Implantable ports
Central venous access team

About this leaflet
This leaflet aims to answer some of the questions you may have about implantable ports. It explains the process of having a port inserted, including the benefits, risks and any alternatives. If you have any questions or concerns after reading this leaflet, please speak to a doctor or nurse looking after you.

If you need a large print, audio, braille, easy read, age-friendly or translated copy of this leaflet, contact us on 020 3447 7491. We will do our best to meet your needs.

What is an implantable port?
An implantable port is a special disc that is inserted under your skin, usually on your chest just below your collar bone. It is connected to a thin, flexible tube (catheter) placed in a large vein, normally in your neck. The port is used for giving fluids, chemotherapy or medicine into your bloodstream. It can also be used for taking blood samples.

To give you treatment or fluids a nurse or doctor will pass a needle through your skin into the port. They will remove the needle after the treatment has finished. When not in use, the port is almost invisible but you will be able to feel it under your skin. If necessary, the port can stay in for several months and you can go home with it.

What are the benefits of having an implantable port?
A port is different from other kinds of intravenous lines (lines situated within a vein). When not in use, it is completely embedded under your skin and there are no external parts. This means you can bathe, shower or swim freely. Other lines may need to be kept dry, and require weekly dressing changes and flushing. A port is simpler to care for between treatments. If you are having a break from treatment, it only needs flushing once every four weeks.

Implantable ports are used in many different situations. Some patients may need a port to avoid having needles put into their arms every time they need treatment or a blood test. Others need a port because of the type of treatment they are having, or to help reduce the amount of time they spend in hospital.

If you are not sure why you are being offered a port, please speak to the team looking after you or one of the central venous access nurses.
Who are the central venous access team?
We are a team of nurses who specialise in intravenous lines including ports. We may put in your port or arrange for it to be done by a radiologist. We can also provide expert advice before and after your port insertion. Please feel free to ring us if you have any questions, even if we are not putting your port in.

Are there any alternatives?
An alternative would be a PICC or a tunnelled line (sometimes called a Hickman line). Your doctor or nurse may have suggested a port for you but if you would like more information about these alternatives, please talk to the team looking after you or one of the central venous access nurses. You can also find leaflets about these lines on our website: www.uclh.nhs.uk/cvc.

How can I prepare for my port insertion?
If you are an inpatient, the nurses and doctors on the ward will advise you on how to prepare. If you are an outpatient, one of the central venous access nurses will give you detailed information about preparing for your appointment. You may need to have a blood test before the insertion.

Many patients have their implantable ports inserted under local anaesthetic alone but you may prefer to have an intravenous sedative as well. This is to help you relax.

If you decide to have a sedative, you may need to attend a pre-assessment clinic to make sure you are fit for sedation.

If you take tablets or injections to thin your blood, these may need to be stopped for a short time. This is to prevent any bleeding during the port insertion. If you are an outpatient, you should discuss this with the doctor who prescribes your blood-thinning medicine. One of the central venous access nurses will also talk through the plan with you.

If you have ever had an infection called MRSA (methicillin-resistant staphylococcus aureus), please let your doctor or nurse know. You may need to have a nose swab to see if the infection is still present before your port can be put in.

Asking for your consent (permission)
We want to involve you in all the decisions about your care and treatment. The team looking after you will answer any questions you may have so please ask if anything is unclear. If you decide to go ahead, we will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

What happens during the procedure?
Your port will be inserted either by a specialist nurse or a doctor called an interventional radiologist. To reduce the risk of infection, the doctor or nurse will wear a surgical gown with a hat and mask. You may be attached to a heart monitor and fitted with an oxygen mask.

If your port is fitted by an interventional radiologist, x-rays will be taken during the procedure to check the position of the port. If it is fitted by a specialist nurse, he/she will use a heart monitor to ensure the port is placed correctly. This technique is called ‘ECG tip location’ and your nurse will explain it to you in detail.

It usually takes about an hour to put the port in, but you should allow several hours for the appointment. This is because it will take time to check you in and prepare equipment. The nurse or doctor putting in your port will also need to talk it over with you beforehand. If you are having sedation, you will need some recovery time before going home. Sometimes if there is a patient who needs to be seen urgently, your appointment may be delayed.
What happens after the procedure?
If you are an inpatient, you will be taken back to the ward. If you are an outpatient, you should be able to go home on the same day. Try to arrange for a friend or relative to accompany you home if you can, especially if you are having a sedative.

