

CARING FOR YOUR NEW TOTALLY IMPLANTABLE VENOUS ACCESS DEVICE (port) – Information for patients

This leaflet tells you about the procedure for your implantable venous access device (port). It explains what is involved and the common complications associated with this procedure. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

Post Operative Care

As soon as you have had your port inserted in theatre, you will return to Ward 26. If necessary, the port can be accessed in theatre and used immediately.

You will have a small incision with dissolvable stitches where the device has been fitted. This can take up to 10 days to heal completely. If you experience any redness, swelling, pain or oozing of fluid from the wound, you must inform the CF nurses or Ward 26.

Will I have pain after the operation?

You may require some pain relief for 2-3 days after the procedure. The area around the port may feel tender for 2-3 weeks.

During the first few days after surgery it is important that you avoid any heavy exertion or strenuous activities. The wound site must be kept clean and dry therefore it is best to avoid getting the area wet whilst bathing or showering until healed. Once the incision has healed, the site will no longer require any special care and you will be able to resume your normal activities.

How does the port work?

Once the port is implanted, it can be used to administer intravenous medication and fluids. It can also be used to obtain some blood samples.

The port must be flushed with heparinised saline every 4 – 6 weeks to prevent it from blocking. This will be done by a CF nurse during a clinic visit or at home. The device must always be accessed by a person who has been trained in the management of this technique. You must never allow anyone who is not familiar with the system to try to flush or access the line.

Some people with CF wish to learn how to access their own port's. If you would like to learn how to do this, inform the CF nurses who can discuss and arrange for you to become competent at flushing and accessing your port.

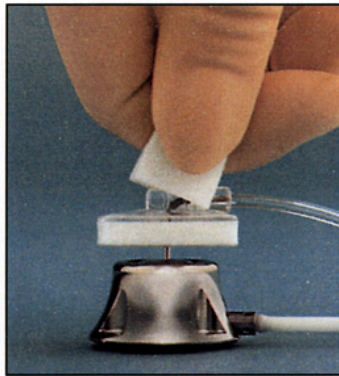
What happens when I need intravenous antibiotics?

When starting intravenous antibiotics, the CF nurse can place the needle in the port whilst you are in the outpatient's clinic. Once in place, it is covered

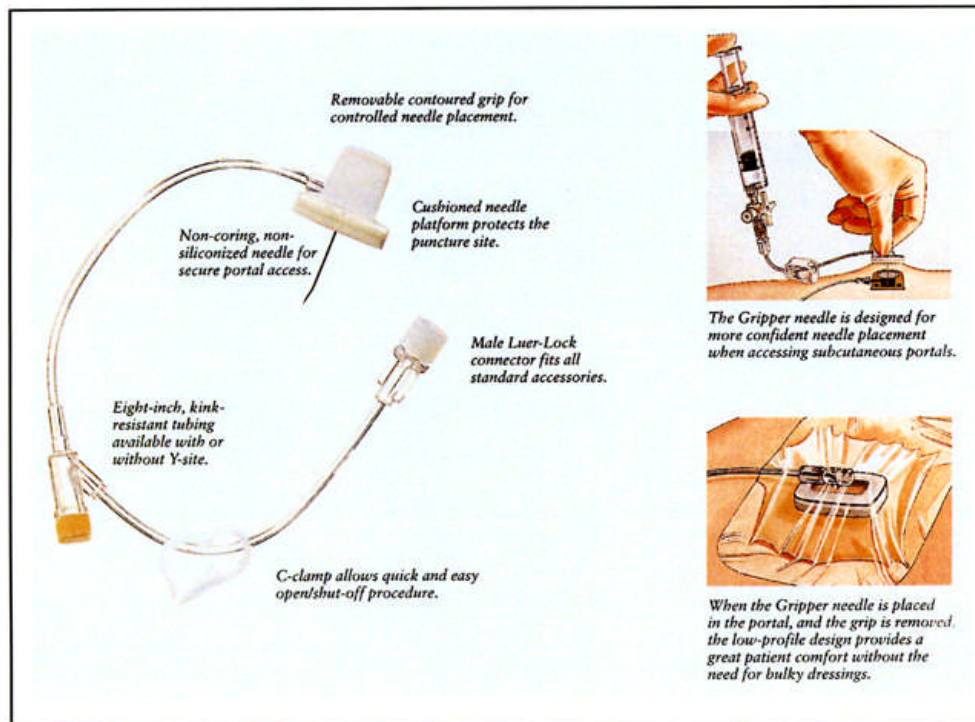
with a clear sterile dressing, which will keep it clean and dry. This dressing is not waterproof so may need changing mid way through a course of IV antibiotics. Very strict hand hygiene must be used at all times when dealing with the port to avoid any infection occurring.

Whilst on IV antibiotics it is important to avoid getting the port wet due to risk of infection. It is advisable to keep the port area dry whilst bathing or showering and avoid swimming.

C.V.A.D Needle



A Non-coring needle must always be used. Normally the gripper is chosen for Cystic Fibrosis patients



At the end of the course of treatment you can either:

- Return to the clinic or Ward 26 to have the needle removed.
- Remove the needle at home, providing you have been taught by the CF nurse

Never leave the needle in for longer than the course of treatment. If you are having more than three weeks of treatment the needle must be changed.

Potential Complications

Whilst recognising the benefit of port's there are complications with the use of these devices. The most common are:

- **Infection:** This can occur at the needle entry point or in the catheter of the port.
- **Catheter occlusion / thrombosis:** This occurs when the tip of the catheter becomes blocked by a blood clot or fibrin sheath
- **Leak:** Leaks occur when there is a fracture in the catheter
- **Skin necrosis:** This can happen when the port necroses through the skin
- **Discomfort:** Sometimes the port can cause discomfort for no particular reason.
- **Catheter displacement:** When the catheter comes away from the port.

If you are involved with sporting or occupational activities which involve excessive or repetitive upper extremity or shoulder movement, you may increase the possibility of catheter fragmentation.

If you experience any of the following:

- Swelling around the port stiffness or blockage of the line
- Pain on administering medication
- High temperature or feeling unwell whilst giving intravenous medication or shortly after giving IV medication

You must stop using the port and contact the CF nurses immediately. If this is outside working hours (08.30-16.30 Mon – Fri) contact Ward 26 and speak to the nurse in charge.

If you have any further questions please contact the cystic fibrosis nurse's during working hours (08.30-16.30 Mon-Fri)

Contact us :

If you would like more information on this subject either speak to the nurse in clinic please do not hesitate to contact the C.F Clinical Nurse Specialists on 0121 424 2515.

References

Mallett J & Bailey C, 1996, The Royal Marsden NHS Trust Manual Of Clinical Nursing Procedures, Fourth Edition, Blackwell Science, Oxford.

Additional Information Sources:

For more information on all aspects of living with Cystic Fibrosis you can visit the Cystic Fibrosis Trust web site at : www.cftrust.org.uk.

For local news and events the West Midlands Regional Cystic Fibrosis Unit based at Heartland Hospital has its own website at: www.heartlandscf.org.uk .

Please use the space below to write down any questions you may want to ask: