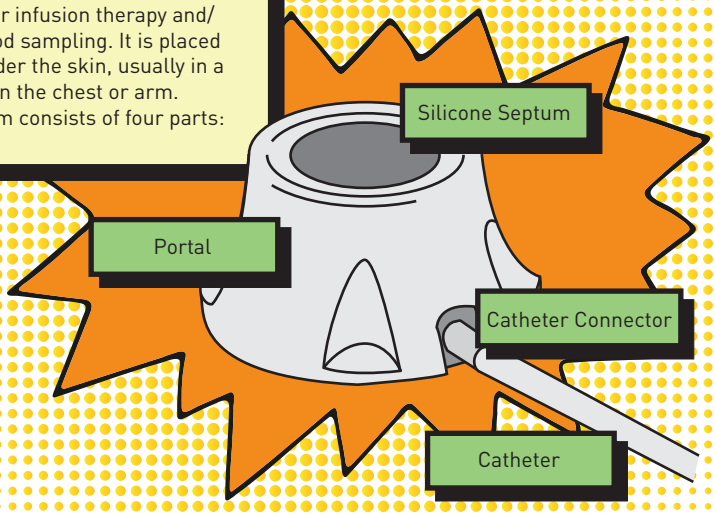
UNDERSTANDING AN IMPLANTABLE PORT

icumedical
human connections

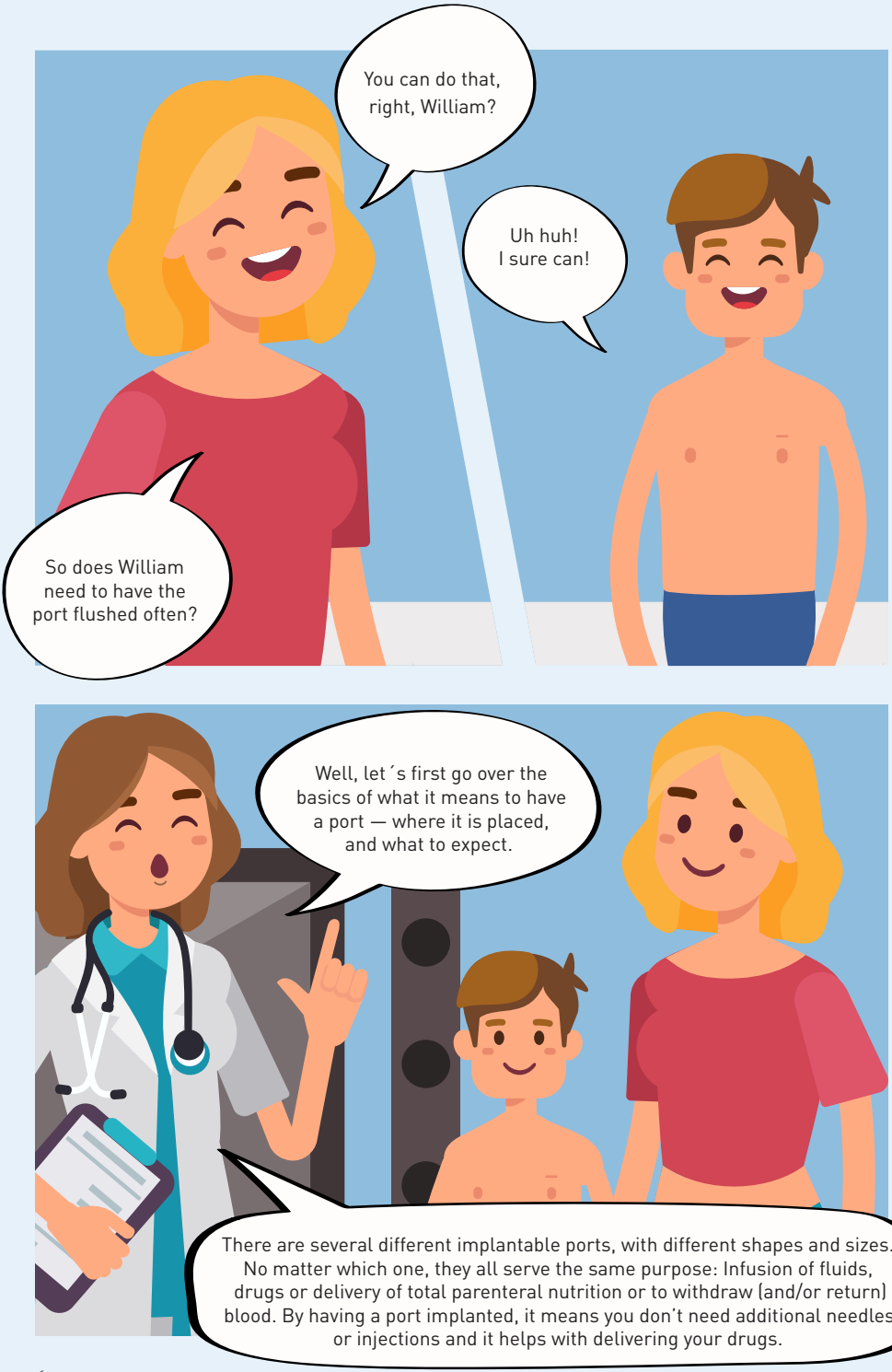
MEET.... WILLIAM

What is a port? An implantable port is a system indicated when patient therapy requires repeated vascular access for injection or infusion therapy and/or venous blood sampling. It is placed completely under the skin, usually in a location on the chest or arm.

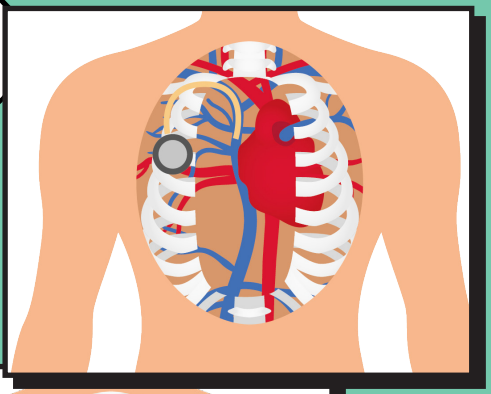
What is a port? An implantable port is a system indicated when patient therapy requires repeated vascular access for injection or infusion therapy and/or venous blood sampling. It is placed completely under the skin, usually in a location on the chest or arm.
The port system consists of four parts:

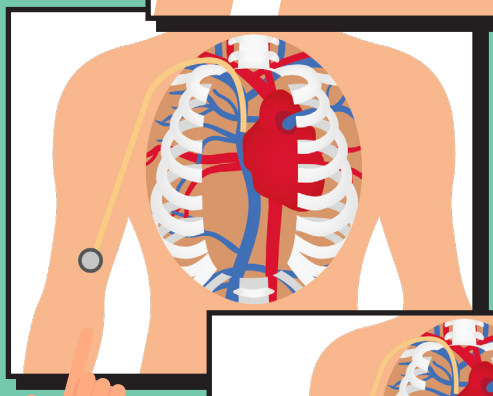


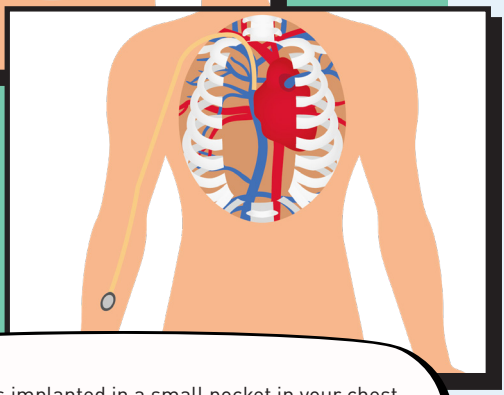

Great stuff William. An implantable port is exactly what you need, as you will be having frequent infusions over the upcoming months as well. With a port implanted, you will be able to play any kind of sports or activities — even swim — with no tubes hanging to watch out for either! First, let´s make sure that the scar has healed. Please take a mirror, so you can see what to look for.
Okay, you have healed nicely. The important daily observations are to check your skin in the area of the port. Does the colour of the skin look like the rest of your skin or does it have any signs of local infection, for example does the area have a warmer surface, is it red or swollen? Does it present with any kind of skin irritation?


You can do that, right, William?
Uh huh! I sure can!
So does William need to have the port flushed often?
Well, let´s first go over the basics of what it means to have a port — where it is placed, and what to expect.
There are several different implantable ports, with different shapes and sizes. No matter which one, they all serve the same purpose: Infusion of fluids, drugs or delivery of total parenteral nutrition or to withdraw (and/or return) blood. By having a port implanted, it means you don't need additional needles or injections and it helps with delivering your drugs.

William, you have a power Port-A-Cath™ port implanted. Having a power port means it is visible under X-ray or CT scan, and it can withstand high flow injection of contrast media for CT scan if needed.

