

SUBCUTANEOUS VEINOUS CATHETER (PORT-A-CATH)

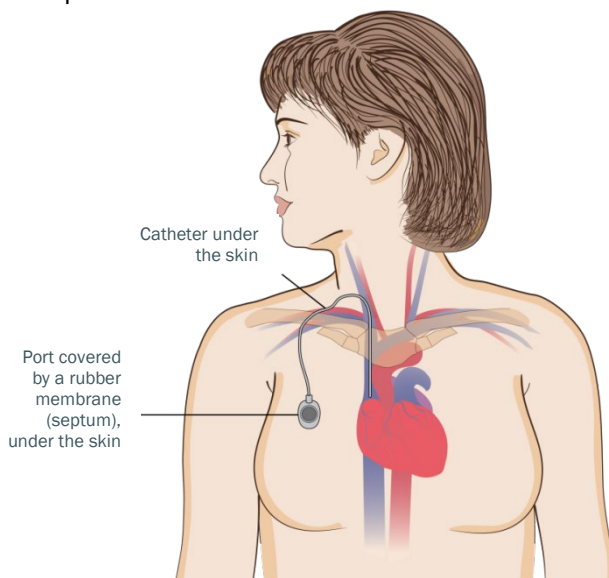
THE CATHETER

Your physician has requested that an interventional radiologist install a subcutaneous venous catheter, also known as a Port-a-Cath. This catheter replaces the repeated IV injections in the arms. The Port-a-Cath must be installed for one of the following reasons:

- You need to receive doses of intravenous medications or fluids (chemotherapy, blood products, hydration) over the next few months;
- Your veins are damaged or very difficult to access with needles;
- Your veins could be damaged by the irritating substances that you need to receive.

The subcutaneous venous catheter includes a port covered by a rubber membrane (septum) and a thin flexible tube (catheter). The port is fully and discretely inserted beneath the skin under the collarbone. The catheter is connected to the port beneath the skin and extends to a large vein near the heart.

The nurse inserts a special needle through the skin and the port's rubber septum. Drugs and IV treatments can then be administered and blood samples drawn.



BEFORE INSTALLING THE CATHETER

- Blood samples need to be taken before proceeding with the installation procedure. A nurse will contact you to speak about the procedure.
- You must stop taking certain medications (e.g., certain anticoagulants) one week before the procedure. Follow the advice of your caregiving team.
- You must fast for at least four (4) hours before the procedure. Do not eat or drink (no candy or chewing gum).

PLANNING YOUR HOSPITAL VISIT

- Plan to have someone drive you home as you will not be authorized to drive.
- You can bring a snack to be eaten after the procedure. You will not be given any meals at the hospital.

ON THE DAY OF THE PROCEDURE

- Bring both your health insurance and hospital cards.
- Bring your medications (do not take them) and an updated list of all your medications.
- Go to:
 - Day medicine, 6th floor of Hôpital Fleurimont, room 6532;
 - Day medicine, 2nd floor of Hôtel-Dieu de Sherbrooke, room 2355.
- A nurse will draw blood samples if required, install an IV solution bag, and take your vital signs. You will be accompanied to the X-ray room.

- Once you are in the X-ray room, we will answer your questions regarding the procedure. You will be required to sign a consent form for the procedure. A radiology technologist will place you on your back on the examination table. Your skin will be disinfected at the catheter installation site.
- A tranquilizer, a painkiller and an antibiotic will be administered via the IV solution.
- An ultrasound of your neck veins will be taken to confirm their proper functioning.
- After anaesthetizing your skin, the interventional radiologist will perform a mild incision of 3 to 5 cm (2 in.) along your thorax. He will then form a tiny pocket beneath your skin and insert the device's portal. He will then insert the tube into the jugular vein up to the vena cava. Finally, he will close the incision.

You will remain approximately 60 minutes at the radiology department for your preparation and intervention.

POTENTIAL PROCEDURAL COMPLICATIONS

As in any procedure, there are risks. These are the most significant:

- bleeding;
- infection;
- pneumothorax (perforation of the pulmonary membrane accompanied by air loss). It is extremely rare.

AFTER THE PROCEDURE

You will remain under observation for up to two (2) hours in day medicine. The nurse will take your vital signs and make sure that there is no bleeding at the surgical site.

GOING HOME (DISCHARGE)

The CLSC nurses will contact you to schedule an appointment to change your bandage. The bandage and staples or stitches (if present) will be removed at your CLSC 7 to 10 days after the procedure.

BANDAGE

Keep your bandage clean and dry. Have a bath instead of a shower in order to prevent it from getting wet.

If your bandage is dirty, wet or comes unstuck, contact your CLSC to plan a change of bandage.

PAIN MANAGEMENT

You might feel discomfort at the wound site for a few days. The incision will scar within 7 to 10 days. You should then feel a mild "lump" beneath the skin. (It's the port.)

You can take acetaminophen (Tylenol®) or ibuprofen (Advil®). First, make sure that you have no fever as it might be a sign of infection.

CATHETER MAINTENANCE

To prevent blood clots from obstructing the catheter between uses, irrigate it with a sterile saline solution and an anticoagulant (heparin). This needs to be done minimally once every three (3) months or after each use. The catheter will be irrigated at the CLSC or at the hospital.

POTENTIAL LATENT COMPLICATIONS

- Infected wound or catheter.
- Thrombosis (venal blood clots that cause obstruction).
- Erosion of the skin above the port.
- Catheter displacement or migration.

SYMPTOMS TO MONITOR

Consult if you notice the following symptoms:

- Onset of chills or fever:
 - patient with active chemotherapy treatments: Temperature of 38 °C (100 °F) for more than an hour;
 - other patients: Temperature of 38.3 °C (101 °F) and above.
- Swelling of the neck, discomfort or numbness in the arm on the catheter side;
- Difficulty breathing;
- Signs of profuse bleeding on the bandage despite pressure applied on puncture site.

DO YOU HAVE ANY QUESTIONS?



Please speak to your local CLSC nurse.



Call Info-Santé 8-1-1.



Go to the emergency department of your nearest hospital centre.

Editing

The chemotherapy team

Revision and layout

Service des communications

Direction des ressources humaines, des communications et des affaires juridiques

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