FACTSHEET

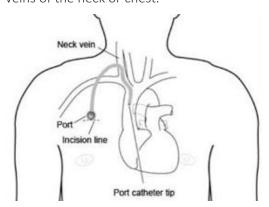
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Port (Implantable Venous Access Device)

Your doctor may have talked to you about using a device called a 'port'. This factsheet explains how and why they are used.

What is a port and how is it inserted?

A Port is a type of central venous access device that lies completely underneath the skin. It has two main parts. There is an injection chamber that is within a solid case of titanium or plastic which is covered by a special thick membrane that seals itself after injection. Attached to the injection chamber is a narrow soft tube called a catheter. This catheter is placed into one of the large veins of the neck or chest.



Two small incisions are made in the skin. The first at the neck, this is where the catheter is inserted into a vein (entry site). The second incision is made on the chest or upper abdomen, there the chamber of the port is placed underneath the skin. The two incisions are stitched closed. In older children there may only be one incision site. Rarely, the port may be inserted into another area, such as the groin, or the inside of the upper arm. The

surgeon will discuss the site of the chamber prior to the operation.

Why would my child need a port?

- To give certain medications
- Small/difficult veins
- Long term treatment

Potential challenges with insertion

- There is a risk of bleeding or oozing around the insertion site in the neck and where the chamber of the port is placed. This usually settles fairly quickly.
- The position of the catheter may not be satisfactory on the X-ray and it may need to be repositioned.

Is it painful?

- Local anaesthetic may be injected into the surrounding area to numb the area and reduce pain.
- For about a week after insertion, areas where the port is inserted will be little sore. Once these have healed, your child should not feel any pain.

How is the port accessed?

A port is accessed using a special needle called a non-coring right angled needle. The needle is inserted through the skin into the soft rubber chamber of the port and a clear dressing will be applied over the top to prevent the needle from becoming accidentally removed. Once the needle is in and the port is accessed, the non-coring needle can remain in place for up to 7 days. Fluids and medication can then be administered through the port. Ports can be used to obtain blood tests, please speak to you child's doctor for further information.







Are there any changes to my child's everyday activities because of the catheter?

- Your child will be able to resume most activities including day care and school once the catheter has been inserted.
- When the port is accessed with the non-coring needle it is recommended that your child's catheter is not submerged in water, for example swimming or bathing are to be avoided. Your child is able to sit in a bath as long as the catheter is not covered in water.
- If your child currently plays a contact sport, please speak to you doctor for further advice.

What is 'flushing' and 'hep locking'?

- 'Flushing' of the port occurs when a normal saline (salt water) solution is injected into the port to prevent it from blocking. This is typically done after medications or blood collection has taken place.
- 'Hep locking' stands for 'heparinised saline flushing'.
 Heparinised saline is a solution made out of anti-blood clotting agent (heparin) and normal saline solution.
 Heparinised saline stops the blood from clotting in the line. This is typically done when the port does not need any access for a period of time.

How is it removed?

Removal of the port is done as soon as it is no longer needed, such as on completion of treatment, unresolved complication or infection. Removal of the port is done by a surgeon in the operating theatre. Your child will need a general anaesthetic.

Possible complications

Serious complications are very rare and most of the time a port is the best choice for your child. However, it's important to know of the risks involved before you consent to the procedure.

Infection

As with any procedure there is a risk of infection, although we do our best to avoid this by making sure everything is clean and sterile in the operating theatre.

- Signs to look for include redness, pain, heat and swelling over the site where the port is inserted.
- Your child might also have a fever or feel unwell.
- If the port is thought to be the reason for the infection, then the port may need to be removed and your child given antibiotics.

Blockage

A common complication is blockage of the catheter.

• This happens if blood or medication gets stuck in the port.

- To prevent blockages the port will either have fluid running through it or be hep locked.
- A blocked port can sometimes be fixed by flushing or with a certain anti-clotting medication. Sometimes the port is too blocked and needs to be removed.

Air bubbles

There is a small risk of air bubbles entering the port which can cause problems.

- We make sure that there is no air in the syringes used to inject into the port.
- If there is a break or a leak in the non-coring needle extension set it is important to clamp it immediately to prevent air from entering.

Very rarely there can be serious complications. These can be life-threatening.

- The catheter attached to the port could damage or puncture the walls of blood vessels or of the heart.
- A serious infection or blood clot could develop.

It is important that you discuss these possible complications with your doctor, as well as all the risks and benefits of the port before you consent to the procedure.

Please feel free to talk to your team doctor about any concerns you have. Being informed will help you make the best choice for your child.

Questions

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