

Information about your child's implantable port

Haemostasis and Thrombosis Centre

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Information for patients

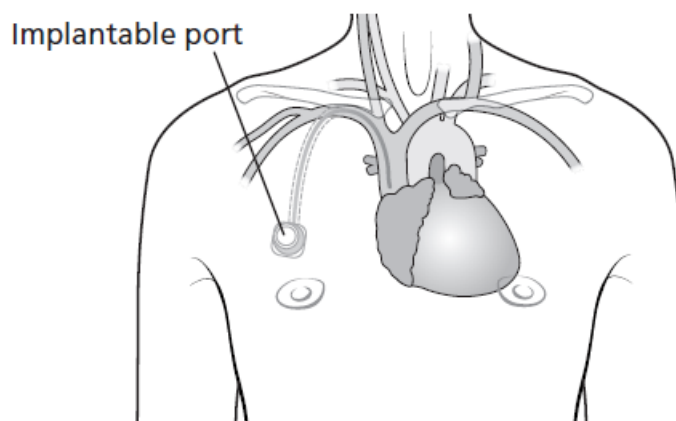
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What is an implantable port?

An implantable port (also known as a port-a-cath) is a thin soft tube, which is put into a vein in your child's chest and 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 receive 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, although some samples will still need to be taken from a vein in their hand or arm.



**Health information and support is available at www.nhs.uk
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Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How is the implantable port inserted?

The port is inserted in the operating theatre whilst your child is asleep (general anaesthetic). The surgeon starts by making a small incision (cut) on the side of the chest and the port is inserted into the small pocket that is created. It is then stitched in place onto the muscles over the rib cage. Another small incision is made in the neck, exposing the jugular vein.

A tunnel is then made under the skin, joining the two incisions. The catheter (tube) is passed through this tunnel and is attached to the port. The surgeon will then make a small incision in the vein and thread the catheter through until it reaches the large vein at the top of the right atrium of the heart. An X-ray will be done to confirm that the catheter is in the correct position. Both incisions are closed with dissolvable stitches and may be covered with steri strips. These should stay in place and be kept as dry as possible for five days. There will be a clear dressing over the whole device to secure the needle and help prevent infection.

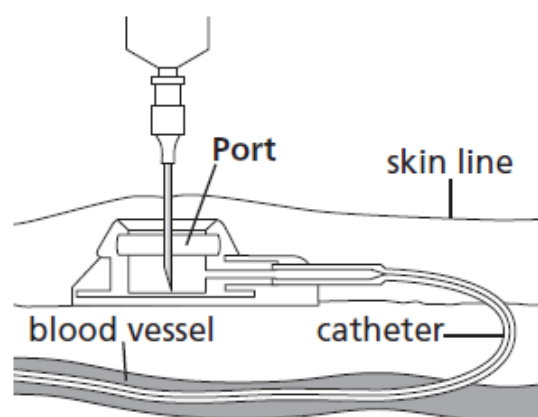
What care does the port need?

Initially the port will be looked after by the nursing team. However, you will be given the opportunity to undergo training so that you will be able to care for your child's port at home.

The port is looked after aseptically using ANTT (aseptic no touch technique) which involves careful hand washing, wearing gloves and being very clean.

After each time the port has been used it must be flushed with saline and then heparinised sodium chloride. This solution will help to prevent blood clots forming in the catheter. If the port is being used more frequently, for example for daily treatment, it may be flushed with a weaker heparin solution.

If the port is not being used, it must still be flushed once a month with heparinised sodium chloride to prevent a blockage in the line.



Using the port

An anaesthetic cream, Ametop or EMLA, can be used on the skin before inserting the needle. However, some children prefer not to use this. Pressure is needed to push the needle through the skin into the port and it is this pushing sensation that the child is likely to feel, rather than the pain of a needle going through the skin.

Special needles are used. You may hear these needles referred to as winged infusion sets, Huber needles, non-coring needles or Grippers. These needles are of varying lengths, and which type is used depends on how prominent the port is, and how much body fat your child has on their chest. Port needles can remain in place for up to seven days.

Most children get used to having a needle inserted into their port. If your child is experiencing difficulty when the needle is inserted, please discuss this with a member of the nursing team. Play therapy can be arranged and 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

As the port is fully implanted under the skin, the risk of infection is slightly less than with an external device, such as a Hickman line. An aseptic technique (ANTT) must be used whenever using the device in order to minimise the chances of introducing infection. If an infection does occur, it does not necessarily mean that the port will have to be removed, as antibiotics may clear the infection. However, if the infection persists it may be necessary to remove the port.