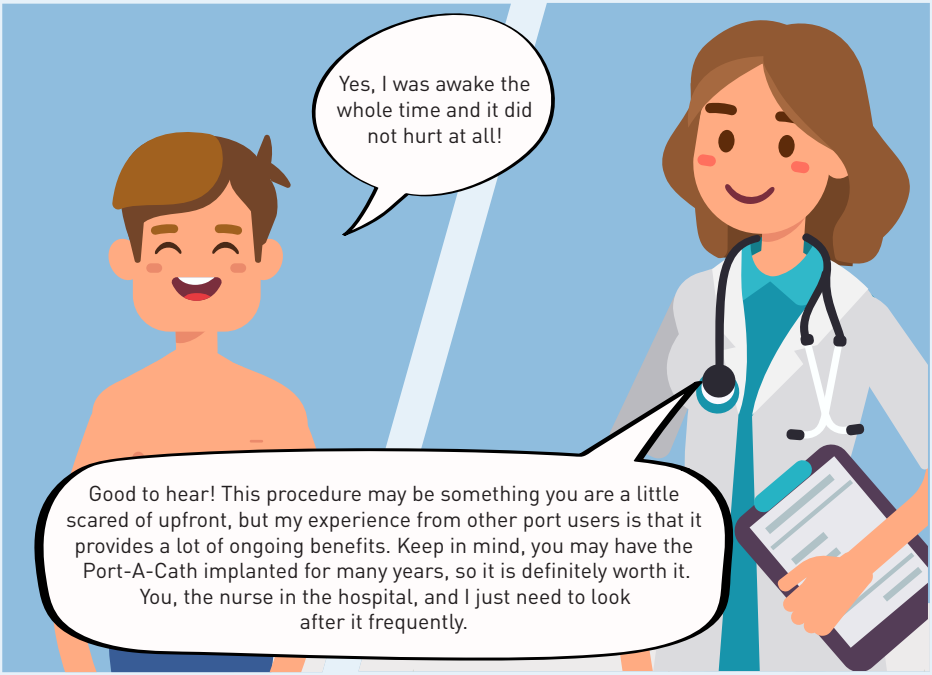


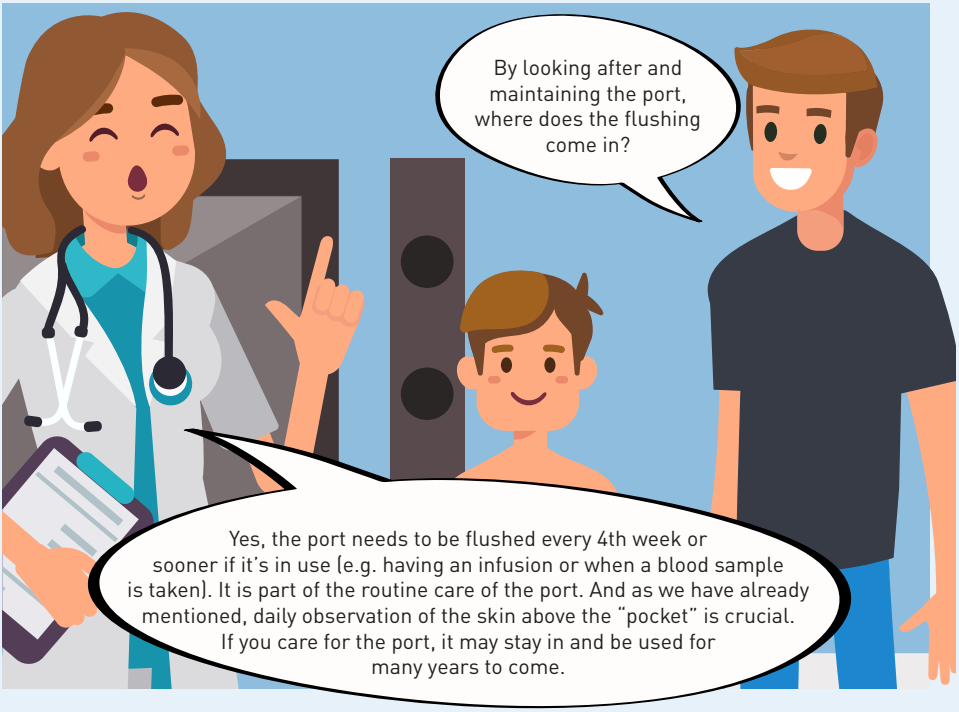


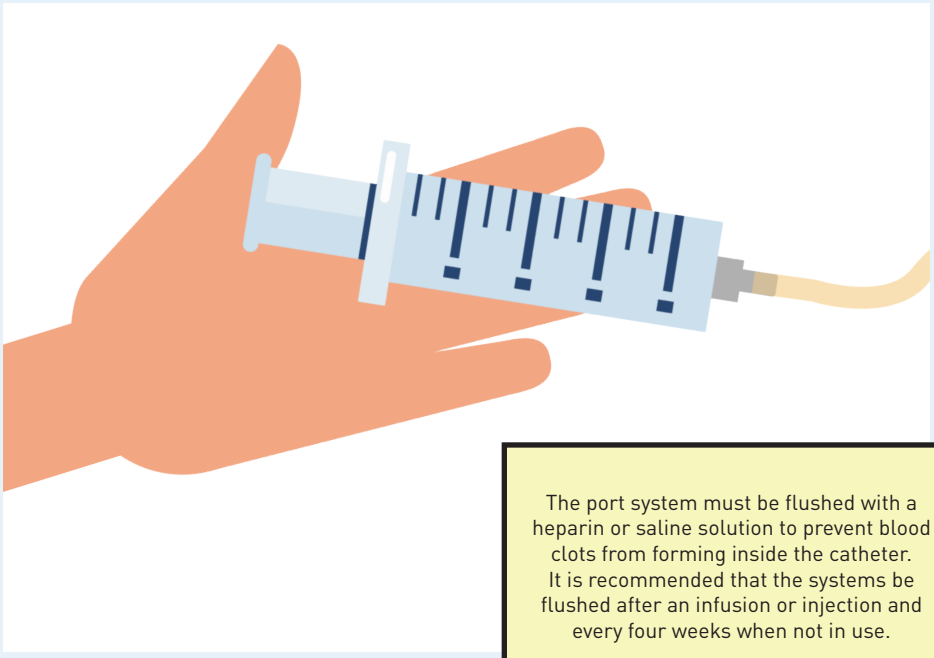


Your Port-A-Cath was implanted in a small pocket in your chest, and the catheter ends just before entering the right atrial chamber of the heart. As you know, the