

Interventional Portacath insertion

Your doctor would like you to have a Portacath Insertion and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

- Conquest Hospital Appointments – Tel: 0300 131 4500 Ext: 147422
- Eastbourne DGH Appointments – Tel: (01323) 414917

What is a Portacath?

A Portacath is a thin, soft silicone tube with a small reservoir (port) attached to it. You can have chemotherapy and other drugs through the port. It can stay in place until all your chemotherapy treatment is finished. The port is inserted under the skin, usually on your chest and the attached tube goes into a vein near the heart.

You can see and feel a small lump (2 to 4cm) underneath your skin where the port is. A special needle is passed through your skin into the port to give you chemotherapy or other IV drugs, into the vein. The skin over the port can be numbed first so you don't feel any discomfort.

Who will be doing the Portacath insertion?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the X-ray department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

How do I prepare for a Portacath insertion?

Insertion of a Portacath is usually carried out as a day case procedure under local anaesthetic.

- For **morning admission, please do not eat or drink anything from midnight** - you can drink water for up to two hours before the procedure.
- For **afternoon admission, you may eat a light breakfast but please do not eat anything after 6.00am** - you can drink water for up to two hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

If you have any allergies, you must let your doctor know. You must also tell your doctor if you have previously had a reaction to intravenous contrast medium, the dye used for certain x-rays and CT scanning.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

If there is possibility you could be pregnant, please inform the radiology department before the procedure.

What actually happens during a Portacath?

Before the procedure, the interventional radiologist will explain the procedure and related risks and ask you to sign a consent form. Please feel free to ask any questions that you may have and remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative or painkiller should this be necessary. Once in place, this will not cause any pain.

You will be asked to lie on the x-ray table, generally flat on your back. You will also have leads attached to your chest to monitor your heart, a blood pressure cuff on your arm and a clip on your finger to record the oxygen levels in your blood. Oxygen may be given through a small tube in your nose.

The radiologist will wear a theatre gown and operating gloves. He will also wear a theatre hat and you will be given one to wear as well. The skin near the point of insertion either in the neck and over the chest or in the upper arm will be cleaned with antiseptic and then most of the rest of your body will be covered with a sterile theatre drape.

The radiologist will inject a local anaesthetic into your skin over the point of insertion. You might feel some pressure on your chest or arm during the procedure, but you shouldn't feel any pain.

Two small cuts (incisions) will be made in your skin. The first is made to create a pocket under the skin for the port. It will be a smaller incision above this where the catheter is put into the vein. This incision is usually less than 1cm long. If the port is being put into a vein in your chest, the incisions are made on your upper chest. If the port is being put into a vein in your arm, the incisions will be on the inner side of your arm.

The port will be put under the skin. The catheter attached to the port will be tunnelled under your skin to the smaller incision, where it will be put into a vein in your chest. The incisions are then stitched, usually with dissolving stitches.

Are there any risks?

Portacath insertion is a safe medical procedure, but there is always a small risk of complication.

- It is normal to have some pain at the site over and around the port once the local anaesthetic has worn off. This should not require any treatment but you may take over the counter painkillers to help with the pain.
- There is a small risk that an infection may occur around the port or the catheter. If an infection develops, you will be given antibiotics. If the infection doesn't get better, the line may have to be removed.
- There are a number of complications that may possibly occur after weeks to months following insertion. Venous thrombosis (blockage of the vein with clot) occurs in approximately 0.5-1% of cases. If your arm becomes swollen, you should contact your doctor as soon as possible.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb. After this, the procedure should not be painful.

There will be a nurse or another member of clinical staff in the interventional suite looking after you. If the procedure does become uncomfortable for you, then they will be able to give you some painkillers through the needle in your arm.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. As a guide, expect to be in the x-ray department for about an hour altogether.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as your pulse and blood pressure, to make sure there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours, until you have recovered.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- You should eat and drink as normal.
- Continue with your normal medication as prescribed, and pain relief if necessary
- The wound should be kept completely dry for the first 7-10 days until the wound heals. After this, you can shower and bathe as normal.

What do you do if I have a problem at home?

If you have swelling, pain or are concerned please go to your nearest emergency department.

How long will the Portacath stay in?

You can go home with the Portacath in. It can be left in for weeks, months or for some people, years.

Sources of information

British Society of Interventional Radiology

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 135860 or by email: esh-tr.patientexperience@nhs.net.

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Mo Faris, Consultant Interventional Radiologist, ESHT

Dr Justin Harris, Consultant Interventional Radiologist, ESHT

Dr Ben Salt, Consultant Interventional Radiologist, ESHT

The directorate group that have agreed this patient information leaflet:

Diagnostics, Anaesthetics and Surgery Division

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