

Implanted Port

What is an implanted port?

An **implanted port**—also called a **port-a-cath**—is a small hollow button (port) with a catheter (tube) attached. It is placed just under the skin and can be used to provide fluids, nutrition, or medicine directly into the bloodstream over long periods of time.

Why do I need it?

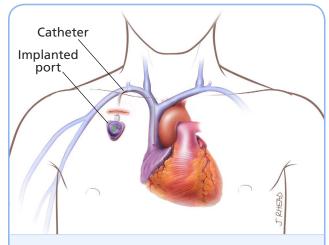
You likely need an implanted port to receive medicines (for example, chemotherapy and antibiotics), fluids, nutrients, or blood products over the course of several weeks to months.

How is it done?

A port is implanted by a surgeon in the operating room in these steps:

- **1 Anesthesia.** You will receive anesthesia, the medicine that will help you sleep during surgery.
- **2 Surgery.** Your surgeon will place the port in the upper chest, abdomen (belly), or arm. The surgeon makes an opening in the skin, puts the port in place, and secures it with stitches. Then the surgeon puts the catheter into a large vein and threads it in so the tip is in a large vein near the heart. The surgeon closes the opening with stitches and covers it with small pieces of tape called Steri-strips. These will fall off in a few days.
- **3 Imaging.** You will have a fluoroscopy [floh-ROS-kuh-pee], a type of medical imaging, to make sure the catheter is in the right place.

You won't be able to see the implanted port. You will only see or feel a bump under your skin.



An implanted port is placed under the skin in the chest. A catheter is threaded from the implanted port through a vein to the heart.

What happens after the procedure?

After the port is placed:

- You will be given a port information card. The
 card will let your healthcare providers know what
 type of port you have. Your port will also need to be
 accessed with a special needle that your nurse will
 tell you about. Write down the length of the needle
 you need on your card.
- The area around the stitches may be swollen and sore for a few days. This is normal. Once the swelling is gone you will be able to see or feel a bump under your skin. This is the port. After the site heals, there will be a small scar.
- Look at the incision (cut) site a few times a day. Check the port incision for redness, swelling, pain, a burning sensation, or drainage. If any of these signs are present, call your doctor. There is no special care once the skin heals where the port was put in.

How do I care for an implanted port?

Take care of your port by:

- Changing the needle and dressing regularly. Whenever the port is accessed, there will be a special dressing over the area. If the dressing becomes wet, dirty, or loose, the dressing and needle will need to be changed. If the port is accessed for longer than 7 days, the needle and dressing need to be changed every 7 days. When the port is not being used there is no dressing. The nurses will provide you with more detailed information about these steps.
- Being careful near the area. Always wash your hands before doing any port care. Don't tug or pull on the port and avoid using scissors around the central line.
- **Flushing the port.** You may need to flush the port with heparin every 30 days. The nurses will provide you with more detailed information about this step.
- Having an extra 100 unit heparin syringe with you at all times just in case you need to remove the port needle unexpectedly.
- Keeping the port information card with you at all times.



When should I call my doctor?

Call your doctor if you have a fever of 100.4°F (38.0°C) or greater for no known reason or have any of these signs of infection near the port site:

- Redness
- Swelling or pain
- Drainage
- Warm to the touch

STIO	Questions for my doctor

Talking with your healthcare provider about an implanted port

The table below lists some possible benefits, risks, complications, and alternatives for an implanted port. Discuss these with your healthcare provider, and ask any questions you may have.

Possible benefits	Risks and possible complications	Alternatives
 Ports have a lower chance of infection than other central lines. When the needle comes out, the skin closes over it. No needle sticks are needed when getting blood samples. 	 Blockage due to a blood clot blood in the port Port can flip or turn Tip of the port tubing can move When accessed, the needle could come out of the port Infection (rare) Catheter breakage (rare) 	 Tunneled catheter PICC (peripherally inserted central catheter)

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