procedure can be done under local or general anaesthetic, meaning you can be awake during the implantation procedure.

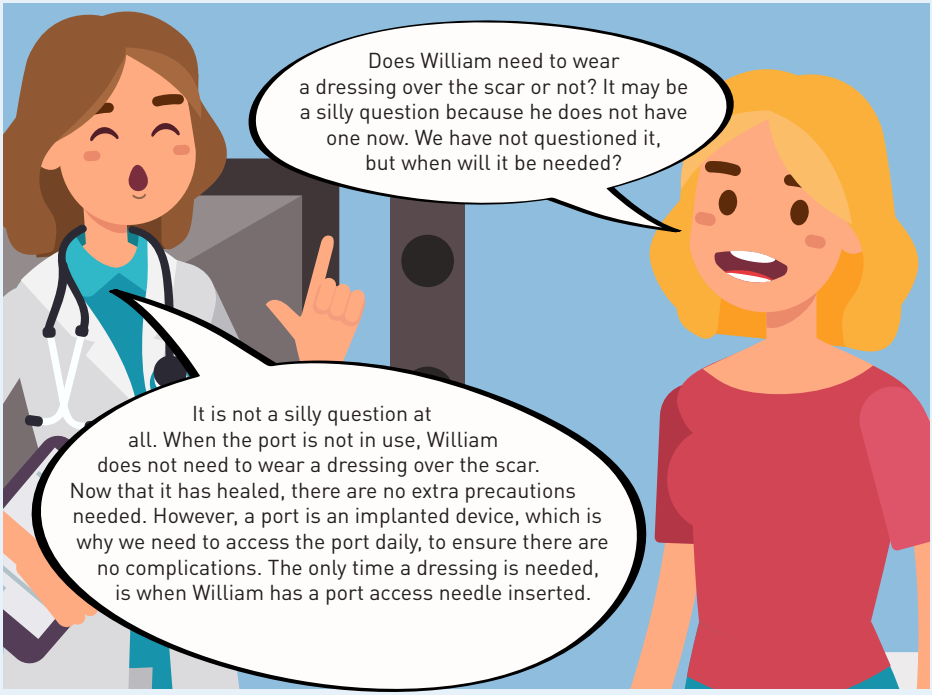
An implanted port may also be placed in the arm or even leg, the catheter will always end same place — just before the right atrium.

