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VASCULAR AND ENDOVASCULAR SURGEON

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Your portacath

An implantable device for intravenous treatment and blood access

At a glance

A portacath is a small reservoir connected to a catheter that enters a large vein in the chest. The entire device sits under the skin. It can be used for chemotherapy, intravenous fluids, antibiotics, blood products and, when suitable, blood tests.

What does it consist of?

The port is a small metal and silicone reservoir that can be accessed through the skin with a special needle. An attached catheter runs under the skin and into a large central vein. Nothing remains outside the body when the needle is removed.

Why is a portacath used?

A port provides reliable access when repeated or long-term intravenous treatment is expected. It can reduce repeated cannulation of arm veins. Oncology or infusion nurses access and flush the device using sterile technique.

Before the procedure

Tell the hospital about allergies, previous central lines, bleeding problems, blood-thinning medication, infection, sleep apnoea and any change in your health. Follow the fasting and medication instructions supplied by the hospital.

Access requires trained staff

Not every nurse or pathology collector is trained to access a portacath. Confirm availability in advance if you hope to use it for a blood test or treatment outside your usual service.

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Insertion and care

Portacath insertion is usually a day procedure in hospital.

1

Anaesthetic and vein access

The procedure may use general anaesthetic or sedation with local anaesthetic. A small incision at the base of the neck provides access to the vein.

2

Port placement

A second incision is made over the upper chest, usually on the right. A pocket is created under the skin for the port and the catheter is passed beneath the skin into the vein.

3

Position check

X-ray imaging and a small amount of contrast may be used to confirm catheter position and ensure there is no leak. The incisions are closed and covered with clear waterproof dressings.

After the operation

- Keep the clear dressings in place for seven days unless the hospital advises otherwise. They are waterproof; the port can usually be accessed through the dressing if urgently needed.
- A few external black sutures may reinforce the wound. These are usually removed by your GP or oncology nurses at about two weeks, or later if healing is slow.
- Expect mild bruising, swelling and tenderness. Use the pain relief recommended by the hospital.
- Avoid heavy upper-body exertion until the wounds are comfortable and healed. Follow anaesthetic driving restrictions.

Ongoing care

The port must be accessed with a special non-coring needle and flushed according to the treating service protocol. When treatment is complete, the oncologist or treating specialist will advise when removal is appropriate.

Portacath removal

A portacath is usually removed when treatment is complete, or earlier if it becomes infected or stops functioning safely. Removal is usually a short day procedure under local anaesthetic, sometimes with sedation or general anaesthetic. The previous scar is reopened, the port and catheter are removed, and the wound is closed and dressed. Mild bruising and soreness are common for several days. Uncommon risks include bleeding, infection, wound problems or difficulty removing a catheter that has become firmly attached to the vein.

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Problems to recognise

Most portacaths function well, but prompt attention can prevent a minor problem becoming serious.

Wound problems

Chemotherapy and other health conditions can impair healing. Contact the rooms promptly if wound edges separate, the port becomes exposed, or there is persistent fluid or bleeding.

Infection

Increasing redness, heat, pain, discharge or unexplained fever can indicate infection. Infection involving the port or catheter may require antibiotics and sometimes surgical removal.

Blockage or malfunction

The catheter may become blocked, kinked or surrounded by a thin fibrin layer. A port can sometimes accept an infusion but not return blood. Trained nurses may use medication or repositioning techniques; replacement is required only if the device cannot be used safely.

Clot or vein problems

A catheter can be associated with a blood clot. New swelling, heaviness or pain in the neck, shoulder or arm requires assessment. Rarely, the catheter can move, break or cause a heart-rhythm disturbance.

Contact the rooms promptly

- Wound separation, increasing redness, discharge, fever or pain over the port.
- New arm, neck or facial swelling.
- A port that cannot be flushed, leaks, or causes pain during infusion.

Emergency symptoms

Call 000 for chest pain, sudden shortness of breath, collapse or severe bleeding.

Please call Gold Coast Vascular on 5597 1653 with concerns. Follow the oncology or infusion service instructions for routine access and flushing.