

Information about your child's implantable port

Haemostasis and Thrombosis Centre
Information for Patients

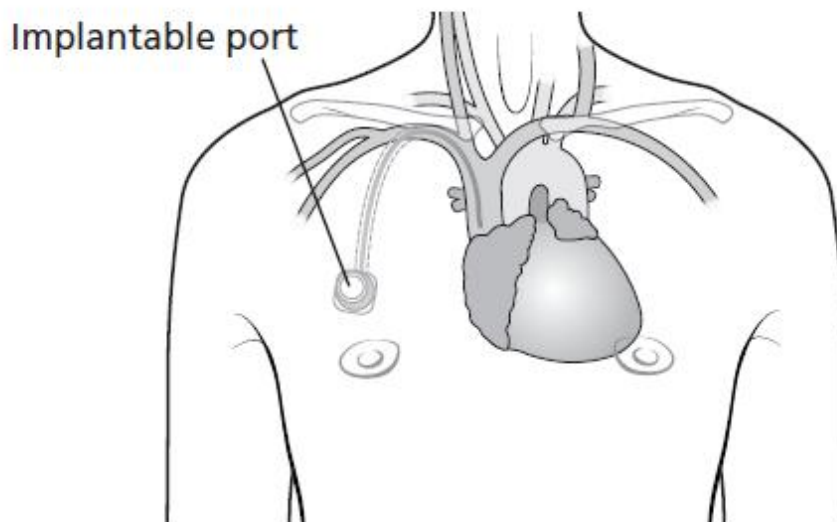
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What is an implantable port?

An implantable port (also called a port-a-cath) is a thin soft tube put into a vein in your child's chest. This tube has an opening (port) just under the skin. The port can stay in place for a number of years without causing any problems.

Why does my child need an implantable port?

Your child is having an implantable port inserted so that they can get their treatment in the safest, least painful and most convenient way. We can use the port to give your child their Factor Therapy. We can also use it to take some of your child's routine blood samples. We will still need to take some samples from a vein in their hand or arm.



How is the implantable port inserted?

We insert the port in the operating theatre whilst your child is asleep (general anaesthetic).

1. The surgeon makes a small cut (incision) on the side of the chest.
2. We insert the port through the small cut. It is then stitched in place onto the muscles over the rib cage.
3. We make another small cut in the neck, exposing the jugular vein.
4. A tunnel is then made under the skin joining the 2 cuts.
5. We pass the catheter (tube) through this tunnel. It is then attached to the port.
6. The surgeon will then make a small cut in the vein and put the catheter through it. This is until it reaches the large vein at the top of the right atrium of the heart.
7. We will do an X-ray to see if the catheter is in the correct place.
8. We then close both cuts with dissolvable stitches. We may also cover it with steristrips. These should stay in place and be kept as dry as possible for 5 days.
9. We will put a clear dressing over the whole device to secure the needle. This will help stop infection.

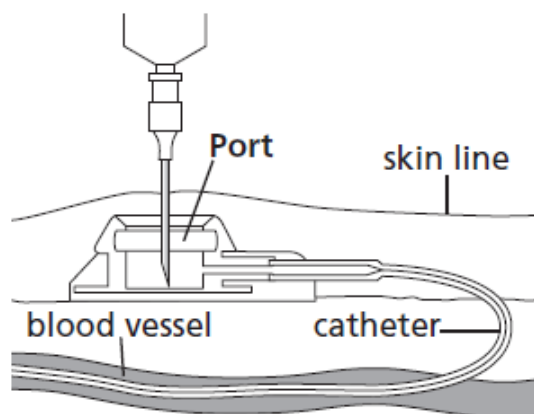
How do I take care of the port?

At the beginning the nursing team will look after the port. We will give you training on how to take care of your child's port at home.

We look after the port using an aseptic no touch technique (ANTT). This means washing your hands carefully, wearing gloves, and being very clean when taking care of the port.

After each time the port has been used it must be flushed with saline and then heparinised sodium chloride. This will help to stop blood clots forming in the catheter. Use a weaker heparin solution if the port is being used often. This can be when your child has daily treatment.

You must flush the port with heparinised sodium chloride once a month if it is not used often. This stops blockage in the line.



Using the port

You can use an anaesthetic cream, Ametop or EMLA before using the port. You can put this on your child's skin before inserting the needle. Some children might not want to use this. You will need to use pressure to push the needle through the skin into the port. This pushing feeling is what your child is likely to feel. Your child will not feel pain because of the needle going through the skin.

Special needles are used. These needles can be called winged infusion sets, Huber needles, non-coring needles or Grippers. These needles come in different lengths. The type you use will depend on how raised the port is and how much body fat is on your child's chest. Port needles can stay in place for up to 7 days.

Most children get used to having a needle inserted into their port. If your child feels difficulty when the needle is inserted, please talk to a member of the nursing team. We can arrange play therapy for your child. This is very successful in helping children to cope with all types of procedures.

What are the possible problems and how can they be prevented?

Infection

The risk of infection is slightly less as the device is under the skin. You must use an aseptic technique (ANTT) whenever using the device. This will stop the chances of infection. Antibiotics will be given to your child if an infection does happen. If the infection does not go away we may remove the port.