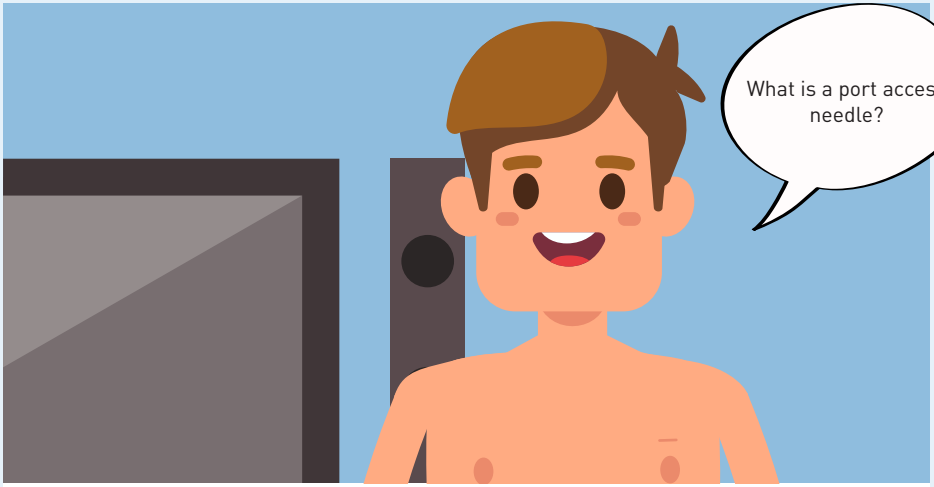

Yes, I was awake the whole time and it did not hurt at all!
Good to hear! This procedure may be something you are a little scared of upfront, but my experience from other port users is that it provides a lot of ongoing benefits. Keep in mind, you may have the Port-A-Cath implanted for many years, so it is definitely worth it. You, the nurse in the hospital, and I just need to look after it frequently.


By looking after and maintaining the port, where does the flushing come in?
Yes, the port needs to be flushed every 4th week or sooner if it's in use (e.g. having an infusion or when a blood sample is taken). It is part of the routine care of the port. And as we have already mentioned, daily observation of the skin above the "pocket" is crucial. If you care for the port, it may stay in and be used for many years to come.

