



Implantable Ports

Central venous access team at University College London Hospitals

Patient Information Leaflet



NHS Foundation Trust

This leaflet is for people with cancer or a blood condition who are being referred from Whittington Health NHS Trust for an implantable port insertion at University College London Hospitals NHS Foundation Trust (UCH). It explains the process of having a port inserted, including the benefits, risks, and any alternatives. If you have any questions or concerns after reading this leaflet, please speak to a doctor or nurse looking after you.

What is an implantable port?

- An implantable port is a special disc that is inserted under your skin, usually on your chest, just below your collar bone.
- It is connected to a thin, flexible tube (catheter) placed in a large vein, normally in your neck.
- The port is used for giving fluids, chemotherapy, or medicine into your bloodstream. It can also be used for taking blood samples.
- To give you treatment or fluids, a nurse or doctor will pass a needle through your skin into the port. They will remove the needle after the treatment has finished.
- When not in use, the port is almost invisible, but you will be able to feel it under your skin. If necessary, the port can stay in for several months and you can go home with it.

What are the benefits of having an implantable port?

- A port is different from other kinds of intravenous lines (lines placed within a vein).
- When not in use, it is completely embedded under your skin and there are no external parts.
- This means you can bathe, shower or swim freely and do not need to keep it dry or have it changed/flushed weekly.
- A port is also simpler to care for between treatments. If you are having a break from treatment, it only needs flushing once every eight weeks.
- Implantable ports are used in many different situations.



- Some patients may need a port to avoid having needles put into their arms every time they need treatment or a blood test.
- Others need a port because of the type of treatment they are having, or to help reduce the amount of time they spend in hospital.
- If you are not sure why you are being offered a port, please speak to the team looking after you.

Who are the central venous access team at UCH?

- We are a nurse-led team who specialize in placing intravenous lines, including ports.
- We can put in your port or arrange for it to be done by a radiologist.
- We can also provide expert advice before and after your port insertion. Please feel free to ring us on **020 3447 7491** if you have any questions, even if we are not putting your port in.

Are there any alternatives?

- An alternative would be a **PICC** or a **tunneled line** (sometimes called a **Hickman line**).
- Your doctor or nurse may have suggested a port for you but if you would like more information about these alternatives, please talk to the team looking after you or one of the central venous access nurses.

How can I prepare for my port insertion?

- One of the central venous access team members will give you detailed information about preparing for your appointment.
- You may need to have a blood test before the insertion.
- Many patients have their implantable ports inserted under local anesthetic alone, but you may prefer to have an intravenous sedative as well. This is to help you relax.
- If you decide to have a sedative, you may need to attend a pre-assessment clinic to make sure you are fit for sedation.
- If you take tablets or injections to thin your blood, these may need to be stopped for a short time. This is to prevent any bleeding during the port insertion.
- If you are an outpatient, you should discuss this with the doctor who prescribes your blood-thinning medicine. One of the central venous access team members will also talk through the plan with you.
- If you have ever had an infection called MRSA, please let your doctor or nurse know. You may need to have a nose swab to see if the infection is still present before your port can be put in.

Asking for your consent (permission)

- We want to involve you in all the decisions about your care and treatment. The team looking after you will answer any questions you may have so, please ask if anything is unclear.



- If you decide to go ahead, we will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

What happens during the procedure?

- The nurse or doctor putting in your port will talk to you about the procedure beforehand.
- A specialist nurse or a doctor (called an interventional radiologist) will insert your port.
- To reduce the risk of infection, the doctor or nurse will wear a surgical gown with a hat and mask. You may be attached to a heart monitor and fitted with an oxygen mask.
- If your port is fitted by an interventional radiologist, X-rays will be taken during the procedure to check the position of the port.
- If it is fitted by a specialist nurse, he/she will use a heart monitor to make sure the port is placed correctly. This technique is called 'ECG tip location' and your nurse will explain it to you in detail.
- It usually takes about an hour to put the port in, but you should allow several hours for the appointment. This is because it will take time to check you in and prepare equipment.
- If you are having sedation, you will need some recovery time before going home.
- Your appointment may also be delayed if there is a patient who needs to be seen urgently.

