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Patient information

Care of a port-a-cath

For further information on this leaflet, it's references and sources used, please contact **0161 206 1899**.

Copies of this information are available in other languages and formats upon request.

In accordance with the Equality Act we will make 'reasonable adjustments' to enable individuals with disabilities, to access this treatment / service.

If you need this interpreting please telephone

Polish
Jeżeli potrzebne jest Państwu tłumaczenie, proszę zadzwonić pod numer.

Urdu
اگر آپ کو اس ترجمانی کی ضرورت ہے تو مہربانی کر کے فون کریں۔

Arabic
إذا كنتم بحاجة الى تفسير او ترجمة هذا الرجاء الاتصال

Chinese
如果需要翻译，请拨打电话

Farsi
اگر به ترجمه این نیاز دارید ، لطفاً تلفن کنید

0161 206 0224

Email: InterpretationandTrans@srft.nhs.uk

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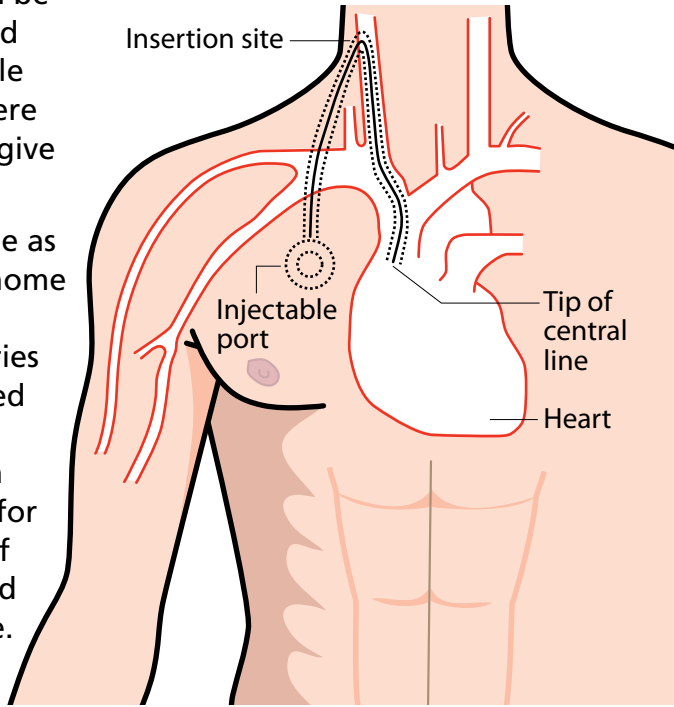
Ladywell Building
Metabolic Medicine
0161 206 1899

What is a port-a-cath?

A port-a-cath is a type of TIVAD (totally implantable vascular access device). It is a long, thin tube that is known as the catheter that is inserted into one of the large veins in your body. The vein used is usually one just above the heart and the other end of the tube which is the injection site sits underneath your skin of the chest. It contains a silicon membrane that can be penetrated a few thousand times using a special needle called a Huber needle where necessary, for example to give intravenous therapy.

The procedure can be done as a day case so you can go home on the same day for most patients but some categories of patients will always need a general anaesthetic. An anaesthetic carries its own relatively small but again for some conditions a series of tests need to be performed to ensure this can be done.

The majority of patients can return to their normal activities after the procedure but you may feel some discomfort after the procedure. It is recommended not to use the port until swelling has subsided which is usually about 7-10 days. Discoloration around the port site represents some bruising and is normal but can take a few weeks to fully resolve.



Further information

If you have any questions or anxieties, do not hesitate to contact the:

Mark Holland Metabolic Team
0161 206 1899

Leave your name, number and brief message and a member of the team will contact you back.

Alternatively, you can email the team on:

@srh-tr.MHMU@nhs.net
Monday to Friday 9am-5pm.

For further advice and information you can also contact:

Salford Royal's Hospital IV Access Team
0161 206 0459

Notes

How should I care for my port?

