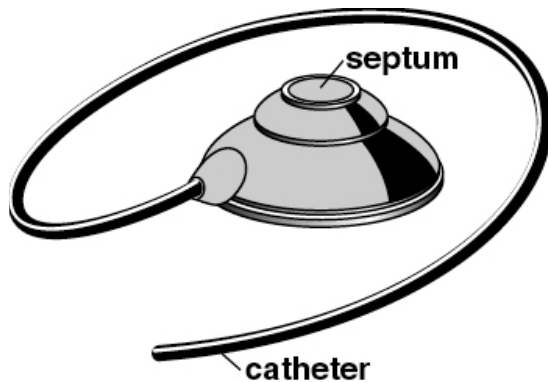


## Port Placement in Interventional Radiology

It has been recommended that you have a “port” placed. This handout explains some of the common questions patients have about the procedure and the care of the port.



### What is a port?

A port is a device that allows an easy and reliable way to give medicine into the veins and take blood samples from the veins.

It is implanted under the chest skin. It is about a half inch thick and about the size of a quarter. You can feel its raised center under your skin. A flexible piece of tubing (catheter) is connected to it. This is tunneled under the skin to an area near the neck where it enters a vein.

The center of the port is made of a tough, self-sealing, rubber-like material that can be punctured through the chest skin with a special needle many times. Each time it will reseal right away.

### Why do I need a port?

Since you may need frequent intravenous (IV) medicines or blood draws, your healthcare provider has ordered a port for you. Patients who have ports often say that they are relieved that they do not have to be poked over and over to find a good vein.

Because the port is implanted under the skin you will not notice it is there. Once it has healed, it needs little care from you. People like the fact that they can go on with their normal daily routines (including showering and swimming) without worrying about the port.

### What are the risks?

#### Infection

Once the port is in place there will be a risk of infection until the port has healed. Once healed, there is very little risk. You will be told what to watch for and how to prevent infection until the port is healed.

There is also a risk of infection each time the port is “accessed.” This is when a trained person inserts the proper needle into the middle rubber portion of the port. Only a healthcare provider skilled in port care should do this. **The port can be accessed by the doctor on the day your port is placed. No one else should access the port for at least 7 days after it has been placed.**

#### Bleeding

Because a small incision will be made in the chest skin there is a chance of bleeding. You may have bruising or oozing of blood from the incision. We will have you do lab work before the port is placed to make sure that your blood clots as it should. We run this test to prevent too much bleeding.

### How do I prepare for the port procedure?

A nurse from the Interventional Radiology Department will call you to review this information with you. Please tell the nurse if you take blood thinners, are allergic to anything, or are pregnant.

1. Do not eat anything for 6 hours before the port is put in. You may have clear liquids such as clear juices or black coffee up until 4 hours before.
2. In most cases, you may take your normal morning medicines with a sip of water.
3. On the day of the procedure, women are asked to wear the type of bra that they normally wear. A nurse will mark where your bra strap lays so that the port can be inserted in an area where the bra strap will not rub.
4. Because you will only need to take off your clothes from the waist up, you should wear comfortable clothing and a top that is easy to take off.
5. You must have someone with you to drive you home after the procedure. The medicine we give you for this procedure will make you sleepy. You should not drive or make important personal or business decisions until the next day.

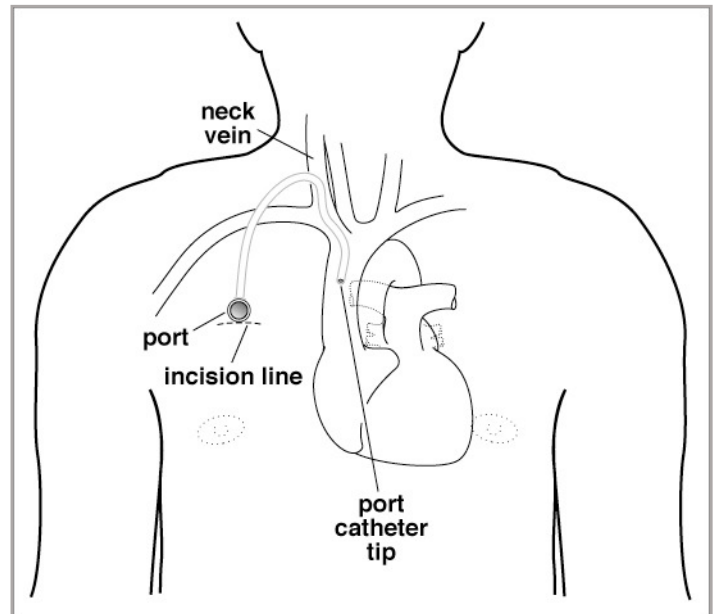
### How is the port inserted?

