Implanted Port

An implanted venous access port, also called a **subcutaneous access port**, **mediport** or **power port**, is a special type of intravenous (IV) device that is implanted (inserted) under your skin. A common area a port may be put in is the upper chest. Ports can also be placed in an arm or the abdomen. Infusion ports come in different shapes and sizes. The type of port and the way it is used depend on your needs.

**Implanted ports may be used for:**

- Chemotherapy treatment
- Taking blood samples
- Blood transfusions
- Giving IV fluids and IV medicines

An implanted port has two parts, the “port” and the “catheter”.

- The **port** is a small device that sits under your skin and is about the size of a quarter. The port has a small chamber with a raised center called the “septum”, which is sealed with a soft silicon top. The septum is where a special needle can be inserted through the skin to access and use the port.

- A small **catheter** connects to the port. The catheter is a thin, soft plastic tube that is put into a large vein in your chest. The catheter connects the port to the large vein.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

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How to Prepare for a Port Placement
Your doctor will give you information on how to prepare for this procedure.

Important Medicine Information
Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:
- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

How is a port put in?
- A port can be put in by a doctor in the operating room or in the radiology department.
- An IV line will be placed in your arm and you will be given medicine to help you relax.
• The skin where the port will be put in will be cleaned with an antibacterial soap.

• A numbing medicine will be given to decrease any discomfort. This medicine will numb the skin on your chest, neck and shoulder.

• Two small incisions will be made during the procedure:
  ▶ One incision will be made near the bottom of your neck above your collarbone.
  ▶ A second incision will be made on your upper chest. This is where the port will be placed under your skin.
  ▶ A tunnel is then made under your skin between the two incisions. The catheter is connected to the port, pulled through the tunnel and placed into a large vein just above your heart.

• The incisions are closed and held together by stitches, special surgical glue or steri-strips (small tapes). Both incisions are covered with a small gauze dressing.

• You may feel and see a raised area on your chest where the port has been placed.

What to Expect After a Port is Put In

• You may have some bruising, swelling and tenderness where the port was put in. These symptoms should go away after 1 to 2 days.

• You may have some mild discomfort in the area where the port was placed. Talk to your doctor about what you can do to help with any pain or soreness.

How to Care for Your Incisions

• Your incisions should heal in about 7 to 10 days.

• The nurse will put a check (√) by the information about your dressing.
You will need to leave the gauze dressing on for:

- **24 hours** after the port is placed, then you may remove the dressing.
- **48 hours** after the port is placed, then you may remove the dressing.

- Do not remove the steri-strips (small tapes). They will fall off on their own in about 10 to 14 days.
- Keep the incision areas clean, dry and open to the air until they heal.
- If you have a small amount of drainage from an incision, put on a new, sterile 4 x 4 inch gauze dressing. Change the dressing every 24 hours. Leave the dressing off when the drainage stops.

- **You may shower 1 to 2 days after your port was placed.** Follow the instructions below when you plan to take a shower to keep the incision areas dry:
  - Carefully cover both incisions with plastic wrap (Saran Wrap or Press-n-Seal). If you use Press-N-Seal, be sure to have a gauze pad over the steri-strip tapes so the Press-n-Seal does not pull the steri-strips off.
  - Use tape to seal all around the edges, so water does not get under the plastic wrap.
  - After your shower, remove the plastic wrap and gently pat the incisions dry.

**Activity Guidelines After a Port is Put In**

For about 2 weeks after your port is placed, you will need to hold off (limit) some activities while your incisions are healing. Here are precautions you will need to follow.

- Do not do any strenuous exercises. Do not do activities or exercises that involve reaching or stretching your chest and neck areas.
- Do not lift anything heavier than 10 pounds (a gallon of milk is about 8lbs).
- Talk to your doctor or nurse about when you can return to your normal activities.

- **Note:** Do not play contact sports while you have a port.
Care and Use of Your Port

- A port can stay in place as long as you need it and it is working well. This can be for several months to a year or longer.

- After your procedure, you will get a manufacturers patient identification card. This card gives details on the type of port that was put in. Keep this card with you at all times. Bring it with you to your treatments and doctor visits so your health care team knows you have a port.

- Your port should be flushed with a fluid after each time it is used. **If your port is not being used, it needs to be flushed every four weeks.** This keeps it clear and open. If you have more than one port opening, each one should be flushed.

- Sterile Technique should always be used when your port is accessed.

- When your port is accessed a special non-coring needle called a **Huber Needle will be inserted**. This type of needle has a 90-degree angle (see picture). Do not let anyone use any other type of needle in your port.

- If you have a special type of port, such as a **power port**, tell your nurse before they access and use the port. A power port may be used for special radiology contrast dye injections during radiology tests such as a CT scan. A power port requires a special type of needle to be used when accessing the port.

Call your doctor right away if you have any of the following:

- Shortness of breath
- Dizziness
- Increased bleeding or drainage from your incisions
- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- More redness at your incision
- Increased pain, bruising, tenderness on the same side the port was placed
- Swelling of the face, neck, chest or arm on the same side where the port was put in
- Any other problems with your port

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