The skin over the port can also become infected. Signs of this include redness and tenderness, with or without discharge or swelling. You may see redness tracking up your child's chest between the port site and the neck incision. If you notice this you must inform your local hospital or community team immediately. A swab of the site may be taken. A skin infection can progress to a port or catheter infection if it is not treated promptly. If the skin is infected your child will be given antibiotics.

How can infection be prevented?

- The port needle should stay in for no longer than seven days. If the needle is left in for longer than this, even if your child is receiving antibiotics, the risk of infection increases.
- The skin must be cleaned thoroughly and allowed to dry before the port is accessed.

If your child has a temperature contact the Haemostasis and Thrombosis Centre, during working hours (Monday to Friday 8.30 am - 4.30 pm). Outside of these hours, if you are worried about your child's temperature, please call the Haematology Registrar on call, using the number at the back of this booklet. Please tell the doctor on call that your child has an implantable port and what their symptoms are.

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

• Blockage

The port may become blocked, although this happens only rarely. It 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 to help dissolve any build up in the port. They do not harm your child.

How can a blockage be prevented?

- The port should be flushed with saline and heparinised sodium chloride after each use.
- The port must be flushed every month even if it is not being used.

• Dislodging of the needle

It is possible to dislodge the needle if it has not been well secured or has been pulled accidentally.

If the needle does become dislodged, it may still look as if it is in the correct position, as the needle may not have come totally out of the skin. However, if this has happened and the port is then used, the fluid being given will go into the tissues surrounding the port rather than into the blood stream. If this happens, there may be swelling, wetness on the dressing, or pain around the port. If you are ever in doubt about the needle being dislodged, and treatment is being given through the port, please contact the Haemostasis and Thrombosis Centre (see back of booklet for details).

How to prevent the needle from becoming dislodged

- The needle must be properly secured if it is to remain in place for a course of treatment.
- The tubing attached to the needle should be looped and secured under the dressing, to ensure that if the tubing is pulled the needle is not immediately dislodged.

• Extravasation (“tissuing”)

Extravasation occurs when the fluid being injected goes into the tissue instead of the vein. Some of the medication your child receives may cause damage if given into the tissues in this way.

How can extravasation be prevented?

Medication should not be given through the port if there is any resistance, or if the needle seems to be in a different position or at a different angle to usual. Blood should always be aspirated, and the port flushed with saline to check that there is no resistance before being used for medication.

• Port migration

This is very unusual. Port migration occurs when the port has become loose from the stitches holding it in place and the pocket in which it has been placed. 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 necessary, the port can be re-secured while your child is under general anaesthetic in theatre.

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

- **Port erosion**

This is very unusual. Occasionally the skin becomes thin over the port and it becomes visible through the skin. If this occurs it tends to be caused by infection, trauma (such as a blow to the chest) or sudden weight loss. Once the port has become visible, it is usually only a matter of time before it breaks through the skin. If this happens, the port will have to be removed.

How can port erosion be prevented?

- Examine the site daily, especially if there has been any trauma to the area around the port.
- Any infection of the skin over the port site must be treated promptly.

- **Thrombus (blood clot)**

This is a rare complication associated with a port. A thrombus is a blood clot, which forms around the catheter, and may interfere with the function of the catheter. In more serious circumstances 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 medicines are used to dissolve the clot, and sometimes the port has to be removed.

- **Air embolus**

This is a very rare complication involving 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

Most blood samples may be taken from a vein in the usual way, as 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 discuss this with you.

Looking after your child's implantable port at home

If you wish, you can usually be taught to care for your child's port at home.

It may be advisable to stop your child from participating in some rigorous activities to avoid damage to the skin over the port. Once the initial scars have healed up (which generally takes between seven and fourteen days), it is possible for your child to have fully submersed baths, showers or to go swimming. The nursing team will go through what to do with regard to bathing when the needle remains in place.

Going back to school

It will be possible for your child to 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 provide 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

The port is removed in hospital under general anaesthesia. Your child will usually have this done as a day case, meaning there is no need to stay in hospital overnight.

The surgeon will usually 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 is open

Monday to Friday 8.30 am to 4.30 pm (excluding Bank Holidays).

Please telephone the Centre on **0116 258 6500**.

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

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਸਿ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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