

Implantable Port Insertion in Radiology

Patient information
leaflet



Implantable Port Insertion

Introduction

Your consultant has made a request for you to have an implantable port inserted (sometimes called a portacath). This information leaflet will answer some of the questions you may have about the procedure. It explains what you can expect when you come into hospital to have a port insertion, as well as benefits and potential risks of the procedure.

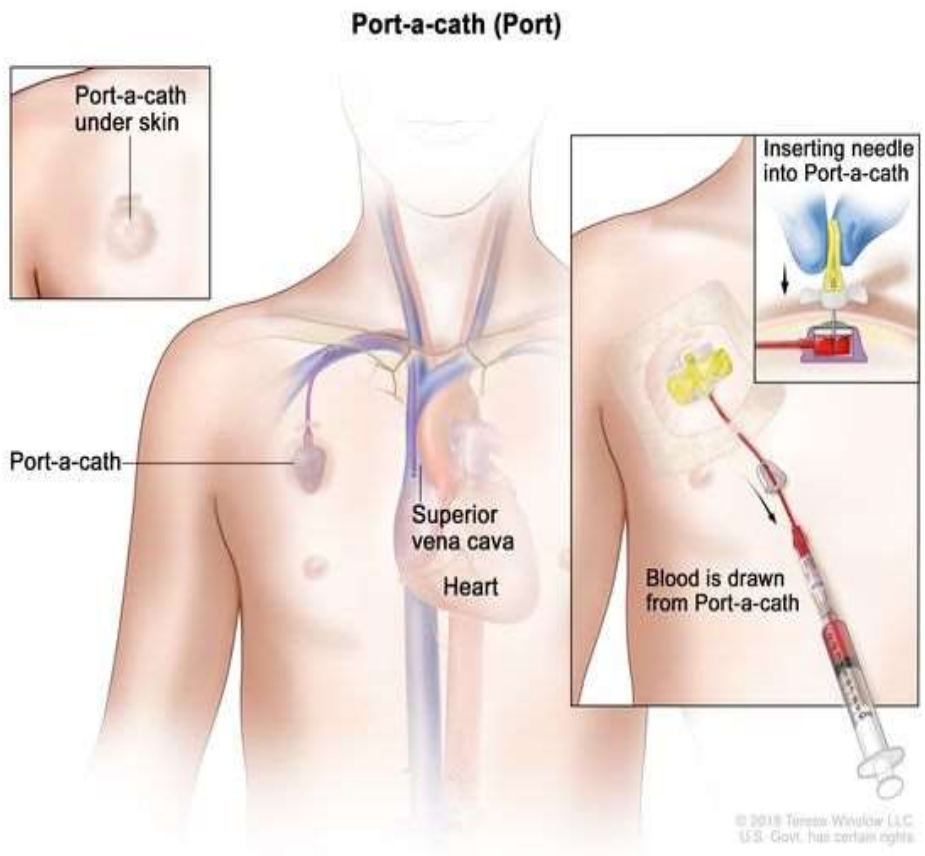
What is an Implantable Port?

An implantable port consists of a catheter with a small reservoir (port) attached to it. It can be used to give medicines directly into the vein, or to take blood.

There are two parts to an implantable port:

1. The catheter is a thin, soft, flexible tube made of polyurethane or silicone. One end of the tube goes into a large vein in the chest area. The other end is tunnelled under the skin on your chest.
2. The port is a chamber that is 2-3cm in diameter. It sits under the skin on your upper chest and connects to the catheter. When implanted you will be able to see and feel a small bump under the skin.
3. In order to administer treatment, implanted ports are accessed by introducing a special type of needle through the skin directly above the port.

Images of a Port



Why do I need a Port?

Implantable ports are used in many situations. Many therapies, such as chemotherapy, blood transfusions, fluids, and antibiotics can be given via a port. A port may also be used for taking blood samples.

A port can stay in place for an extended period of time, weeks to months, and sometimes years.

Some patients are offered a port to reduce the need for repeated needles/cannulas. Others require a port because of the kind of treatment they are having.

If you are not sure why you have been offered a port, your clinical team will be happy to discuss this with you. They will also be able to discuss alternative options with you.

Who does the Port Insertion?

Your port will be inserted in the radiology department. If you are an outpatient, you will be told what time to arrive in radiology. If you are an in-patient you will be brought to radiology.

A radiologist or a practitioner will insert the port. There will also be a radiology nurse and a radiographer to assist with the procedure. The procedure takes around 60 mins.

On arrival in the department, a radiology nurse will check your details, and go through a checklist with you. The radiologist or practitioner will then explain the procedure and confirm that you are happy to proceed. You will be asked to sign a consent form.

You will need to change into a patient gown for this procedure.

The RUH, where you matter



How should I prepare for my Port Insertion?

You will have received an appointment letter telling you the date and time of your procedure. The letter will also ask you to make an appointment at your GP surgery to have bloods taken. FBC, APTT, and INR blood samples need taking within 7 days of your appointment. Please take your appointment letter to the GP surgery to ensure the correct bloods are taken.