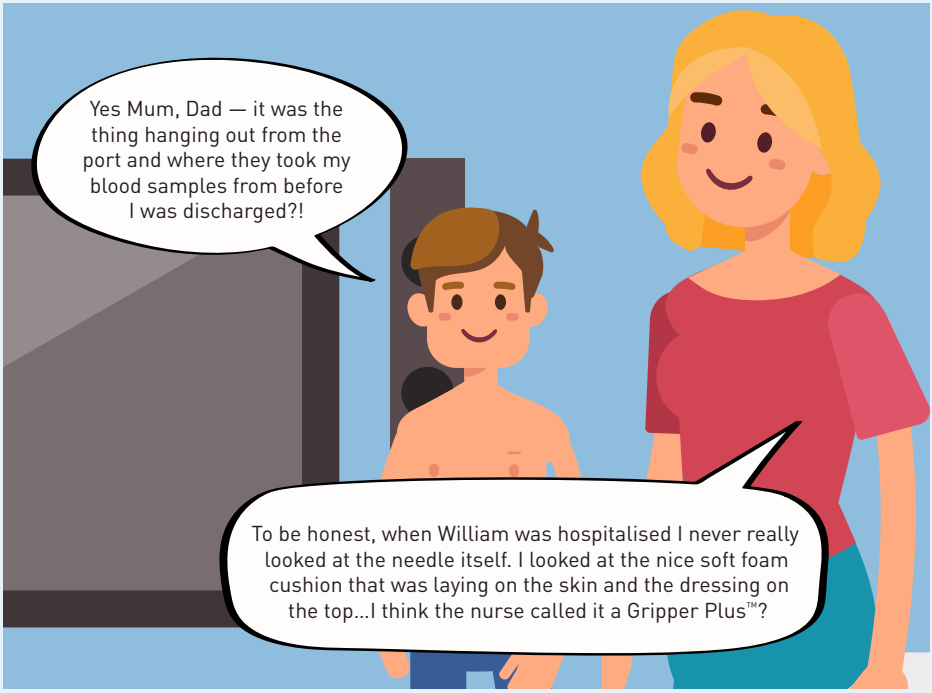


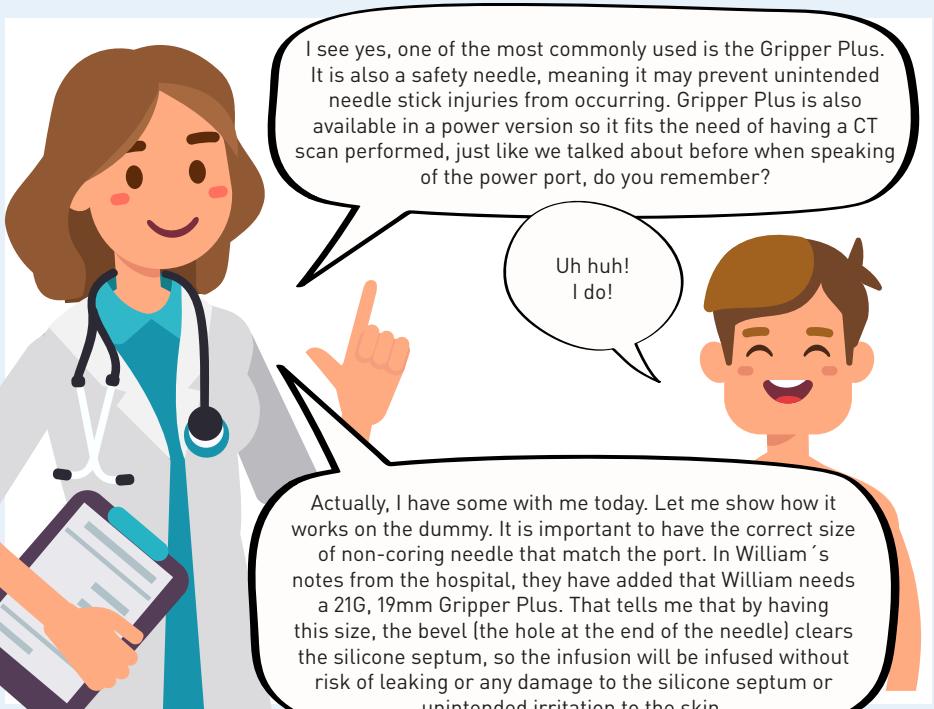
The port system must be flushed with a heparin or saline solution to prevent blood clots from forming inside the catheter. It is recommended that the systems be flushed after an infusion or injection and every four weeks when not in use.



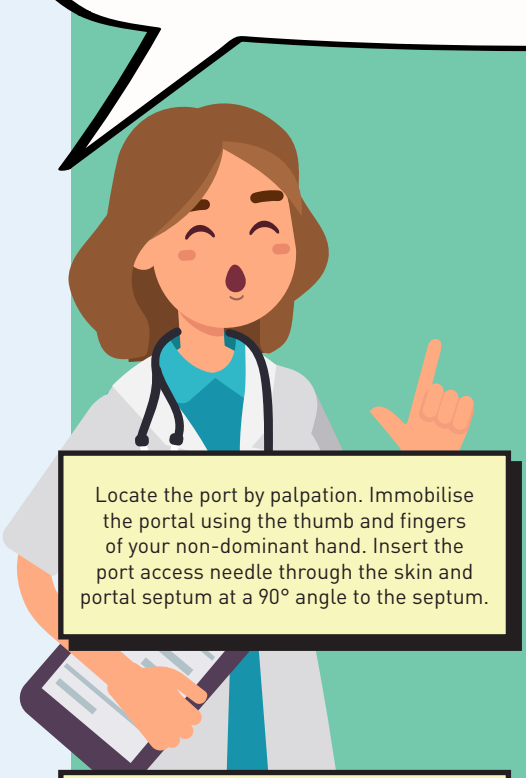


The bevel of the Huber point needle, the ground surface of the needle (the cutting edge) is almost perpendicular to the needle shaft.


Yes Mum, Dad — it was the thing hanging out from the port and where they took my blood samples from before I was discharged?!
To be honest, when William was hospitalised I never really looked at the needle itself. I looked at the nice soft foam cushion that was laying on the skin and the dressing on the top...I think the nurse called it a Gripper Plus™?

