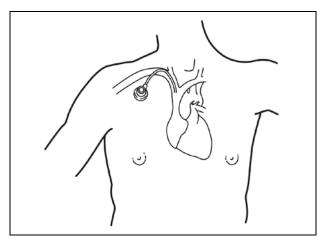
Information for patients and families



PORT Implanted PORT for chemotherapy

A PORT is a device placed under the skin. It is a round disc, about the size of a looney and looks like a small bump under your skin. A long thin tube, called a catheter is attached to the PORT. The tip of the catheter lies in a large vein above the heart.



How long will I have a PORT?

The PORT can stay in for weeks or months, even over a year. It **may** be used to take blood samples, and for giving different treatments and medications at the same time such as:

- fluids
- chemotherapy

- blood products
- antibiotics and other medications

How is the PORT put in?

- Your PORT is put in by a radiologist in Diagnostic Imaging at McMaster University Medical Centre.
- You are awake during the procedure, but may be given medication to help you relax. Medicine to numb the skin is inserted in two areas for the incisions (cuts). One incision is for the insertion of the catheter and the other is for placing the PORT under the skin.
- The catheter is inserted through an incision and tunneled under the skin and attached to the PORT. You will feel some pressure, but should not feel pain.
- You will have stitches that may dissolve or need to be taken out in about 7 to 10 days. They are covered with a dressing.
- You may feel sore around the incisions for a few days.

How do I take care of my PORT?

• After each treatment a small amount of fluid is flushed into the PORT. This is done to prevent blood clots. The PORT needs to be flushed every 4 to 6 weeks if it is not being used on a regular basis. Your nurse will advise you on booking an appointment for this to be done.

When you have a PORT

- A PORT should not interfere with your regular activities. You may want to limit strenuous exercises for a few weeks after surgery so the area can heal.
- You may want to wear a medical ID bracelet saying you have a PORT.
- Only special needles called non-coring needles should be used.



Possible problems

- Infection: Sometimes an infection can happen inside the catheter or around the PORT. The area may get red, swollen or you may develop a fever. You need to tell the doctor or nurse right away. The PORT may need to be removed.
- **Blockage**: Sometimes the inside of the catheter can become blocked. This can make it hard to flush or give fluids. If this is the case, the chemotherapy nurses use medication to flush into the catheter to dissolve the blockage.

How is the PORT removed?

• A doctor inserts medicine to numb the area over the PORT. An incision is made and the PORT removed. The wound is stitched and covered with a dressing. The catheter is pulled out through a vein. You may feel sore and bruised after removal.