Implantable Port Patient Information

A guide to Implantable Port Catheters

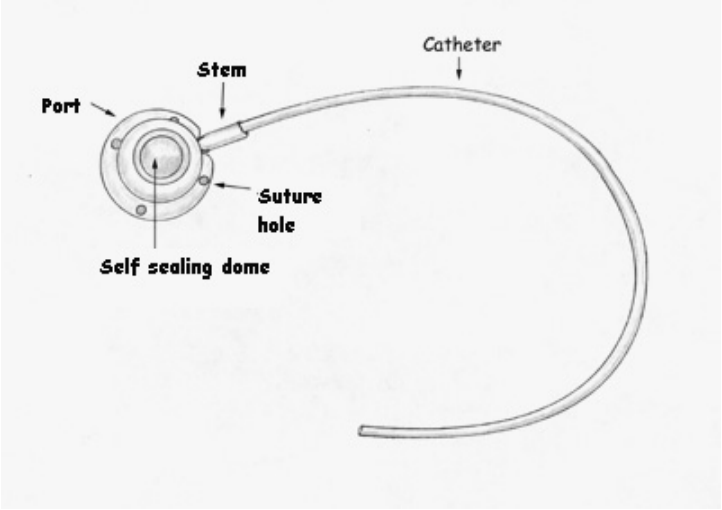
Why do I need it?

An implantable port has been chosen for you because medication can be given directly into your blood stream without having to frequently insert a needle into your vein.

These catheters can be left in place for months or even years, depending on your treatment.

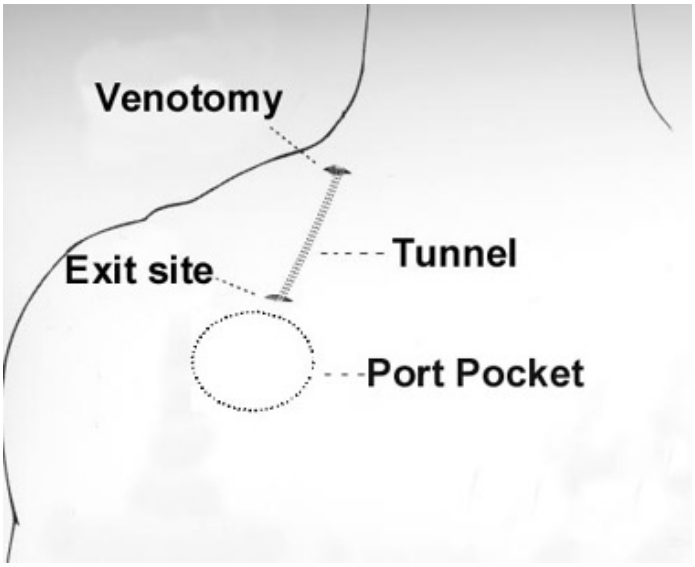
It is important for you and your family to know about your catheter, how to use it and how to take care of it so that you can get the best out of it.

What does it look like and where does it go?



A Port consists of a reservoir port, silicone catheter and central self-sealing dome. The self-sealing dome can withstand 1000-2000 needle punctures.

Ports are inserted in the chest and a catheter attached to the port is threaded into the one of your main vessels in the chest (Superior Vena Cava or SVC). When the port is not in use, it is barely visible under the skin.



On discharge you will be given a wallet sized “Medical Alert Identification Card”. This card contains important information about the port. You should carry this on you at all times.

Following your port insertion it is normal to experience some redness and tenderness in the area of the incision which subsides in after 24-48 hours. If you notice unusual changes in the skin area over the port such as increased swelling, redness or soreness you should contact your doctor.

What problems can occur with my catheter?