The skin over the port can become infected. Signs of this are:

- redness,
- tenderness,
- discharge,
- swelling,

If you see redness from your child's chest between the port and the neck incision, you must tell your local hospital or local community right away. We may take a swab of the area. Skin infection can become a port or catheter infection if it is not treated quickly. Your child will be given antibiotics if the skin is infected.

How can infection be prevented?

- The port needle should stay in for no longer than 7 days. If you leave the needle for longer it increases the risk of infection. This is even when your child is on antibiotics.
- You must clean the skin thoroughly and let it dry before using the port.

If your child has a temperature call the number on page 6. Tell the doctor on call that your child has an implantable port and what their symptoms are.

Blockage

The port may become blocked, although this happens only rarely. This can happen when the port has not been flushed properly between uses. If the port does become blocked, a doctor or specially trained nurse can inject some drugs that work as clot busters. This helps to dissolve any build up in the port. This does not harm your child.

How can a blockage be prevented?

- You must flush the port with saline and heparinised sodium chloride after each use.
- You must flush the port every month even if it is not being used.

Dislodged needle

It is possible for the needle to be dislodged. This can happen when the needle has not been well secured. It can happen when the needle has been pulled accidentally.

The dislodge needle can look like it is in the correct position. The needle does not need to be totally out of the skin to be dislodged. A dislodged needle will cause problems when using the port. The fluid given through the needle will go into the tissues around the port. The fluid should only go into the blood stream. When this happens there can be swelling, wetness on the dressing, or pain around the port. Call the number on page 6 if you are not sure about the needle being dislodged.

How to stop the needle from becoming dislodged:

- The needle must be properly in place for the course of treatment.
- You should make sure the tubing attached to the needle is looped and secured under the dressing. This is to make sure that if the tubing is pulled the needle is not dislodged.

Extravasation (“tissuing”)

The injected fluid can go into the tissue instead of the vein. When this happens, it is called extravasation. This can cause damage.

How can extravasation be stopped?

Do not give medication through the port if:

- there is any resistance,
- the needle seems to be out of place,
- the needle is at a different angle than usual,

Blood should always be aspirated. You should flush the port with saline to check there is no resistance before giving medication.

The port moving (port migration)

This is very unusual. The port can move when it has become loose from the stitches holding it. This can happen if care is not taken when a needle is being removed.

If the port does begin to move, the risks of the needle dislodging, extravasation, catheter kinks and dislodging of the catheter from the blood stream will increase.

If needed the port can be put back in place while your child is under general anaesthetic in theatre.

Port erosion

This is very unusual. The skin can become thin over the port. The port can become visible through the skin. This can be caused by infection, trauma (such as a blow to the chest) or sudden weight loss. When the port becomes visible, it breaks through the skin. We will remove the port if this happens.

How can port erosion be stopped?

- Check the area daily. You must do this if there has been any trauma to the area around the port.
- You must treat any infection of the skin over the port right away.

Blood clot (thrombus)

This is a rare complication that can happen with the port. A thrombus is a blood clot. It forms around the catheter. It can stop the catheter working properly. In more serious cases the clot may interfere with your child's circulation. If your child complains of pain, or there is any swelling in their neck or arm on the side where the port is, please inform the Haemostasis and Thrombosis Centre as soon as possible. The treatment for thrombus is planned individually for each child. Sometimes we use medicines to dissolve the clot. Sometimes we have to remove the port.

Air embolus

This is a very rare complication with air entering the blood stream. All infusion lines are filled (primed) with fluid before being connected. It takes quite a lot of air to cause any problems. Small air bubbles are not dangerous.

Taking blood samples

We may take most blood samples from a vein in the usual way. This is because samples taken from the port will not always give accurate results. Where possible, blood samples will be taken from the port but certain samples will need to be taken from a vein. Your nurse will talk to you about this.

Looking after your child's implantable port at home

We can teach you about how to take care for your child's port at home.

We advise you to stop your child from taking part in physical activities. This is to make sure the skin over the port is not damaged. It takes 7 to 14 days for the first scars to heal. Your child can take baths, showers and swim during this time. The nursing team will go through what to do when bathing with the needle in place.

Going back to school

Your child can go school with their port in place. You may feel anxious at the thought of leaving your child at school. These are normal feelings. The Haemostasis and Thrombosis Centre nurses can give support and education to parents and teaching staff. If the teaching staff would like to talk to us, please pass on our contact details to them.

Removal of the implantable port

We remove the port in hospital under general anaesthesia. Your child will usually have this done as a day case. This means there is no need to stay in hospital overnight.

The surgeon will try and use the same scar to remove the port as they used to insert it. Before your child goes home, the ward staff will give you instructions on the care of the wound.

Due to infection risks children are not able to keep their ports after removal.

Contact details

The Haemostasis and Thrombosis Centre:

Monday to Friday 8.30am to 4.30pm (excluding Bank Holidays) call 0116 258 6500.

At all other times call the hospital switchboard on **0300 303 1573** and ask for the 'on-call Haematology Registrar'.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice. Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals. To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸے دوسرے زبان میں چاہتے ہو، تو 'ਕਿਰਪਾ' کر کے 'ਹੈم' سے 'ਤੇ' 'ਟیلی فون' کرو۔
إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research