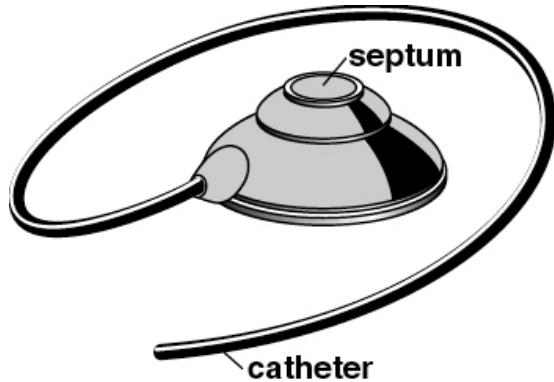


Port

A port is an implantable vascular access device. It is a small rigid disc. The center is raised to allow a needle to be inserted (see drawing). You can feel the raised center under the skin.



The septum is made of self-sealing silicone. This means it can be punctured multiple times with a special needle. Attached to the base of the port is a narrow flexible tube. This is called a catheter and is inserted into a vein.

Purpose of the Port

The port may be used to draw blood for tests and to give medicines into the bloodstream. It may also be used for infusions. It is used when large amounts of fluids are needed, such as blood transfusions, IV antibiotics, IV chemotherapy, or IV nutrition.

Port Placement

The port will be inserted during a short procedure. It is most often placed under the skin just below the left or right collarbone. It can be placed in the abdomen, between the breasts, under the arm on the side of the chest, or in the forearm. Peripheral access system (PAS) ports are placed in the arm and are a little smaller. The surgeon will

create a small pocket for the port and then insert the catheter into a vein. The incision will be closed with absorbable stitches and a special tape that will dry and fall off when healed.

Adults

The port may be placed in Outpatient Surgery or Interventional Radiology. In most cases, the procedure is done under local anesthesia using numbing medicine at the site. You may be given medicine to help you relax and it can make you drowsy. Please arrange to have someone drive you home. You should not make important business or personal decisions until the next day. During your recovery, a nurse will review your home care with you.

Children

Most children will receive general anesthesia. This is done in the operating room. Most children will not need to stay overnight if coming for port placement only. The port can be used the same day that it is placed. Your doctor and nurses will answer any questions you may have.

Accessing and Flushing Your Port

Flush your port once a month with 20 mL of normal saline followed by 5 mL of monthly heparin (**100 u/ml**) to prevent clots from forming.

If you receive infusions at home:

- Your port must be flushed after each use (at least once per day).
- Use 10 mL normal saline followed by 5 mL of the daily heparin (10 u/ml).

- If you plan to remove the needle or not flush it for more than 24 hours, flush the port with 10 mL of normal saline followed by the 5 mL of the monthly heparin (100 u/ml).
- Change your needle at least once per week.
- Change the needleless connector once or twice per week **or** if it is contaminated with blood.
- Cover the port dressing while you shower.

Note: Two concentrations of heparin are used.

- Daily heparin is used after medicine infusions and is 10u/ml
- Monthly heparin is used before pulling the needle and is 100u/ml

Flushing the port may be done by your clinic, local health care provider, or the patient. If your doctor or nurse flushes the port, please give him or her a copy of the flushing protocol.

How to Access and Flush Your Port

Most patients have their ports accessed by a health care provider. Parents of small children are often taught how to access their child's port. An accessed port is a port that has a needle in it.

Supplies

- ChloraPrep®
- Sterile 4 x 4 gauze
- Sterile gloves
- Sterile non-coring Huber needle (20G 3/4 inch-common size)
- Pre-drawn normal saline and heparin flushes
- One tube of EMLA® or LMX® cream (optional)
- Needleless connector
- 2x2 Alcohol swabs

Other Supplies (if needle is to be left in place)

- Steri-strips or sterile tape
- One transparent adhesive dressing
- Sterile 2x2 gauze (optional)
- Biopatch® (optional)

If EMLA® will be used, apply a large drop to the port site and cover with a transparent adhesive dressing. Wait 60 minutes. If LMX® will be used, rub a small amount of cream into skin for about 30 seconds. Add a "bubble" of LMX® on top of this area of skin then apply a transparent adhesive dressing for 20-30 minutes to numb the skin.

1. Wash your hands with antibacterial soap or alcohol hand gel for 30 seconds.
2. Open the sterile glove package to set up the sterile field.
3. Peel open the normal saline and heparin flush packages. Lay them down next to the sterile field. Open 2 large sterile 4 x 4 gauze squares and drop onto the sterile field. Open the ChloraPrep® and drop onto the sterile field.
4. Open the Huber needle and needleless connector and drop them onto the sterile field. Be careful not to touch any part of the Huber needle. **Always access your Infusaport® with a Huber needle.** Using other needles may damage your port and cause it to leak.
5. Put on your sterile gloves. Twist the needleless connector onto the Huber needle extension set.
6. Pinch the wings on the applicator to release the ChloraPrep® into the sponge pad. Do not touch the skin with your fingers. Gently press the sponge against the skin over the port until you see the liquid on your skin. Clean the port site and 2-3 inches of

skin around the site for one minute using back and forth friction.



