

A port is a type of central venous access device (CVAD). It can be used to give treatments such as chemotherapy, blood transfusions, fluids or other medications. A port can be used instead of a cannula during your treatment. It may also be used to take blood samples. This is a common way to give cancer treatments to people who need frequent or continuous infusions.

## What is a port?

A port is made from metal or plastic and is dome-shaped. The centre of the dome is made from self-sealing silicone. The dome has a small plastic tube (catheter) attached.

A port is inserted underneath the skin. This is usually in the chest, or sometimes in the upper arm or abdomen.

The catheter is passed into a vein so that the end sits just above the heart. This allows treatment to be given straight into the bloodstream.

You may also hear a port called a port-a-cath<sup>®</sup>, IVP or CVAD.

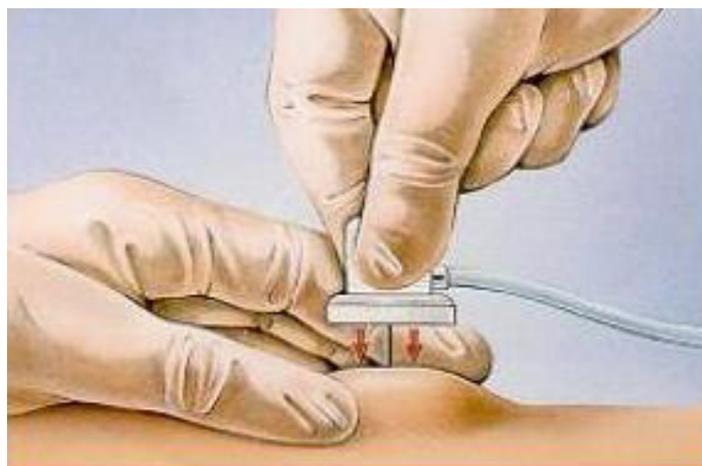
## How is a port used?

Your nurse will insert a needle (called a gripper<sup>®</sup> or huber needle) through the skin and into the port. This is called 'accessing the port'. If this is uncomfortable, you may have local anaesthetic on the skin before the needle is inserted. After the needle is inserted a dressing will be placed over the needle.

Removing the needle from the port is called 'de-accessing the port'.

## How is it put in?

- Your port will be put in by a doctor in an operating theatre, or in a radiology department.
- You will be given local anaesthetic to numb the area. You may also be given light sedation or sometimes a general anaesthetic.
- The port will be placed inside your body through two small cuts. The port sits under the skin and is attached to the catheter that is put into a vein. The tip of the catheter sits just above the heart.
- After the port has been inserted you may have a few stitches. Your doctor or nurse will tell you when these can be removed.
- You will have a dressing over the area. Your nurse or doctor will tell you how to look after this.
- The area may be bruised and swollen for a week or two after the port is put in.
- After the area has healed, you may feel a small bump under your skin where the port is.



## ! Important

Contact your doctor or nurse if you have:

- a temperature of 38°C or higher
- shortness of breath
- chest pain or fast heartbeat
- redness, pain, swelling or fluid leaking from or around your port
- redness, pain or swelling in your arm, neck or chest area
- a burning sensation or swelling around the port during your treatment, or at any time.

If you can't contact your doctor or nurse, go to the nearest hospital emergency department for help.

## Caring for your port

### Physical activity

- Avoid heavy lifting and strenuous exercise for a couple of weeks after your port has been inserted.
- Research shows that continuing physical activity during treatment is good for your general well-being. Talk to your doctor or nurse about what activities you can do.

### Things to look out for

- Signs of infection such as redness, pain, pus or discharge at your port site.
- Signs of a clot such as swelling, discomfort, pain, heat or redness in your shoulder, chest, neck or arm.

### What to do when your needle is in place

- Make sure the needle does not get knocked or pulled out.
- Keep the needle secure to prevent any pulling of the needle or line.
- Make sure the needle and dressing does not become loose, dirty or wet.
- If your treatment goes for more than a week, the needle and dressing will be changed every 7 days.

## Problems and complications

Most people don't have a problem with their port. However, if there is a problem, it can usually be treated.

Problem	Treatment*
<b>Infection:</b> can develop around the port, or inside the line	Antibiotics
<b>Blood clots:</b> can form in the vein where your port sits	Medication to dissolve the clot and prevent further clots
<b>Blocked line:</b> the inside of the line can block	Injecting a solution to clear the blockage
<b>Line movement:</b> the line can move to the wrong position	Repositioned by radiology department
<b>Damaged line:</b> the line can split or break	The port may need to be removed
<b>Collapsed lung (rare):</b> can occur at the time the line is inserted	Treated immediately by your doctor
<b>Unable to insert the line:</b> can occur at the time the line is inserted	Your doctor may try again, or use a different CVAD

\*In some cases the port may need to be removed

## Common questions

### What happens when I am not having treatment?

The port must be accessed and flushed every 4 to 6 weeks when it is not being used.

### How long does my port stay in?

Your port can stay in for as long as it is needed. When you no longer need your port, it can be taken out by a doctor in an operating theatre, or in a radiology department.

### What to ask your doctor or nurse

- What are the risks of having a port?
- Can I play sport or go swimming?
- How do I bath/shower?
- What do I do if the needle comes out while I am at home?
- What do I do if there is fluid leaking from my port?

### Contact numbers:

Daytime: .....

Night/weekend: .....

## Working together to lessen the impact of cancer

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