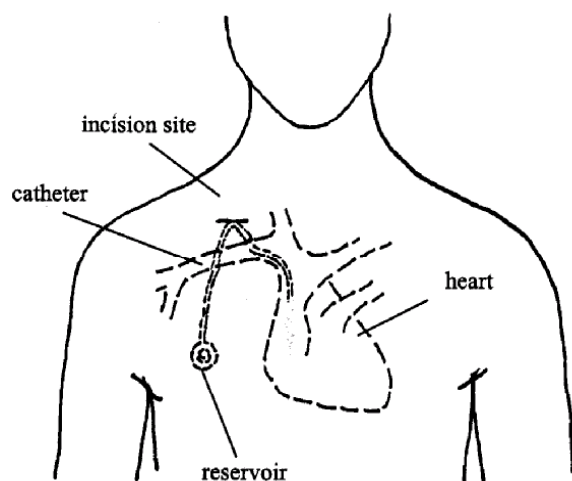


Implanted port

What is an implanted port?

An implanted port is a device placed under the skin, usually on the upper chest, for accessing a vein. The port makes it easier to give IV fluids or medicines and take blood samples.

The implanted port has 2 parts: the catheter and the reservoir. The catheter is a long, hollow tube placed into a large vein leading to the heart. The reservoir is the part that is accessed (a needle is put into it) for treatments. Some implanted ports have two catheters and two reservoirs, so two medicines or fluids can be given at the same time.



How should I prepare my child?

Use simple words to explain why the port is needed and what to expect. How much detail you give will depend on the age of your child, and the degree of anxiety about the procedure. If you need help, ask a nurse or Child Life staff member.

Explain procedures before they are done, especially what your child will see, hear, and feel. Tell your child what is expected ahead of time, such as, "Your job is to hold still while I put on the tape." This will help make care at home easier for both of you.

How is the port put in?

During surgery, the surgeon inserts the tip of the catheter under the chest skin and tunnels it into the superior vena cava, a large vein that goes to the heart. The reservoir is placed under the skin.

There will be two small incisions on the chest after surgery, one where the catheter was inserted into the vein, and one where the reservoir was placed under the skin. There will be a quarter-sized bump under the skin where the implanted port is. Your child may have soreness or discomfort at the incision sites. Pain medicine will be given as needed.

How should I care for my child?

Caring for a child with an implanted port may be a little scary at first. The nurses will take care of the port and give the medicines.

If the needle is left in place for a continuous infusion it will be covered with a transparent dressing. Your child can shower or bathe in shallow water, if you cover the dressing with plastic and tape all the edges down with waterproof tape. If the tape or transparent dressing becomes wet, replace it right away. **Do not** let the IV tubing drop down into the bathwater, as bacteria from the water may enter the catheter

Flushing the implanted port

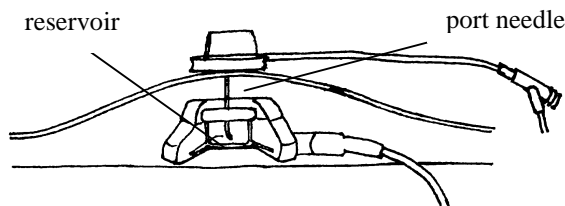
The port will need to be flushed to help prevent blood from clotting and blocking it. If it becomes blocked, it may have to be removed. How often the port needs to be flushed depends on whether a constant infusion is being given. Some children need to have the port flushed in the clinic, and some need this at home.

Your child needs the port flushed:

- once a month
- every day
- after infusions

If your child needs the port flushed at home, you will be taught how to do this. Please see the education sheet “Implanted port: Care at home.”

Only non-coring needles should be used with the implanted port. These are special needles that do not leave a hole in the reservoir of the port (see picture below). This allows the port to be accessed many times without damage. Your home infusion company will provide these special needles.



Applying anesthetic cream

If you are using anesthetic cream (such as EMLA® or ELA-Max®) to reduce the discomfort of the needle, apply it 1 to 4 hours before accessing the port. Follow the instructions that come with the cream, or see the education sheet, “Anesthetic cream.” To find the area to apply it, feel for the edges of the port with your fingers.

When should I call the clinic?

- temperature higher than 101.5° F (38.6° C)
- redness, swelling, drainage, or pain at the incision site
- redness, swelling, drainage, or pain at the port site

Questions?

This sheet is not specific to your child but provides general information. If you have any questions, please call:

Home care nurse _____

Supply company _____

Home care pharmacy _____

Doctor: _____

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