Problem	Signs	How to prevent it	What to do
Infection	Fever, chills, swelling or oozing from exit site. Pain and/or heat at exit site	Contact your relevant Cancer Care Outpatient Department during business hours or after hours contact Ward 5C or 6AS (phone numbers below) or your local Emergency Department for further instructions immediately	If your Port is accessed, ensure the dressing is secure and not lifting. If this occurs, contact your relevant Cancer Care Department. Always wash your hands before touching the area around catheter. If you are trained to access your Port, always follow the instructions.
Bleeding	Fluid leaking from the incision	Slight ooze from the incision is common after the procedure. Sit up right; apply pressure and an ice pack. If ooze persists, return to hospital.	Take it easy after your procedure; avoid heavy strenuous exercise for a few days.
Blocked Catheter	Unable to flush the catheter using normal pressure	If you access your Port, do NOT use extra pressure. Contact your relevant Cancer Care Department; the catheter will need to be unblocked.	Your Port needs to be flushed on a regular basis (every 4-6 weeks), after every procedure or when blood is backed up into the catheter. Please ensure you have appointments booked for your flushes. If your Port is sluggish or unable to be flush the Cancer Care staff will try to identify the cause. This may take some time and you might be required to have x-rays or dye studies.
Swelling of Neck and Arm on side of Catheter Insertion	Swelling of your hand, arm and neck on the side of the catheter insertion	If any of the following occur contact your relevant Cancer Care Outpatient Department during business hours or after hours, contact your local Emergency Department for further instructions immediately	There may be no way to prevent this complication. It happens to some people for no apparent reason. You may need to have the catheter removed.
Needle dislodgement	Needle has been moved or pulled out of the Port	Contact your relevant Cancer Care Outpatient Department during business hours or after hours contact your local Emergency Department for further instructions immediately	Take care not to pull or overstretch your infusion lines when connected. Keep your infusion in the carry bag and close to your body at all times.

Commonly asked questions

When do the sutures come out?

Usually 7 to 10 days after the insertion in your facility Cancer Care Services Department.

Do I always need a dressing on the exit site?

A dressing is required until your incision heals or when the port is being used. You will need to have a dressing done the day after your port is inserted so the nurse can assess the site. A waterproof dressing will be reapplied and remain in place for 7 days. All other times no dressing is required.

Can I play tennis and swim?

Once your incision is healed, you should be able to resume normal daily activities, such as bathing, swimming or jogging while the port is not in use. Ask your doctor if you have any questions about specific activities.

Will the Port activate security alarms?

Security Systems will most likely not detect the small amount of metal in the port. If it does occur, simply show your medical alert identification card.

How long does it have to stay in?

Your doctor is the best person to answer this, as they know you and what treatment you require.

When can I shower?

You may shower immediately with a plastic bag covering the dressing to protect it from moisture. If your shower head is removable, take care not to direct the shower spray upwards. Once healed you may shower normally or bath.

Contact Information

Royal Brisbane and Women's Hospital

Oncology Day Therapy Unit

Phone (07) 3646 8749

Business Hours:
7am – 6pm Monday – Friday

8am – 4pm Saturday and Sunday

North Lakes Cancer Care Services

Phone (07) 3646 1905

Business Hours:
8am – 5pm Monday – Thursday

Oncology Procedure Unit

Phone (07) 3646 1905

Business Hours:

7:30am – 5pm Monday – Friday

After Hours

Contact Ward 5C or 6AS through the RBWH main switchboard

Phone: (07) 3646 8111

The Prince Charles Hospital Day Oncology Unit

Phone (07) 31395730

Business Hours:

8am – 4:30pm Monday – Friday

After Hours

TPCH Main Switchboard

Phone: (07) 31394000

Redcliffe Day Oncology Unit

Phone (07) 38837196

Business Hours:

7:30am – 5:30pm Monday – Friday

After Hours

Redcliffe Main Switchboard

Phone: (07) 38837777

Kilcoy Hospital

Phone (07) 54338663

Business Hours:

8am – 4:30pm Monday – Friday

After Hours

Kilcoy Main Switchboard

Phone: (07) 54224411

It is important to note that this is only a reference. The best source of information is still your Primary Health Care Provider.

References

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