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Port

How to prepare and what to expect

This handout explains the purpose of a port. It describes how the port placement works, risks and precautions, and what to expect during the treatment.

What is a port?

Your care team has asked us to insert a port in your body. This device is a *catheter* (long, hollow plastic tube) connected to a *reservoir*, which holds fluid.

When the catheter is placed in your chest, the catheter tip will be in a large vein in your chest. The port itself will be under the skin of your chest, below your collarbone and above your breast tissue.

You will have a thin scar 1 to 2 inches long on your skin. You may be able to feel the catheter under the skin, but it will not be seen.

Your port will be placed by an *interventional radiologist*, a doctor or advanced practice provider with special training in this kind of procedure.

What is the purpose of a port?

Ports are very useful for giving medicine directly into a vein over a long time. They are better than an *intravenous* (IV) line because:

- A port can stay in place for months or even years, if needed.
- Certain drugs cannot be given through a standard IV, but they can be given through the port.
- Ports have a lower risk of infection over time than devices like an IV that stick out through the skin.
- The port allows your healthcare team to give you drugs, such as antibiotics or chemotherapy, or blood products, and remove blood samples for testing in the lab.
- It will take about 14 days to 1 month for you to heal after the port is placed. After that time, having the port will not restrict your activities at all.

Are there any risks from a port?

As with all medical procedures, there are some risks. The benefits usually far outweigh the risks. But unexpected events can occur.

The most common problems are:

- **Bleeding.** Bleeding is usually minor and does not last long.
- **Infection.** There is a small risk of infection right after the port is placed. Infection more than four weeks after the port is placed can occur and is likely not related to the port procedure itself.

Your doctor will talk with you about your risks. Please be sure to ask any questions you have.

Can the port be removed?

Yes. We will remove the port:

- When you no longer need it.
- If the catheter does not work right, cannot be fixed easily, and needs to be replaced. This happens very rarely.
- If you get a serious infection at the port site, catheter site, or in your bloodstream.

Before Your Procedure

A nurse will call you within five days of your procedure. The nurse will give you important instructions and answer any questions you have.

- If you do not understand English well enough to understand the instructions from the nurse or the details of the procedure, tell us right away. We will arrange for a hospital interpreter to help you. A family member or friend cannot interpret for you.
- Most patients need blood tests done before this procedure. We may be able to do your blood tests when you arrive for your procedure. We will tell you if we need a blood sample before that day.
- If you take any blood-thinning medicines (such as Coumadin, Lovenox, Fragmin, or Plavix), you may need to stop taking the medicine for 3 to 9 days before your procedure. Do NOT stop these medicines unless your doctor or nurse has told you to do so. We will give you instructions as needed.
- You must arrange for a responsible adult to drive you home after your procedure and stay with you the rest of the day. You cannot drive yourself home or take a bus, taxi, or shuttle alone.

Sedation

Before your procedure, you will be given a *sedative* (medicine to make you relax) through an *intravenous line* (IV) in one of your arm veins. You will stay awake but feel sleepy. This is called *moderate sedation*. You will still feel sleepy for a while after the procedure.

For some people, using moderate sedation is not safe. If this is true for you, a member of the anesthesia team will evaluate your health and decide the appropriate level of sedation for your procedure.

Let us know **right away** if you:

- Have needed anesthesia for basic procedures in the past
- Have sleep apnea or chronic breathing problems (you might use a CPAP or BiPAP device while sleeping)
- Use high doses of an opioid pain medicine
- Have severe heart, lung, or kidney disease
- Cannot lie flat for about 1 hour because of back or breathing problems
- Have a hard time lying still during medical procedures
- Weigh more than 300 pounds (136 kilograms)

The Day of Your Procedure

To prepare for sedation, follow these instructions exactly:

Starting at midnight, the night before your procedure

- Do not eat or drink anything.
- Do not take any of the medicines that you were told to stop before this procedure.
- If you must take medicines, take them with only a sip of water. Do not skip them unless your doctor or nurse tells you to.
- Do not take vitamins or other supplements. They can upset an empty stomach.

When you go to the hospital, bring a list of all the medicines you take.

Please plan to spend most of the day in the hospital. If there is a delay in getting your procedure started, it is usually because we need to treat other people who have unexpected and urgent health issues. Thank you for your patience if this occurs.

At the Hospital

A staff member will give you a hospital gown to put on and a bag to put your belongings in. You may use the restroom at that time.

A staff member will take you to a pre-procedure area. There, a nurse will do a pre-procedure assessment. A family member or friend can be with you in the pre-procedure area.

An IV line will be started. You will be given fluids and medicines through the IV.

Your interventional radiology doctor or advanced practice provider will talk with you about the procedure, answer any questions you have, and ask you to sign a consent form, if you have not already done this.