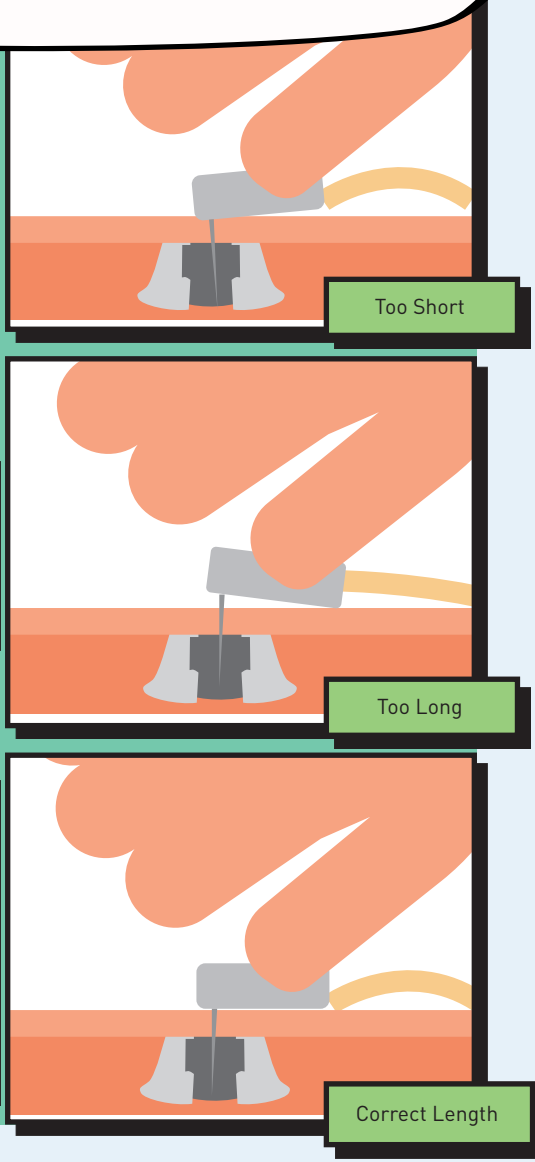

I see yes, one of the most commonly used is the Gripper Plus. It is also a safety needle, meaning it may prevent unintended needle stick injuries from occurring. Gripper Plus is also available in a power version so it fits the need of having a CT scan performed, just like we talked about before when speaking of the power port, do you remember?
Uh huh! I do!
Actually, I have some with me today. Let me show how it works on the dummy. It is important to have the correct size of non-coring needle that match the port. In William´s notes from the hospital, they have added that William needs a 21G, 19mm Gripper Plus. That tells me that by having this size, the bevel (the hole at the end of the needle) clears the silicone septum, so the infusion will be infused without risk of leaking or any damage to the silicone septum or unintended irritation to the skin.

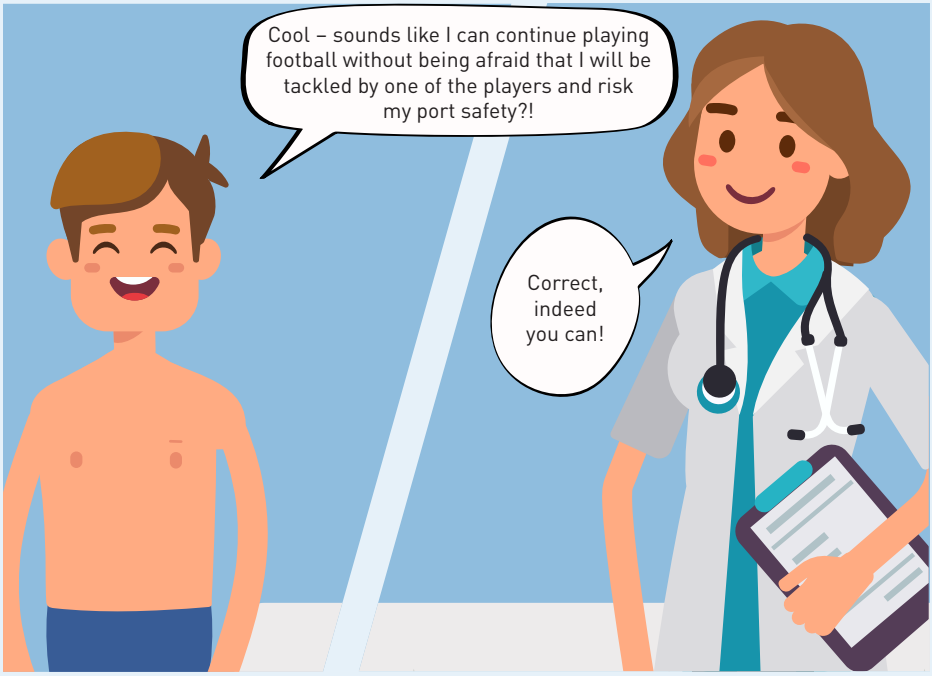
Notice that the safety arm rests flat on the base and the needle touches the reservoir floor. William, when you have the needle inserted, it can stay in for several days and may be used for blood draws, infusion(s) or even nutrition, if needed. During that time, the port area and port access needle will be covered by a semipermeable dressing, the dressing should cover the 4 cm area surrounding the base. When your treatment is over, the dressing and port access needle will be removed and the port will be flushed. It will need to be flushed every 4 weeks, according to recommendations. Since your treatment is every 3 weeks, you will automatically have it flushed and the port access needle will be removed. Also, when your treatment is over, the doctor may opt to keep your port in place.

