

PATIENT INFORMATION

Totally Implanted Central Venous Access Device (Port-a-Cath)



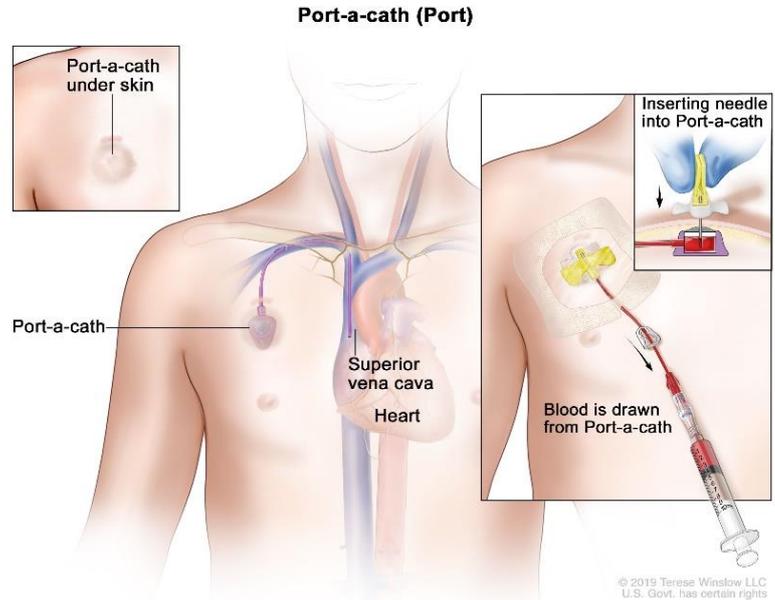
This leaflet provides information about a Port-a-Cath insertion, including the benefits and risks.

What is a Port-a-Cath?

A Port-a-Cath is a small medical device that is installed beneath the skin.

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 just outside the heart.
2. A port or disc which is inserted in the chest and attached to the tube.



A Port-a-Cath is a central venous access device fully implanted beneath your skin. Central venous access devices are small, flexible tubes placed in large veins for people who require frequent access to the bloodstream. The catheter tip will lie in a vein just above your heart and the other end connects to the port in the chest.

The Port-a-Cath shows as a small bump underneath the skin, the nurse will know where to insert the needle because it is possible to feel it under the skin.

What is a Port-a-Cath used for?

Port-a-Caths are often used when giving medications for patients on long term treatment or therapy. Blood samples can be drawn many times via the Port-a-Cath with less discomfort and therefore avoiding needle puncture every time. Doctors recommend the use of Port-a-Cath for patients who regularly have chemotherapy and other intravenous infusions.

A Port-a-Cath can be left in for a long period of time, so it can be used throughout your treatment.

Are there any risks?

Serious risks and complications of having a Port-a-Cath inserted are very rare. However, as with any procedure, some risks or complications may occur.

1. Scarring: You will have two permanent small scars at the sites of insertion.
2. Bruising: This is quite common and normally settles a few days after the procedure.
3. Infection: The insertion procedure is carried out in a sterile environment to eliminate or reduce any sources of infection. However, infection may still occur from local infection of the skin or from within the bloodstream. Infections can be treated with antibiotics however in on-occasion extreme cases, we may have to remove your Port-a-Cath.
4. Thrombosis/clot: Sometimes a clot of blood can form at the tip of the Port-a-Cath, this is commonly treatable by injecting clot-dissolving medications into the port-a-cath.
5. Pneumothorax/Lung puncture: This happens when the lung is accidentally punctured during the procedure. It is a very rare complication and happens to one in every 1,000 patients, usually without symptoms.
6. Arterial puncture: this is extremely rare (<1 in 1000 patients) due to the use of ultrasound imaging during insertion of the portacath. If the artery is inadvertently punctured, the needle is withdrawn and direct pressure applied to the puncture site for a few minutes.

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

You can come into hospital, have a Port-a-Cath inserted and go home the same day.

- You will need to have a blood test to measure full blood count (FBC) and clotting before the procedure.
- If you are taking any medicines that thin your blood, such as antiplatelet medicines (for example aspirin or clopidogrel) or anticoagulant medicines (for examples warfarin or rivaroxaban), please tell your doctor or the nurse as you may need to stop them temporarily before your surgery.
- Most patients (more than 9 out of 10 patients) can have a Port-a-Cath inserted under Local Anaesthesia avoiding the risks of a General Anaesthetic.
- Procedures under General Anaesthetic or Sedation are occasionally required.
- If your procedure is under general anaesthesia or sedation:
 - Please tell your doctor or nurse if you have diabetes as you may need to alter the dose of your diabetes medicines. Further information on stopping any medicines will be given to you when you come for pre-assessment.
 - You will need to fast before your procedure. Please do not eat or drink for six hours before the procedure We may need to give you a sedative

medicine, which may make you feel sick if you have just eaten. You may drink clear, non-milky fluids, such as black tea, black coffee or water up to two hours before the procedure.

What happens before the procedure?

After you have arrived a small plastic tube (cannula) will be inserted into a vein in your arm. This means that we can give you a medications during the procedure, if you need it. You will be given the opportunity to ask the doctor any questions you have.

You will also need to sign a consent form, before the procedure can take place to say that you understand what it involves.

How is the Port-a-Cath inserted?

The area for the insertion will be cleaned with antiseptic fluid and draped with sterile towels.

The doctor 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 light pressure, not pain.

The doctor will make two cuts in the skin. 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 X-ray machine and confirm that it is working correctly. If it is satisfactory the cuts are then stitched and the dressing is put over the site.

What happens after the Port-a-Cath has been inserted?

After the insertion you will stay in the recovery room for two hours. You will have two dressings on the port site and on the base of your neck. These should remain in place for 48-72 hours before changing them. Ideally the Port-a-Cath wound site should remain covered with the water proof dressing for 7 days. Please avoid soaking the dressing for long periods as it may peel off. Short showers should not cause a problem.

When can the Port-a-Cath be used?

The Port-a-Cath can be used as soon as it is inserted, however if your next treatment is to be within 3-5 days of insertion, please let your doctor know. Prior to use, the skin will be cleaned. A special needle is then pushed through the skin into the port. Treatment is then given via this needle into the Port-a-Cath. The treatment goes into the port and flows into the catheter and your bloodstream.

Care of the Port-a-Cath

The Port-a-Cath requires very little maintenance once the skin has healed after 14 days. It is not visible to the outside but a small bump may be felt where the port was inserted. You may have a shower, bath or swim. Your Port-a-Cath needs flushing once every four weeks when not in use. If you come in for treatment more frequently than four weeks, it will be flushed during these times. If your appointments are less frequent, you will need to see the nurse or doctor looking after you in clinic to have it flushed.

How will I know if something is wrong with my Port-a-Cath?

If you have a temperature, chills or feel unwell, please let the medical team looking after you know. This could be an early sign of infection. Also let your doctor or nurse know if you are experiencing pain, redness or swelling on the pocket or disc site and if your arm, chest, neck or shoulder feels swollen and painful.

How is the Port-a-Cath removed?

When you no longer need the Port-a-Cath 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-a-Cath 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.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.