Implanted Venous Access Port (Mediport Placement)

What is an implanted venous access port?

Your doctor has recommended that you have an implanted venous access port (also called a “mediport” or just “port”) placed to give you medications treatments in your veins. The port is a small, round device, which is usually placed under the skin in the upper chest. The port device attaches to a catheter (a thin tube) that enters a large blood vessel. This allows your doctors to give you chemotherapy (if needed for a cancer treatment), IV fluids or other medications, and/or blood products as needed for various treatment regimens, without “sticking” the small veins in your hands or arms each time medication is needed.

The port is made of a plastic or metal material with a self-sealing cover over the top. A special needle is put through the skin to “access” the port; these needles do not put holes in the port when it enters or exits. Only health care workers who are trained in port care should access your implanted port. This is to prevent complications or infection of the port.

SURGERY FOR PORT PLACEMENT

The surgery is usually done in operating room, with anesthesia (you may not need to be completely asleep). The surgeon will inject numbing medicine in the area where the port will be placed in the upper chest. The surgeon will make a small incision (about 1 inch) and create a little “pocket” under the skin for the port. The surgeon will thread the catheter (thin plastic tube) into the vein in your neck or under your collarbone, using ultrasound guidance. The vein goes into the heart and the end of the catheter sits in the major vein just above your heart. The port and the catheter are secured in place and the skin is closed over it; the port is not visible but you may see and feel a small, hard lump under the skin.

Generally patients will go home the same day. You will have a dressing in place over the port. If you will be receiving chemotherapy or other treatment immediately after surgery (that day or the following day), the surgeon may leave the port accessed (meaning that the needle is left in the port). If your port is kept accessed, you should contact your oncology provider for specific instructions. You may not shower while the port is accessed.
Risks of Port Placement Include (but not limited to):

- Bleeding or injury to the vein
- Infection of the port, which may require removal of the port
- Blood clot in the vein
- Collapsed lung (this could be caused by a needle puncture into the lung during surgery; the risk of this is very low when using ultrasound guidance)

POST-OPERATIVE INSTRUCTIONS after Your Port Placement

**Diet:** no restrictions, you may resume your regular diet

**Medications:**

- You will be given a prescription for pain medication (narcotics); it is important to keep your pain controlled. Take the medication as needed, as instructed. The pain medication can make you sleepy and dizzy; they can cause nausea in some people so it is best to take them with food.
- **The Narcotic pain medication will make you constipated** --> Over the counter stool softener (Colace or generic docusate) twice daily plus laxative (for ex: milk of magnesium, sennakot, miralax) as needed for constipation while taking narcotics if no bowel movement for 2-3 days
- You may resume your regular medications unless told otherwise by the surgeon

**Wound care:**

- Keep the dressing in place and clean and dry for 3 days. After 3 days you may remove the dressing and you can shower. If you are starting chemotherapy immediately after surgery, you should keep the wound covered and dry for one week.
- No soaking in tub or pool for 2 weeks following surgery.
- If you have steri-strips (white paper tapes), leave these on until they fall off on their own.
- Some bruising and soreness is expected for a few days. You can use an ice pack for pain for first 24hrs.
• If you will be receiving chemotherapy or other treatment immediately after surgery (that day or the following day), the surgeon may leave the port accessed (meaning that the needle is left in the port). If your port is kept accessed, you should contact your oncology provider for specific instructions. No showering while the port is accessed.
• Watch the wound for redness or abnormal drainage or bleeding – call the surgeon if you notice any of these.

**If your port is not being used on a regular basis, you will need to schedule a port flush with your oncology nurse every 4 weeks to keep the port working properly and to prevent it from clotting.

Activity:

• You may resume normal activities as you can tolerate.
• No lifting more than 5lbs with the arm of the side that the port is on for one week.
• NO DRIVING FOR 24HRS AFTER SURGERY AND WHILE TAKING NARCOTICS

**Call surgeon's office: (303-689-6560) if you experience any of the following:

(If you call after hours or on the weekend you will get the answering service and you will speak to the doctor on-call)

• Fever with temperature higher than 101
• Any chest pain or difficulty breathing
• If you feel your heart is racing or fluttering or if your heartbeat feels irregular
• Redness, warmth, or swelling around the port
• Any drainage of fluid or pus around the port site
• Increased pain at the port site or pain when the port is not being used or pain in your neck/shoulder (some soreness is expected for a few days after surgery)
• Swelling or pain in your arm on the side with the port
• Any other concerns regarding your surgery or recovery

Follow up visit:

For follow up appointment, call Bluestone Advanced Surgery at 303-689-6560, to make an appointment with your surgeon within 10-14 days. Please call with any concerns regarding your surgery or recovery.

You will also need to follow up with your oncology doctor to start your treatments. You should call your oncology doctor within one week after surgery.

**You will be given a packet of information about your specific type of port after the surgery.

For more information about Power Ports you can visit the company website: powerportadvantage.com