Before the procedure, labs will be drawn and an IV will be placed in your arm. The IV will be used to give you an antibiotic, a medicine to help you relax, and pain medicine.

You will be taken to the radiology suite where a tech will wash your upper right or left chest and neck with soap. To reduce the risk of infection, your chest, neck, and head will be covered with a sterile drape. The drape is made into a tent so that it does not lie on your face. To keep you cool, fresh air flow under the drape through a piece of tubing. The drape is cut open so that you can see out from under it.

Once you are ready, the nurse will begin to give you the sedative and pain medicine in your IV. The radiologist will also inject a local numbing medicine under the skin. This burns for a few seconds but then the skin will be numb.

The radiologist will insert a small tube into the vein in your neck. Then, a small pocket will be made under your chest skin about 2-3 inches below your collarbone. The port will fit into the pocket. After that, the tubing that is connected to the port is tunneled under the chest skin so that it enters the neck vein. All of this is done under the guidance of fluoroscopy (real time x-ray seen on a TV screen).



Once everything is in place the port pocket will be closed with a sterile surgical glue. Sometimes stitches are used, too. The neck site will be closed with tape.

You **may be** scheduled to return in 7 – 10 days to have the port site checked (if you have stitches, these will be removed). **If you need a site check**, an appointment will be set up for you before you leave.

After the procedure you will recover for about 2 hours. We will watch your heart rate and breathing. We will check the port site often to make sure that you don't have too much bleeding.

Once you have recovered, your driver can take you home to rest.

### **How do I care for the port?**

Keep the neck puncture site and the port site **dry** for 7 days after the procedure. You can use saran wrap and tape to cover the site when you shower. This will prevent infection until the port is healed.

Keep a dressing over the neck puncture site and the port site for the first 3 days. After that, the dressing should be removed. Do not do anything special to the site except keep it open to air and dry. Do not try to remove any strips of tape (steri-strips) or glue over the port site.

You should have little pain. At home, over-the-counter medicines that you take for aches and pains can be used if you have discomfort at the port site.

Women should wear a bra during the day.

Check the port site for signs of infection.

- Extreme redness
- Yellowish drainage
- Extreme pain/tenderness
- Extreme warmth at the site
- The incision near the port or the puncture site at the neck appears to have opened up

The port will need to be flushed every month so that it does not clot off. This should be arranged with the clinic that ordered your port and has used your port for

treatments or blood draws. It is important that you have the port flushed monthly even if you are no longer using it.

### **When should I call the clinic?**

You need to call if you have:

- Questions about the care of the port.
- Any signs of infection.
- Excessive bleeding/swelling or pain.
- A fever above 101° F for 2 separate readings taken 4 hours apart.
- An incision line that is not healing up.

### **What do I need to remember?**

The port can be accessed by the doctor on the day your port is placed. Otherwise, **no one should access the port for at least 7 days after it has been placed.** This is to allow the port pocket to heal and to decrease the risk of infection.

You **may** be scheduled to return in 7 – 10 days to have the port site checked. If you need a site check, an appointment will be set up for you before you leave.

### **Phone Numbers**

Interventional Radiology Clinic, Monday to Friday, 7:30 a.m. and 4:00 p.m.,  
**(608) 263-9729, prompt 3.**

After hours, weekends, and holidays, please call **(608) 262-2122.** This will give you the paging operator. Ask for the Interventional Radiology Resident on call. Give the operator your name and phone number with the area code. The doctor will call you back.

If you live far away you may use our toll free number: **1-800-323-8942.**

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#5958.