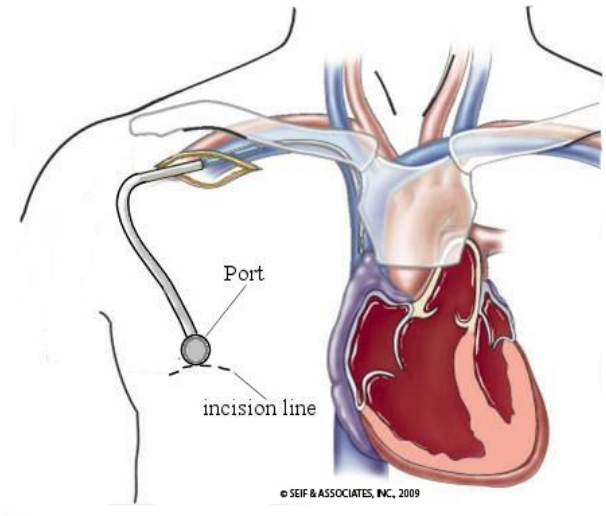
Implanted Port Instructions

An implanted port is a central line that has a round shape and is placed under the skin. It is used for long-term IV (*intravenous*) access for:

- Medicine.
- Fluids.
- Liquid nutrition, such as TPN (*total parenteral nutrition*).
- Blood samples.



Ports can be placed:

- In the chest area just below the collarbone (this is the most common place.)
- In the arms.
- In the belly (*abdomen*) area.
- In the legs.

PARTS OF THE PORT

A port has 2 main parts:

- The **reservoir.** The reservoir is round, disc-shaped, and will be a small, raised area under your skin.
  - The reservoir is the part where a needle is inserted (*accessed*) to either give medicines or to draw blood.
- The **catheter.** The catheter is a long, slender tube that extends from the reservoir. The catheter is placed into a large vein.
  - Medicine that is inserted into the reservoir goes into the catheter and then into the vein.

INSERTION OF THE PORT

- The port is surgically placed in either an operating room or in a procedural area (*interventional radiology*).
- Medicine may be given to help you relax during the procedure.
- The skin where the port will be inserted is numbed (*local anesthetic*).
- 1 or 2 small cuts (*incisions*) will be made in the skin to insert the port.
- The port can be used after it has been inserted.

INCISION SITE CARE

- The incision site may have small adhesive strips on it. This helps keep the incision site closed. Sometimes, no adhesive strips are placed. Instead of adhesive strips, a special kind of surgical glue is used to keep the incision closed.
- If adhesive strips were placed on the incision sites, **do not** take them off. They will fall off on their own.
- The incision site may be sore for 1 to 2 days. Pain medicine can help.
- **Do not** get the incision site wet. Bathe or shower as directed by your caregiver.
- The incision site should heal in 5 to 7 days. A small scar may form after the incision has healed.

ACCESSING THE PORT

Special steps must be taken to access the port:

- Before the port is accessed, a numbing cream can be placed on the skin. This helps numb the skin over the port site.
- A sterile technique is used to access the port.
- The port is accessed with a needle. Only "non-coring" port needles should be used to access the port. Once the port is accessed, a blood return should be checked. This helps ensure the port is in the vein and is not clogged (*clotted*).
- If your caregiver believes your port should remain accessed, a clear (*transparent*) bandage will be placed over the needle site. The bandage and needle will need to be changed every week or as directed by your

caregiver.
- Keep the bandage covering the needle clean and dry. **Do not** get it wet. Follow your caregiver's instructions on how to take a shower or bath when the port is accessed.
- If your port does not need to stay accessed, no bandage is needed over the port.

FLUSHING THE PORT

Flushing the port keeps it from getting clogged. How often the port is flushed depends on:
- If a constant infusion is running. If a constant infusion is running, the port may not need to be flushed.
- If intermittent medicines are given.
- If the port is not being used.

For **intermittent** medicines:
- The port will need to be flushed:
  - After medicines have been given.
  - After blood has been drawn.
  - As part of routine maintenance.
- A port is normally flushed with:
  - Normal saline.
  - Heparin.
- Follow your caregiver's advice on how often, how much, and the type of flush to use on your port.

IMPORTANT PORT INFORMATION

- Tell your caregiver if you are allergic to heparin.
- After your port is placed, you will get a manufacturer's information card. The card has information about your port. Keep this card with you at all times.
- There are many types of ports available. Know what kind of port you have.
- In case of an emergency, it may be helpful to wear a medical alert bracelet. This can help alert health care workers that you have a port.
- The port can stay in for as long as your caregiver believes it is necessary.
- When it is time for the port to come out, surgery will be done to remove it. The surgery will be similar to how the port was put in.
- If you are in the hospital or clinic:
  - Your port will be taken care of and flushed by a nurse.
- If you are at home:
  - A home health care nurse may give medicines and take care of the port.
  - You or a family member can get special training and directions for giving medicine and taking care of the port at home.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your port does not flush or you are unable to get a blood return.
- New drainage or pus is coming from the incision.
- A bad smell is coming from the incision site.
- You develop swelling or increased redness at the incision site.
- You develop increased swelling or pain at the port site.
- You develop swelling or pain in the surrounding skin near the port.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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