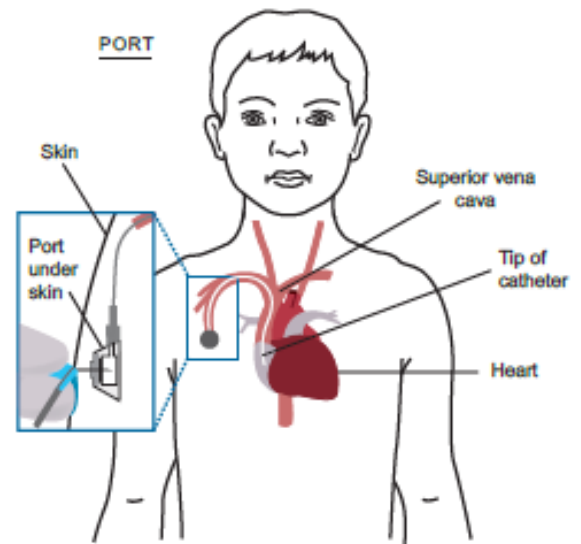


Central Venous Access

Care of Implanted Devices

What is an implanted port?

An implanted port is a type of central venous access device (CVAD). It is made of two parts: a soft thin tube (catheter) connected to a small disc-shaped chamber or port. The port lies just under the skin, usually on the chest, and the catheter is threaded into a large vein with the tip placed close to the heart. The centre of the port (septum) is where a needle can be inserted through the skin to access the port for IV medicines, fluids or blood tests. The advantage of this device is that needles and/or lines are only in place during treatment. In between treatments, the port is regularly locked to prevent it blocking.



How is a port inserted?

The procedure is performed under general anaesthetic by a surgeon or radiologist. Fasting is required before this. The procedure usually takes about an hour. An image will confirm catheter tip position prior to use. Afterwards there will be two dressings. A large clear dressing over the port and a smaller dressing on the neck where the vein was accessed. These dressings will need to be kept dry for 48 hours. The port is stitched in place.

There may be pain for a couple of days at the insertion sites which is temporary and easily managed with paracetamol or other pain medicine.

Why does my child need a port?

Your child's treatment plan requires regular or long term intravenous (IV) treatment. An implanted port can make the treatment easier because it offers more reliable IV access and allows easy accessibility for blood sampling. With proper care it can stay in place for a long time (months to years).



How is medication given through a port?

A special needle is inserted through the skin into the port when treatment is needed and can be left in place for up to one week. Local anaesthetic cream (EMLA) can be used on the skin before inserting the needle to reduce pain and discomfort. After the needle is inserted it will be held in place with a sterile clear dressing to protect the site from infection.



Are there any complications?

The most common problems associated with a port are blockage of the device and infection. Most complications can be avoided with good general care and careful observation. Your nurse or doctor will explain what you can do to help prevent these complications and advise you when to seek help when you are discharged home.

Good general care when the port is in use includes:

- Hand washing – before and after touching or handling the port or dressing.
- Cleaning the bung, or needleless access device, with chlorhexidine antiseptic before and after use.
- Keeping the dressing clean and dry. The tubing or ends of the port access device should be covered with a waterproof covering when bathing or showering. Do not let the end of the catheter sit in the water.
- Inspecting the insertion site and surrounding area through the dressing every day and telling your nurse or doctor if the skin appears red, swollen, there is any ooze or discharge, or it is painful.
- The port is flushed before and after every treatment to help prevent blockage. It may be necessary to give additional flushes between the prescribed medicine times.
- Check that the connections and bungs at the end of the port access device are secure (during treatment).
- Once a week the port access device will need to be replaced along with the dressing change.
- When not in use, it is necessary to have a monthly flush of the port to stop it from blocking. The nurse or doctor can explain this to you in more detail.

Activities

Usual activities can resume once the port insertion site has fully healed. Contact sports and heavy lifting should be avoided but please check with your doctor.

The port site should not be submerged in water such as a bath or swimming pool for at least one week after insertion or at any time while the port access device is inserted.

When to seek help?

Your nurse or doctor will explain what to look for and what to do if problems occur at home. Contact Hospital in the Home (HiTH) or attend the Emergency Department (ED) if you notice any of the following:

- your child has a fever or is unusually quiet, irritable or tired / lethargic
- there is ooze around the insertion site or the skin is red, inflamed or painful
- if your child complains of aching, swelling or pain in the shoulder, neck or chest, attend the ED as soon as possible

**If you notice any of these, clamp the port access device as close to the insertion site; lay your child on left side with head downwards if possible.
Call 000
Stay Calm**

Call an ambulance if you notice any of the following

- a sudden change and/or difficulty in breathing, gasping for air
- your child becomes drowsy, pale or floppy
- your child complains of chest pains or palpitations.

Who to contact?

If you have any concerns about your child or have questions related to your child's port please contact:

- HiTH or Post-Acute Care (PAC) patients – 6456 2222
- Oncology & Haematology patients – Parent Advice Line 24 hours a day 0410 717 816
- Perth Children's Hospital CVAD Clinical Nurse Specialist - via switchboard during office hours – 6456 2222.



Government of **Western Australia**
Child and Adolescent Health Service

This document can be made available in alternative formats on request for a person with a disability.

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