

## Ports

A port, also known as an Infusaport, is an implanted central venous access device (CVAD). It is made of two parts; a soft thin tube, the catheter, which is connected to a small disc-shaped chamber also known as the port.

The port lies under the skin and can be felt as a small raised area, usually on the chest. The catheter is inserted into a large vein and the tip of the catheter placed close to the heart. The centre of the port, known as the septum, is where a needle is inserted through the skin to allow access for intravenous (IV) medications, fluids and to take blood.

### Why do I need a port?

Ports are very useful for children and adults who require frequent or long-term IV treatments. Having a port can also be a good alternative to having an IV line because:

- It can stay in place for months, or even years, avoiding the need for frequent IV/PICC access procedures.
- It offers reliable IV access and ease of accessibility for blood sampling.
- It has a lower risk of infection than other IV access options.

### What happens during port placement?

For children, a port is inserted under a general anaesthetic by a surgeon or radiologist. For adults, it is usually an outpatient procedure under local anaesthetic and with sedation, if required. Ports are usually inserted in the radiology department or in an operating room. A typical location for a port placement is the upper chest area. Adults may also have a port placed inside the upper arm. Once the port is inserted, there will be two dressings; a large clear dressing over the port and a smaller dressing on the neck where the vein is accessed. The port may be stitched in place with dissolvable sutures. Care of the implantation site will be required while the incision heals. Your care team will tell you how and give you pain medication if necessary.

### How is medication given through a port?

To access your port, a special needle is inserted through the skin into the septum by your nurse; this is called 'needling'. Local anaesthetic cream (EMLA) can be applied to the site prior to needling to reduce pain and discomfort. After a needle is inserted,

it will be held in place with a sterile clear dressing to protect it from infection and to keep the port needle secure. The needle can be left in place for up to a week.

### Care of the port

General care of your port includes:

- Good hand hygiene – before and after touching or handling the port or dressing.
- Keep the dressing clean and dry.
- Ensure the tubing or ends of the port access device are covered with a waterproof covering when showering or bathing and that they are not exposed/hanging into water.
- Inspect the insertion site and surrounding skin through the dressing every day and report any signs of redness, swelling, pain or any ooze of discharge to your nurse or doctor.
- The port is flushed before and after every treatment to help prevent blockage. Additional flushes may be prescribed.
- Check the connections and bungs at the end of the port access device (needle) are secure - during treatment.
- Once a week, the needle will need to be replaced and the dressing changed.

When the port is not in use it must be accessed, flushed and locked every 4 weeks. This prevents it from blocking. Your nurse or doctor will explain this to you. There may be an option for you to be taught to do this at home. Discuss this with your treating team.

### Possible complications

While complications related to having a port are rare, you should contact your IV access team, CF health care team or present to the Emergency Department immediately if:

- You have fever, chills or feeling generally unwell.
- There is an ooze around the insertion site or the skin is red, inflamed or painful.
- The site or the catheter is leaking. This may be due to damage to the tubing, disconnection or a blockage or breakage in the catheter.
- A burning sensation on administration of medication.
- There is resistance to flushing. Feeling resistance may indicate that there is a blockage.

- Aching, swelling or pain in the shoulder, neck or arm, or discolouration between both arms which may indicate a clot.

**Call an ambulance if**

- There is a sudden change and/or difficulty in breathing or gasping for air.
- If you/your child experience chest pain or palpitations.
- If you/your child becomes drowsy, pale or floppy.

REMEMBER IF YOU/ YOUR CHILD FEELS UNWELL OR HAVE A RAISED TEMPERATURE PLEASE CONTACT YOUR IV ACCESS TEAM OR CF HEALTH CARE TEAM OR PRESENT TO THE EMERGENCY DEPARTMENT.

**Useful Resources**

- Procedural Anxiety Factsheet [www.cfwa.org.au/wp-content/uploads/2017/12/CF-Fact-Procedural-Anxiety.pdf](http://www.cfwa.org.au/wp-content/uploads/2017/12/CF-Fact-Procedural-Anxiety.pdf)
- Infusaport Patient Information [www.scgh.health.wa.gov.au/Patients\\_Visitors/pdf/Brochures/PortPatientInformation.pdf](http://www.scgh.health.wa.gov.au/Patients_Visitors/pdf/Brochures/PortPatientInformation.pdf)
- Kkind (Keeping Kids in no Distress) resources [www.cahs.health.wa.gov.au/services/kkind/index.htm](http://www.cahs.health.wa.gov.au/services/kkind/index.htm)

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