

Ports

A port, also known as an Infusaport, is an implanted central venous access device. It is made of two parts; a soft thin tube, the catheter, which is connected to a small disc-shaped chamber known as the port.

The port lies under the skin and can be felt as a small raised area, usually on the chest. The catheter is inserted into a large vein and the tip of the catheter placed close to the heart. The centre of the port, known as the septum, is where a needle is inserted through the skin to allow access for intravenous (IV) medications, fluids and to take blood.

Why Do I Need a Port?

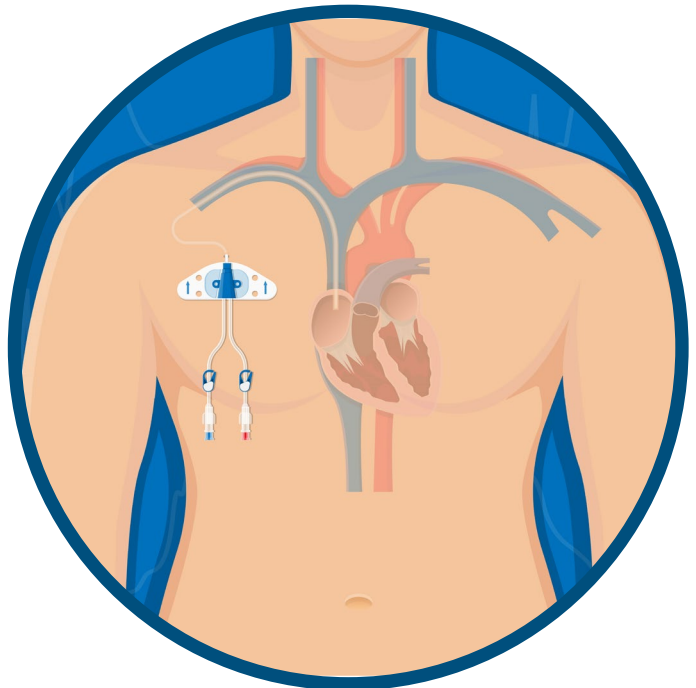
Ports are very useful for frequent or long-term IV treatments. A port can also be a good alternative to an IV line because:

- It can stay in place for months, or even years.
- It offers reliable IV access and ease of accessibility for blood sampling.
- It has a lower risk of infection.

What Happens During Port Placement?

For children, a port is inserted under a general anaesthetic by a surgeon or radiologist. For adults, it is usually an outpatient procedure under local anaesthetic and with sedation, if required. A typical location for a port placement is the upper chest area or inside the upper arm.

Once the port is inserted, there will be two dressings; a large clear dressing over the port and a smaller dressing on the



neck where the vein is accessed. The port may be stitched in place with dissolvable sutures. Care of the implantation site will be required while the incision heals. Your care team will tell you how and give you pain medication if necessary.

How is Medication Given Through a Port?

To access your port, a needle is inserted through the skin into the septum by your nurse; this is called 'needling'. Local anaesthetic cream (EMLA) can be applied to the site to reduce pain and discomfort.

After a needle is inserted, it will be held in place with a sterile clear dressing to protect it from infection and to keep the port needle secure. The needle can be left in place for up to a week.

Care of the Port

- Ensure good hand hygiene before and after touching the port or dressing.
- Keep the dressing clean and dry.
- Ensure the tubing or ends of the port access device are covered with a waterproof covering when showering or bathing.
- Inspect the insertion site and surrounding skin through the dressing every day and report any signs of redness, swelling, pain or any discharge to your nurse or doctor.
- The port is flushed before and after every treatment to help prevent blockages. Additional flushes may be prescribed.
- Check the connections and bungs at the end of the port access device (needle) are secure - during treatment.
- Once a week, the needle will need to be replaced and the dressing changed.



When the port is not in use it must be accessed, flushed and locked every four weeks. This prevents it from blocking. There may be an option for you to be taught to do this at home. Discuss this with your treating team.

Possible Complications

While complications related to having a port are rare, you should contact your IV access team, CF health care team or present to the Emergency Department immediately if:

- You have fever, chills or feeling generally unwell.
- There is an ooze around the insertion site, or the skin is red, inflamed or painful.
- The site or the catheter is leaking.
- There is a burning sensation on administration of medication.
- There is resistance to flushing, which may indicate that there is a blockage.
- Aching, swelling or pain in the shoulder, neck or arm, or discolouration between both arms which may indicate a clot.

Call an ambulance if:

- There is a sudden change and/or difficulty in breathing.
- Chest pain or palpitations.
- The person becomes drowsy, pale or floppy.

Remember, if you/your child feels unwell or have a raised temperature, please contact your IV access team, CF health care team or present to the emergency department.

Useful Resources

- [Care of Implanted Devices \(PCH\)](#)
- [Care of Tunneled Lines \(PCH\)](#)
- [CFWA Factsheets](#)

Thanks to Deborah Peirce, Clinical Nurse Specialist CVAD, PCH, for input into this factsheet.

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