584

Bank Holidays, 9am to 4.30pm (on call basis)

**Cancer Care and Haematology Unit, Stoke Mandeville Hospital**

01296 315125

Mondays to Fridays, 9am to 5pm

**Sunrise Cancer Unit, Wycombe Hospital**

01494 426238

Mondays to Fridays, 9am to 5pm

**Ward 5, Stoke Mandeville Hospital (24 hours)**

01296 316336

**Acute Oncology Team**

01296 315139

Mondays to Fridays 8am to 6pm

**Stoke Mandeville Hospital A&E**

01296 315664

**How can I help reduce healthcare associated infections?**

Infection prevention and control is important to the wellbeing of our patients so we have procedures in place. Keeping your hands clean and wearing a face mask is an effective way of preventing the spread of infections.

You, and anyone visiting you, must use the hand sanitiser available at the entrance to every ward before coming in and after you leave. You may need to wash your hands at the sink using soap and water. Hand sanitisers are not suitable for dealing with patients who have symptoms of diarrhoea.

**About our patient advice sheets**

This leaflet is for general information only. We make the information as up to date and accurate as possible, but please note that it's subject to change.

You must always check specific advice on any concerns you may have with your doctor.

**Alternative formats**

Call 01296 831120 or email [bht.pals@nhs.net](mailto:bht.pals@nhs.net) if you'd like a copy of this information in audio, large print or translated.