If needed, the port can be used straight after it has been put in. You may feel a bit sore and bruised around the insertion site for a few days after the procedure. You can take mild painkillers, such as paracetamol, to ease this. Once the bruising has settled down the port should be painless. You may still feel some brief discomfort each time the port is used when the needle is being inserted through your skin.

When and how will my port be removed?
An implantable port can stay in for several weeks or months and it will be removed when you no longer need it. Removing the port is similar to inserting it.

If you are likely to have more treatment at a later date, it may be possible to leave the port in. Please discuss this with the team looking after you. If you do decide to keep the port in, you will need to arrange for it to be flushed once a month. This can be done in the Supportive Care Department in the University College Hospital Macmillan Cancer Centre.

Are there any risks?
Risks during insertion
Most port insertions go smoothly. There is a very small risk of puncturing a blood vessel in the chest, air entering your bloodstream or a collapsed lung. These complications can be serious but we take every precaution to prevent them and they are very unlikely to happen.

Infection
It is possible for an infection to develop in the skin around the port or in the bloodstream. Contact your nursing or medical team, or one of the central venous access nurses, as soon as you can if you experience any of the following symptoms:

- a high temperature (over 38°C)
- feeling shivery
- pain, redness or swelling around the port.

If you have an infection, you will need to take a course of antibiotics and your port may need to be removed.

Blood clot
It is possible for a blood clot (thrombosis) to form in the vein used for the port. If you notice swelling or pain in the shoulder, neck or arm on the same side as the port, contact your nursing or medical team, or one of the central venous access nurses, as soon as possible.

If you have a clot, you will need medication to dissolve it. The port can often stay in place.

There is also a small risk of a blood clot on the lungs. This is rare. If you experience chest pain or sudden shortness of breath, go to your local A&E (Accident and Emergency) Department or call an ambulance.

Malfunction
In a small number of patients the port fails to function properly. This may be because it has not been positioned correctly or it has moved. If this happens, the port will need to be removed.

Blockage
Ports can sometimes become blocked. We can usually unblock them by using a special flushing solution.
Pain when the port is used
When the port is used, a special needle is inserted through the skin. This may cause temporary discomfort similar to a blood test or injection. If you prefer, you can ask your nurse to apply a numbing cream to the skin before your port is used.

Difficulty in inserting the needle into the port
Sometimes it may take more than one attempt to successfully insert the needle.

What if I decide not to have an implantable port?
This will depend on the type of treatment you are having. You should discuss your options with your doctor or nurse, or contact the central venous access team on 020 3447 7491 if you have any concerns.

What about aftercare?
Stitches
We usually use dissolvable stitches and they don’t need to be removed.

Dressings
You will have two small dressings: one on the side of your neck and one next to the port. You can remove these dressings about seven days after the port has been inserted. Until then you should keep them in place.

We usually use waterproof dressings so you can shower or bathe normally.

Other care
If the port is not being used for treatment it will need to be flushed every four weeks to stop it from getting blocked. You will need to make an appointment in the Supportive Care Department to have this done.

Things to look out for at home
While your port is in place, it is important that you contact your nursing or medical team, or one of the central venous access nurses, if you notice any of the following:

• a high temperature (over 38°C)
• feeling shivery
• pain, redness or swelling around the port
• chest pain
• shortness of breath.

Contact details

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<thead>
<tr>
<th>Central venous access team (Monday to Friday, 9am to 5pm)</th>
<th>Telephone: 020 3447 7491</th>
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</thead>
<tbody>
<tr>
<td>Supportive Care Department (Monday to Friday, 8am to 7pm)</td>
<td>Telephone: 020 3447 9702/1808</td>
</tr>
<tr>
<td>Out of hours</td>
<td>Oncology patients: 07947 959 020</td>
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<tr>
<td></td>
<td>Haematology patients: 07852 220 900</td>
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<td></td>
<td>Teenagers and young adults: 07908 468 555</td>
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