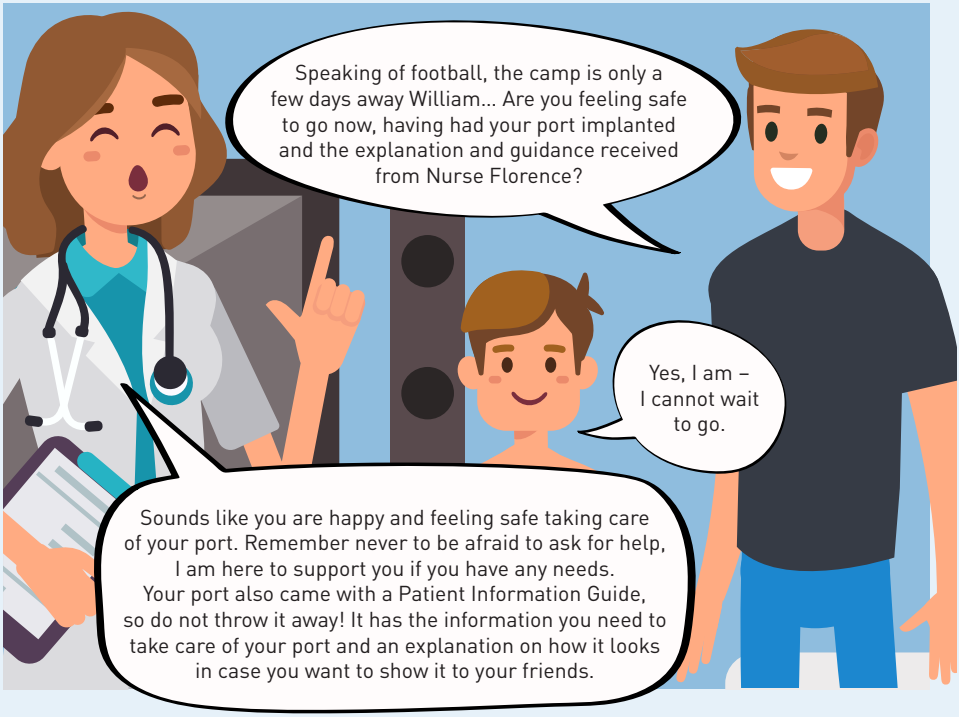


Locate the port by palpation. Immobilise the portal using the thumb and fingers of your non-dominant hand. Insert the port access needle through the skin and portal septum at a 90° angle to the septum.

It is important to choose the correct length of the needle to clear the septum and it is always patient dependent. The needle must not stand above the skin, which may increase the risk of the needle twisting or breaking off. If the needle is too short, the bevel will not clear the septum, which may cause extravasation (leaking) of medication into the surrounding tissues. If the needle is too long, the needle may rock and damage the septum. Gauge size selected depends on therapy.




Cool – sounds like I can continue playing football without being afraid that I will be tackled by one of the players and risk my port safety?!
Correct, indeed you can!


Speaking of football, the camp is only a few days away William... Are you feeling safe to go now, having had your port implanted and the explanation and guidance received from Nurse Florence?
Yes, I am – I cannot wait to go.
Sounds like you are happy and feeling safe taking care of your port. Remember never to be afraid to ask for help, I am here to support you if you have any needs.
Your port also came with a Patient Information Guide, so do not throw it away! It has the information you need to take care of your port and an explanation on how it looks in case you want to show it to your friends.


Thank you so much for coming by today, Nurse Florence!

The following week...

icumedical
human connections

ALWAYS READ THE LABEL AND FOLLOW THE DIRECTIONS FOR USE

 | C24-6774-ANZ

www.icumed.com