

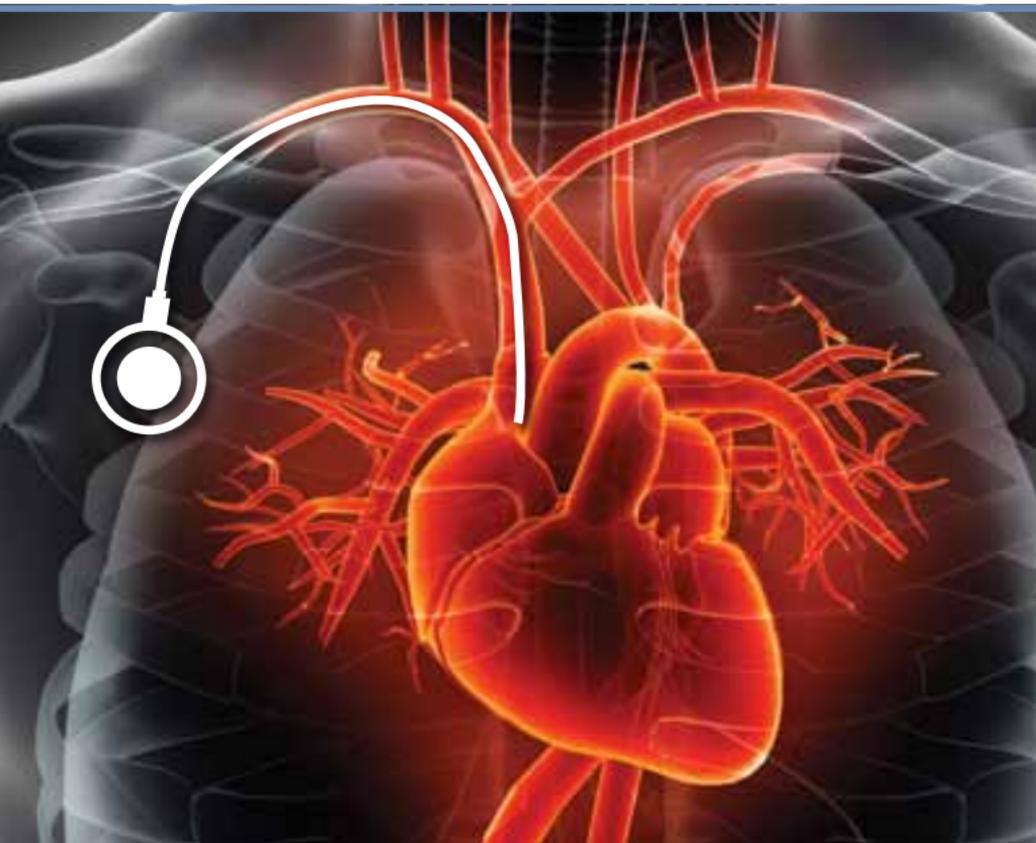
INFORMATION FOR PATIENTS

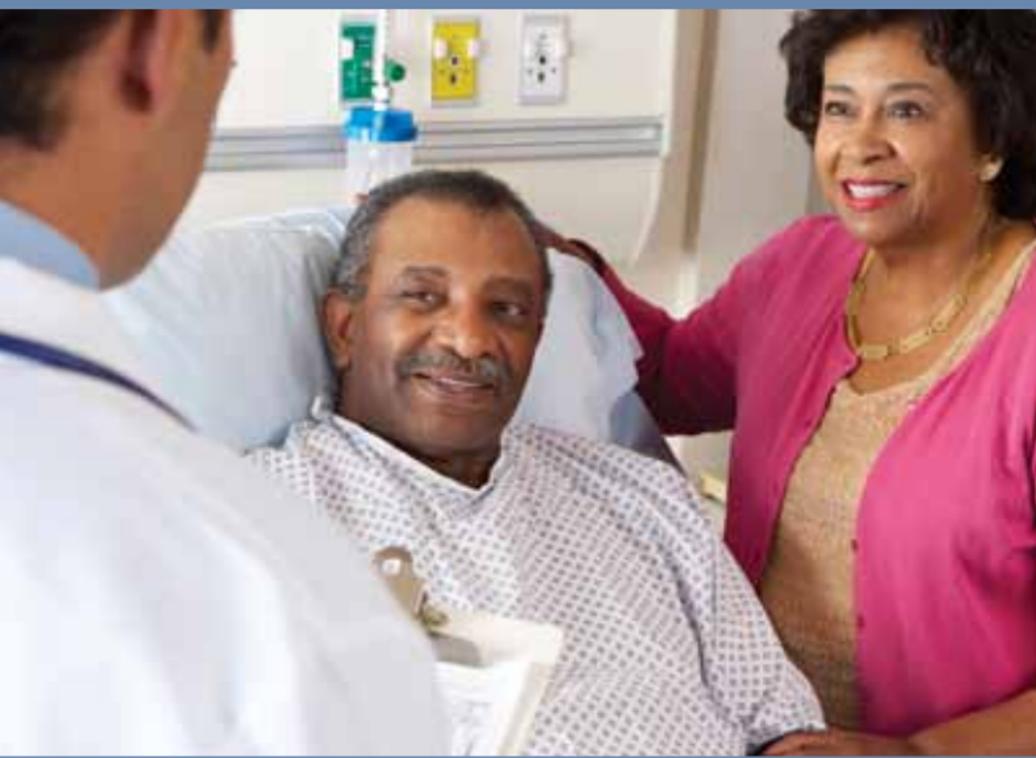
PORT PLACEMENT



WHAT IS A PORT?

A port is an implanted device used to create an easy method for intravenous (IV) access. It is most commonly used to deliver chemotherapy or other IV medications. It is implanted under the skin, usually in the upper chest. The implantable port has two parts, the “port” and the “catheter.” The port sits under the skin and is about the size of 4 stacked quarters. It has a silicone top through which the needle is inserted for access. A small catheter connects the port to the vein and ends in a large vein near your heart.





HOW DO I PREPARE?

- Please arrive at the hospital 2 hours prior to your appointment time.
- Do not eat or drink for 6 hours prior to your appointment. Unless instructed otherwise, medications, including pain medications, may be taken with a few sips of water at any time up to your arrival at the hospital. At the time you schedule your appointment, you **MUST** notify a member of your health care team if you are taking aspirin, any type of blood-thinner, anti-coagulation medication (either orally or injection within the last two weeks) or if you expect to use the port for the first time within 24 hours of placement.
- You will need a responsible adult to drive you home.

WHAT SHOULD I EXPECT DURING THE PROCEDURE?

You will meet the physician prior to the procedure and have an opportunity to ask questions. An IV will be started and labs will be drawn. You will receive moderate or “twilight” sedation. You should expect to be semi-conscious but comfortable. You will also receive a local anesthetic injection in the area where the port will be placed.

WHAT HAPPENS AFTER THE PROCEDURE?

Expect to rest the remainder of the day. You may not drive. Do not lift anything heavier than 10 pounds for 5 days. Women should wear a supportive top when upright. You will have two outer dressings in place. One directly over the port site and one slightly higher near the neck where the vein is accessed. The port site incision is approximately 1½-2 inches long and is closed using dissolving sutures, steri-strips and dermabond. The access site at the neck is approximately ¼ inch and may be closed with a suture, steri-strip or dermabond, or it may just have an outer dressing.

