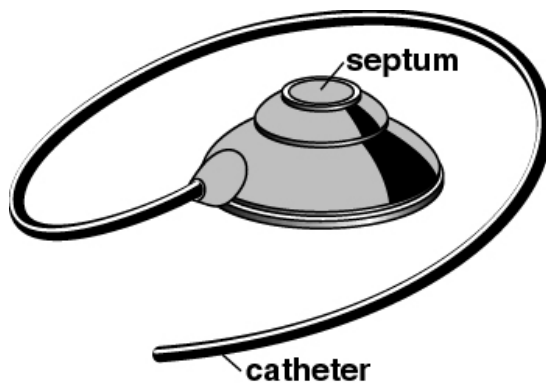


Port Placement in Interventional Radiology

You need a “port” placed. This handout explains port placement, preparing for the procedure and caring of the 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. The catheter 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 (septum) that can be punctured through the chest skin with a special needle many times. Each time the septum will reseal right away.

When a Port is Needed

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

Risks

Infection

Once you have this device placed there is a slight chance that you could develop an infection at the port site. The risk of infection is less once the port incision is healed. You will be told what to watch for and how to prevent infection.

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.

Bleeding

Because a small incision will be made in the chest skin, there is a chance of bleeding or bruising after the procedure. Lab work will be done before your procedure to confirm your blood clots like it should.

Preparing for a 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 8 hours before the port is put in. You may have clear liquids such as clear juices or black coffee up until 2 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, if you normally wear a bra, wear one for your procedure. 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. **Do not** drive or make important personal or business decisions until the next day.

Inserting a Port

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

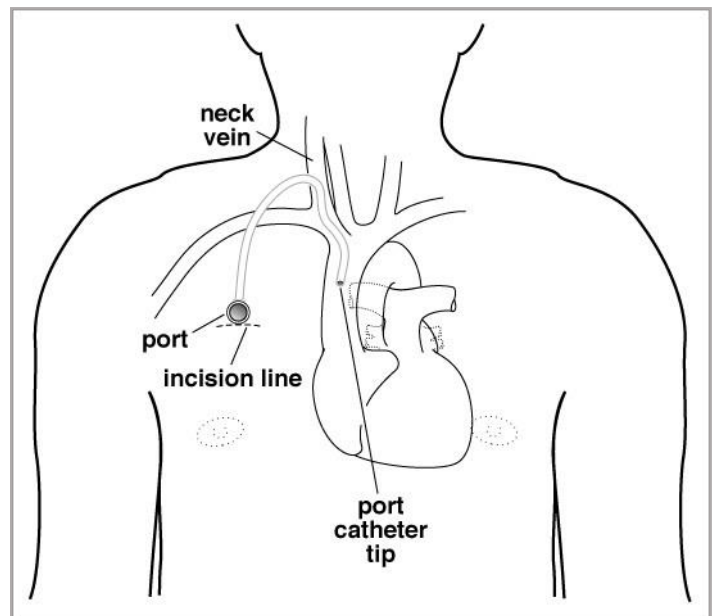
You will be taken to the radiology suite where a tech will wash your upper right or left chest and neck with cleaning solution. To reduce the risk of infection, your chest, neck, and head will be covered with a sterile drape.

Once you are ready, the nurse will begin to give you medicine through your IV to help you relax. 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 suture and sterile surgical glue. The puncture site in your neck will be closed with surgical glue.



After the procedure you will recover for 1-2 hours. We will check your blood pressure and pulse and will check the port site

Caring for a Port

Keep a dressing over the neck puncture site and the port site for the first 3 days. After that, the dressing can be removed. **Do not** do anything special to the site except keep it open to air and dry.

For the first 7 days, you should use plastic wrap and tape to cover the site and keep it dry when you shower.

Do not try to remove the glue over the port site or the neck puncture site.

Some pain or discomfort at the port insertion site is normal and is expected to be minimal. Pain may vary from day to day with changes in your activity level, but it should gradually decrease over the first few days after insertion.

At home, you can use over-the-counter pain medicine and utilize other interventions to minimize soreness from the procedure. You will receive a printed copy of detailed instructions on the day of your procedure regarding pain interventions that can be used once you go home.

If you normally wear a bra, continue to wear a bra during the day for the first week.

Check the port site for signs of infection, such as:

- 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 to Call

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
 - Drainage from the incision site that is thick, cloudy, green, or yellowish with a foul odor
 - Warmth at the port insertion site (if it feels hot or warm to the touch)
 - Development of flu-like symptoms, body aches, chills, nausea, or vomiting
 - Redness or red streaking surrounding the incision site (after bruising goes away)
- Concerns about the port site
- Pain that does not improve with recommended interventions.
- Port is visible or displaced port (if it shifts or moves)
- Incision/skin is not fully closed after two weeks

Who to Call

Interventional Radiology Clinic
Monday to Friday, 7: 30 am - 4:00 pm
(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, our toll-free number is:
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 © 1/2025. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5958.