7. Allow to air dry. Do not blot, wave at, or blow dry the area. While it is drying, do not allow your clothing to come in contact with the area. If it does, use another applicator and start over.
8. Be sure to keep all supplies sterile. The outsides of the saline and heparin flush syringes are clean, not sterile.
9. Pick up the saline syringe with a sterile 4 x 4 and twist it on the end of the needleless connector. Push the saline through until you see it drip out the other end. Lay the set down on your sterile field. If an additional person is available, they can help you push the saline through. Keep the syringe attached to the tubing.
10. Maintain the sterility of the needle and tubing. By holding the colored wings and syringe in your dominant hand, remove the cap on the needle with the other hand. Feel for the port while your dominant hand pushes the needle into the septum or port at a 90° angle. Press firmly until the needle touches the back wall of the port. Pick up a transparent dressing and place it over the top of the port to secure the needle in place. If you are leaving the needle in for IV

therapy, put a sterile piece of tape over the wings of the needle so it is more secure. Then, cover it with a transparent dressing.

If you are just doing your monthly flush, skip the dressing and go right to step 13.

11. Slowly pull back the plunger until you see blood in the tubing.
12. Make sure you check for air in the flushes and remove all air before using.
13. Push down on the plunger and flush the port with 10 mL of normal saline. Clamp, attach, and flush an additional 10 mL of normal saline. Small children with ports only need to use 10 mL of normal saline.
14. Clamp and attach 5 mL syringe of heparinized saline. Unclamp, flush, and clamp. Leave the syringe attached if you remove the needle.
 - **100 u/mL** heparin for **monthly** flush or flushes over 24 hours
 - **10 u/mL** heparin for **daily** flush
15. **Removing the needle:** While securing the port with two fingers of one hand, pull out the needle and dispose of it in the Sharps Box.
16. Safety Huber needles are often used in the hospital but are not needed at home if you are doing your own port access. If you need instructions on safety Huber needles, contact your nurse.
17. Cover the port dressing while in the shower. Change the dressing any time it becomes wet or loose. A Biopatch® antiseptic foam patch is for ports. If the needle is to remain in for a week and if there is room for the Biopatch®, it may be placed

around the needle, foam-side down on the skin, blue shiny-side up. If the Biopatch® is used under the dressing, the dressing can stay on one week, if it stays dry and secure. Sterile 2x2 gauze is another option to “pad” the wings of the Huber needle.

Precautions

When your port is not accessed, you may safely swim, exercise, and engage in normal activities.

1. Avoid any direct blow to port site.
2. Avoid heavy contact sports (i.e., football, hockey, etc.). If a heavy contact sport is desired, consult your doctor or nurse.
3. You may try less aggressive sports (i.e., volleyball, basketball, etc.).
4. Do not leave the port site exposed during contact sports.
5. Take precautions to protect the port site (i.e., padding, wearing a heavy shirt, etc.).

Be aware of the signs of infection listed below. Call your doctor if you notice any of these symptoms.

- Site becomes red and hot
- Site becomes tender to the touch
- Temperature above 100°F.
- Excess swelling or bleeding of the skin
- Drainage from the site
- Pain or discomfort at the site
- Difficulty flushing the port

Your doctor will watch the site for infection and draw blood cultures through the port for testing.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©1/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4237.

Most of the time, ports work well for lab draws and IVs. Sometimes, ports stop working. When this happens, your nurse will likely be able to get it working again by placing a small enzyme in the port needle.

**If you have any questions or concerns
please call: _____ Clinic
at (608)_____.**

After 4:00 pm and weekends, call the University Hospital Emergency Room at: **(608) 262-2398.**

Infusaport® Supplies

For monthly flushes:

- One Huber needle (common size = 20G x 3/4 inch, there are other sizes and you may have one of those.)
- Needleless connector
- 2x2 Alcohol swabs
- Chloraprep®
- Two sterile 4 x 4 gauze pads
- One package sterile gloves (common size = 6 1/2)
- One Sharps® container
- Pre-filled syringes of 10 mL normal saline and heparin (100 u/mL) 5 mL

If you receive antibiotic infusions at home, call your doctor or nurse about extra supplies. UW Central Supply can send a 3-day supply. Your UW doctor can provide you with a prescription that can be filled by your family by the preferred provider.