Failure to attend for these blood tests may result in your procedure being cancelled

If you are taking any medicines that thin your blood (anticoagulants) please call the Radiology Nursing Team on 01225 824385 to discuss when to stop these prior to the procedure.

Examples of blood thinners are: Aspirin, Apixiban, Clopidogrel, Dabigatran, Dipyridamole, Heparin, Prasugrel, Rivaroxaban, Ticagrelor, Warfarin

You must not eat or drink for 3 hours before the procedure

What happens during implanted port insertion?

We will ask you to lie down on our x-ray table whilst we insert your port. If you have difficulty lying flat, please let us know.

The radiologist or practitioner will assess the veins in your neck area with ultrasound. Usually ports are placed on the right side; very occasionally we may place on the left.

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

The radiologist/practitioner will inject some local anaesthetic into your skin on your chest and neck to numb the area. This may sting momentarily as it goes in. After this you should only feel light pressure, not pain.

The doctor will make two incisions in the skin. The catheter will be inserted into the vein in your chest via one of these incisions. It will then be tunnelled under the skin to the second incision. 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 an x-ray and confirm that it is working correctly. The incisions will then be closed with stitches and/or medical glue.


What are the risks involved?

Serious complications from a port insertion rarely occur, however as with any procedure risks or complications may occur. They include:

Bleeding/Bruising: Afterwards, there may be a little ooze from the site where the port was inserted. Bruising is quite common and normally settles 7-10 days after the procedure. Significant bleeding rarely happens.

Damage to Nerve & Artery: Although damage to nerves and arteries has been known to happen in port placements, it is extremely rare.

Infection: Some patients may develop an infection when they have a port. The insertion procedure is carried out under sterile conditions to eliminate or reduce any risk. Infections can sometimes be treated with antibiotics - in some cases, we may have to remove your port.



Thrombosis (Blood clot): Occasionally patients who have a port develop a clot in the vein. If this happens your clinicians will usually give you a clot dissolving medication. Your doctors will decide if the Port needs to be removed. Symptoms of a clot include pain or swelling in the hand or arm.

Lung Puncture (pneumothorax): This happens when the lung is inadvertently punctured during the procedure. It is a very rare complication, if it occurs, you may need to have a small tube inserted into your chest, and possibly need to stay in hospital to manage this.

Scarring: You will have small scars at the site of insertion- 2-3 cm scar on the chest wall and about 1cm at the base of the neck.

What happens after the procedure?

After the procedure you will not be allowed to drive for the rest of the day. You should ensure that you have a responsible adult to take you home after your port insertion.

The area around the port may be swollen and tender for a few days; this is normal. Please ask your clinical team which painkillers you should take to help with this.

Your port will be able to be accessed 5-7 days after the insertion.

It is best to avoid strenuous exercise for 2-3 weeks after surgery, so your body can heal. Although light exercise that does not cause the wound to hurt is permitted.

Bathing, swimming, and visits to the sauna must be avoided until the wound is healed.

Protect your wound from pressure or friction (avoid tight clothing)

Your small wounds will have absorbable sutures, and surgical glue applied to the surface. The sutures will not need to be removed as they will absorb naturally, and the surgical glue will flake off over a period of a week or so.

Avoid exposure of your wound to direct sunlight for 4-6 weeks.

Once the wounds are healed your port shouldn't interfere with daily activities, you can shower, bath and swim.

Your port will need flushing once every four weeks when not in use, your clinical team will arrange this. If you come in for treatment more frequently, it will be flushed during these times.

The team who have referred you for a port will arrange the relevant aftercare. If you are going home it is important that you know who to contact if there is a problem.

Is there anything I need to look out for?

If you have a temperature, chills or feel unwell, please let the team looking after you know. This could be an early sign of infection.

Also let your team know if you are experiencing pain, redness or swelling at the port site, or if your arm, chest, neck or shoulder feel swollen and painful.

If you are generally concerned about your port, you should discuss this with your clinical team.



How is the Port removed?

If it has been decided that you no longer need your port, it will need to be removed. This is usually done in radiology, where it was inserted.

Under sterile conditions, local anaesthetic is used to numb the area. A small incision is made over the port site and the port and catheter are then removed. The wound will then be closed with absorbable sutures and surgical skin glue.

You will need to keep the area dry for 5-7 days to let the wound heal.

When your clinician requests the port to be removed we will send you an appointment letter.

The letter will also ask you to make an appointment at your GP surgery to have bloods taken. FBC, APTT, and INR blood samples need taking within 7 days of your appointment. Please take your appointment letter to the GP surgery to ensure the correct bloods are taken.

As with the insertion you should inform us if you are taking any anticoagulants (blood thinning medications). We may need you to stop taking these prior to the procedure.

If you require more information or have any questions, you should contact your clinical team in the first instance. For any more information you can contact the Radiology Team on 01225 824385

There is space on the last two pages of this leaflet for you to write any notes.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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