Your port will need flushing every four weeks if it has not been used. This is to prevent clot formation and infections. Enzyme replacement therapy is usually given either weekly or fortnightly so the port will not need additional flushing between treatments.

However, there is small chance that you can become unwell and need to miss your treatment. You may get admitted to your local hospital which prevents you from having your enzyme replacement therapy.

If there is a risk that you will miss your treatment for more than four weeks you need to inform the hospital staff where you are who will need to flush the line with anti-clotting agents called Hepsal 5ml.

If you are not in hospital you need to inform the Metabolic Team at Salford who can arrange with the homecare team to flush the line during this period.

We recommend that you do not have a break in treatment for holidays longer than four weeks if you have a port.

If you decide to stop treatment and you have a port-a-cath insitu it will still require flushing once a month.

Some district nursing teams will be able to carry this out and the team will refer you to your local team as the first option. However, the team can arrange the homecare nurse to flush your port if your local district nursing team cannot provide this service.

Why do I need a port?

You have had a port-a-cath placed when you were a child to reduce repeated cannulae and pain for your weekly or fortnightly infusion of enzyme replacement therapy.

Alternatively your doctor has decided you need a port because your veins are becoming increasingly difficult to gain successful access for your enzyme replacement therapy.

What are the benefits of having a port?

The main benefits are that the port can be used for administration of intravenous therapy when access via venous cannulation has become more difficult.

Enzyme replacement therapy can be given through a port-a-cath where weekly or fortnightly infusions are required.

The port is quite simple to look after because it is placed underneath the skin. They do not need to be replaced for approximately 5-10 years.

A family member can also be trained to access the port-a-cath like they would be shown how to do venous cannulation. You can also be shown how to mix the medication and how to administer your ERT and therefore you will become fully independent with your treatment and no longer need a nurse to do it at home.

Please discuss with your metabolic doctor or nurse for more information about becoming independent with your treatment.

What are the potential problems with port-a-caths?

Many patients go through their treatment without having many problems with their port, but there are certain risks involved. It is important for you to know what can go wrong so you can help prevent problems or deal with them if they happen.

Thrombosis (blood clot)

Having a port sitting in a vein means there is a risk of causing a blood clot. This sounds very alarming but in fact when it does happen it is very unlikely to cause a serious problem.

Patients who develop a clot due to their port are usually given medication to dissolve the clot.

There is often no need to remove the line. Signs of this include pain, swelling and discomfort in the site the port has been placed.

Infection

This can be a problem, particularly for patients who have a low resistance to infection or having intravenous feeding. Great care is always taken when putting the port in and when cleaning and accessing the line.

However, infections can happen at any stage but often they can be treated with antibiotics. Sometimes the port will need to be removed to prevent the infection getting worse. To reduce the risk of infections, the port needs to be looked after carefully.

Port erosion

There is a small chance that the port may wear thin the tissue above the port or even break the skin. If this occurs the port will need to be removed. It is recommended that anaesthetic (numbing) cream, such as EMLA cream, is not used as this will increase the risk of skin erosion.

Port rotation/movement

Refers to the port moving out of place or turning round within the chest wall in this instance the port may be repositioned or removed.

Scarring

There will be a small scar at the base of the position where the port is inserted. The catheter under the skin may be visible.

Occlusion

Sometimes your device can spontaneously block due to a clot at the end of the line or breakage of the line. If there is a clot it is usually the nurse or person doing the infusion is unable to flush the line. This should be reported to the centre as soon as possible as they may want to arrange a procedure called a linogram. This is where dye is injected into the device and will show if it has broken or potentially just block.

Blockages can be cleared with a special compound that dissolves blockages but if this fails the line will need to be removed.

Other

These devices were designed for children and young adults for use for a few months rather than lifelong. However they have become invaluable for many patients who have been living with them for years.

New complications are evolving with time and it is important to know that once a device has been inserted and removed, that vessel is permanently damaged and cannot be used again.

The same vessels are used for some procedures or when patients become very unwell in intensive care for life saving treatments and having multiple devices inserted is in general not a good idea.