Your Procedure

- Your nurse will take you to the radiology suite. This nurse will be with you for the entire procedure.
- If needed, an interpreter will be in the room or will be able to talk with you and hear you through an intercom.
- You will lie on a flat table that allows the doctor to see into your body with X-rays.
- Wires will be placed on your body to help us monitor your heart rate.
- You will have a cuff around your arm. It will inflate from time to time to check your blood pressure.
- A radiology technologist will clean your skin around your neck and chest with a special soap. The technologist may need to shave some hair in the area where the doctor will be working. Tell this person if you have any allergies.
- We will place a blue cloth next to your head to keep the area sterile. We will make you as comfortable as possible.
- The entire medical team will ask you to confirm your name and will tell you what we plan to do. This is for your safety.
- Most times, the catheter is inserted into a vein at the base of your neck (usually on your right side). The port lies on your chest below your collar bone.
- Then, your nurse will give you medicine to make you feel drowsy and relaxed before we begin.

- A local *anesthetic* (numbing medicine) will be given as an injection. You will feel a sting for about 10-15 seconds. Then the area will be numb, and you should not feel sharp pain.
- Your doctor will guide the port catheter into your vein using ultrasound and X-ray.
- An incision will be made on your chest and the port will be placed underneath your skin.
- The incision will be closed with absorbable sutures that do not need to be removed and a layer of skin glue on top.
- The procedure takes about 30 minutes. When it is done, we will put a sterile dressing (bandage) on your chest where the port is located.

What happens after your procedure?

We will watch you closely for a short time in the Radiology department or recovery room if you have had general anesthesia. You will then be moved to a room on a short-stay unit in the hospital.

Once you are settled into your room:

- Your family member or friend will be able to be with you.
- For 30 minutes to 2 hours, you will need to rest on a stretcher with your head elevated 30° to 45°.
- You will be able to eat and drink.
- Before you get up to walk, we will assess you to make sure you can walk safely. A staff member will help you get out of bed. Most times, we will place a gait belt around your waist for extra safety.

You will be able to go home the same day when:

- You are fully awake
- You can eat, drink, and use the restroom
- Your nausea and pain are under control
- Your vital signs are stable
- You can walk normally
- You have a responsible driver to take you home
- You have a responsible adult to stay with you at home overnight

When You Get Home

Relax at home for the rest of the day. Make sure you have a responsible family member, friend, or caregiver to help you.

You may feel drowsy or have some short-term memory loss.

For 24 hours after your procedure, do not:

- Drive a car
- Use machinery
- Drink alcohol
- Make important decisions or sign legal documents.
- Be responsible for the care of another person
- Shower or take a bath

After 24 hours, you may shower. Soap and water may run over the site. **Do not scrub the site. Do NOT take a bath until the incision is healed (2-4 weeks).**

Medicines

Resume taking your usual medicines as soon as you start to eat. Take only the medicines that your doctors prescribed or approved.

Most people have only minor pain after this procedure. If your doctor says it is OK for you to take acetaminophen (Tylenol), this should ease any discomfort you have.

If your doctor expects you to have more severe pain, you will receive a prescription for a stronger pain medicine. Call us if your pain is not controlled with your prescribed medicines. (See phone numbers on the last page of this handout.)

Caring For Your Port Site

- The dressing should stay in place for 24 hours.
- If your dressing falls off or becomes saturated, cover the port with gauze and tape and call us.
- You may remove the dressing after 24 hours if your port does not have a needle in it.
- After 24 hours, you may shower. Soap and water may run over the site. Do not scrub the site. Do NOT take a bath until the incision is healed (2-4 weeks).
- Protect the area from injury until your skin is healed.
- Do not scrub the adhesive glue that may cover your incision.
- Your stitches will dissolve on their own. They do not need to be removed.

Managing Pain and Swelling

- You will have some bruising, swelling, and tenderness in your chest, neck, and shoulder. These symptoms should lessen over the next 5 days.
- Applying an ice pack on your chest may also help with pain and swelling. Wrap the ice pack in a clean cloth or towel. Do not put an ice pack directly on your skin.

When to Call

Call us right away if you have:

- Increased or severe bleeding
- Dressing that is filled with blood
- Signs of infection at the puncture site: redness, warmth, tenderness, or any fluid discharge
- Fever higher than 100.4°F (38.0°C)
- Chills
- New shortness of breath
- New chest pain
- Dizziness
- Vomiting

Call 911 and go to the nearest emergency room if you have:

- Chest pain
- Trouble breathing
- Slurred speech
- Balance problems or trouble using your arms or legs

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UWMC – Montlake:
206.598.6209, option 2

UWMC – Northwest:
206.598.6209, option 3

Harborview Medical Center:
206.744.2857

After hours and on weekends and holidays:
Call 206.598.6190 and ask to page the Interventional Radiology resident on call.

Who to Call

University of Washington Medical Center and Northwest Hospital

Weekdays from 8 a.m. to 4:30 p.m., call the Interventional Radiology Department:

- Montlake: 206.598.6209, option 2
- Northwest: 206.598.6209, option 3

Harborview Medical Center

Weekdays from 8 a.m. to 4:30 p.m., call the Interventional Radiology Department at 206.744.2857.