48 hours after the procedure, remove the outer dressings. The steri-strips, dermabond and sutures are to stay in place for 10-14 days and will be removed at the follow-up visit. If you feel you are having an adverse reaction (itching, redness, blistering) to the outer dressings, remove them immediately and notify the office. You may remove the outer dressings and shower beginning 48 hours after the port is placed. You may let the water/soap run over the incisions but do not scrub them. Pat the incision dry. You may place a light gauze/tape dressing over the incision if desired, but do not keep the incision tightly covered at all times. Do not submerge the port area in water (bathing, swimming, etc.) until you have been cleared to do so.

The local anesthetic wears off 4-6 hours after the injection. The area will feel sore, like a bruise, but significant pain is not expected. If you are not currently taking a prescription pain medication, you may take an over-the-counter analgesic for pain relief.

ARE THERE RISKS?

As with any medical procedure, there is a small risk of complication during or after the procedure. Complications that have been reported with port placements include:

- Infection
- Bleeding
- Pneumothorax (collapsed lung)

Fluoroscopy will administer a minimal, low level dose of radiation.



GET REST



NO DRIVING

(day of procedure)



**WATCH FOR
INFECTION**



NO LIFTING

(nothing heavier than 10lbs)



PAIN MEDICATION

(as needed)



NO SWIMMING

(or submerging the port area)

Please notify the office if the following occurs at any time while you have the port in place:

- Fever > 101
- Drainage, pus or fluid draining from incision site
- New or increased pain at the site of your port
- Incision is hot, red, tender, irritated and appears to be separating
- Difficulty with access, blood return or infusion

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