What happens after the procedure?

- You should be able to go home on the same day. We will ask you to arrange for a friend or relative to accompany you home if you are having a sedative. Someone should stay with you overnight too.
- If needed, the port can be used straight after it has been put in.
- You may feel a bit sore and bruised around the insertion site for a few days after the procedure. You can take mild painkillers, such as paracetamol, to ease this.
- Once the bruising has settled down the port should be painless. You may still feel some brief discomfort each time the port is used when the needle is being inserted through your skin.

When and how will my port be removed?

- An implantable port can stay in for several weeks or months and it will be removed when you no longer need it. Removing the port is like inserting it.
- If you are likely to have more treatment later, it may be possible to leave the port in. Please discuss this with the team looking after you.
- If you do decide to keep the port in, you will need to arrange for it to be flushed every eight weeks. This can be done on the Chemotherapy Unit (Bridges Ward) at Whittington Hospital.



Are there any risks?

Risks during insertion

- Most port insertions go smoothly. There is a very small risk of puncturing a blood vessel in the chest, air entering your bloodstream or a collapsed lung. These complications can be serious, but we take every precaution to prevent them, and they are very unlikely to happen.

Infection

- It's possible for an infection to develop in the skin around the port or in the bloodstream. Contact your nursing or medical team, or one of the central venous access nurses, as soon as you can if you experience any of the following symptoms:
 - A high temperature (over 38°C)
 - feeling shivery
 - pain, redness or swelling around the port.
 - If you have an infection, you will need to take a course of antibiotics and your port may need to be removed.

Blood clot

- It's possible for a blood clot (thrombosis) to form in the vein used for the port.
- If you notice swelling or pain in the shoulder, neck or arm on the same side as the port, contact your nursing or medical team, or one of the central venous access nurses, as soon as possible.
- If you have a clot, you will need medication to dissolve it. The port can often stay in place.
- There is also a small risk of a blood clot on the lungs. This is rare. If you experience chest pain or sudden shortness of breath, go to your Emergency Department (A&E), or call an ambulance.

Malfunction

- The port may fail to function properly in a small number of patients. This may be because it has not been positioned correctly or it has moved. If this happens, the port will need to be removed.

Blockage

- Ports can sometimes become blocked. We can usually unblock them by using a special flushing solution.

Pain when the port is used

- When the port is used, a special needle is inserted through the skin. This may cause temporary discomfort like a blood test or injection. If you prefer, you can ask your nurse to apply a numbing cream to the skin before your port is used.

Difficulty in inserting the needle into the port

- Sometimes it may take more than one attempt to successfully insert the needle.



What if I decide not to have an implantable port?

- This will depend on the type of treatment you are having. You should discuss your options with your doctor or nurse at Whittington Hospital if you have any concerns.

What about aftercare?

Stitches

- We usually use dissolvable stitches, and they don't need to be removed.

Dressings

- You will have two small dressings. One on the side of your neck and one next to the port.
- You can remove these dressings seven days after the port has been inserted. Until then you should keep them in place.
- We usually use waterproof dressings so you can shower or bathe normally.

Other care

- If the port is not being used for treatment it will need to be flushed every eight weeks to stop it from getting blocked.
- You will need to make an appointment in the Supportive Care Unit to have this done.

Things to look out for at home

While your port is in place, it's important that you contact your nursing or medical team, or one of the central venous access nurses, if you notice any of the following:

- a high temperature (over 38°C)
- feeling shivery
- pain, redness or swelling around the port
- chest pain
- shortness of breath.

Contact details:

Central venous access team University College London Hospitals (Monday to Friday, 9am to 5pm)	Telephone: 020 3447 7491
Chemotherapy Unit Whittington Hospital (Monday to Friday, 9am to 5pm)	Telephone: 020 7288 3192
Out of hours Whittington Hospital	Telephone: 078 3309 5489



Thank you to Liz Simcock, Lead Clinical Nurse Specialist for Central Venous Access, Cancer Services, University College London Hospitals NHS Foundation Trust, for their help developing this leaflet.

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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