Diagnostic Imaging



Information about having a **Portacath Insertion** (Implantable central access device)



What is a Portacath?

A Portacath is a small device that is inserted beneath your skin in your upper chest. You will need a small cut in your neck to access a vein. The portacath is attached to a hollow tube (catheter) which connects to the vein placed through the small cut. The tube is passed along a guide wire into the large vein (superior vena cava) until it reaches the entrance to your heart. The portacath has a port or reservoir which we insert under the skin in a pocket and appears like a bump under the skin. It is accessed via a special gripper needle. The port is to allow delivery of the treatment you need for your underlying condition.

Who will do it?

A specially trained doctor called a Radiologist or Nurse Specialist.

Where will it be done?

Usually in a screening room in the x-ray department, treatment area, it may also be done in an operating department.

When can I discuss the procedure?

You can discuss this with your referring doctor at the clinic or in the ward, and also with the Radiologist or Nurse Specialist before the procedure.

Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complications of the procedure.

What preparation is required before the procedure?

You may or may not be admitted to a ward before the procedure. You cannot eat for 6 hours before the procedure but you may drink small amounts of clear fluids up to 2 hours before the procedure.

You will need to undress and wear a hospital gown.

What happens during the procedure?

This is a sterile procedure however the technique used may vary. Generally you will lie on your back on the x-ray table. We will monitor your vital signs (blood pressure, pulse, oxygen intake). You may need oxygen.

We clean the area over the chest and, or neck with antiseptic solution and then inject a local anaesthetic. There may be some slight discomfort when we inject the local anaesthetic. This will not last long. We will place you in a head down tilt on the x - ray table just before inserting the port.

The Radiologist will use the x-ray equipment or ultrasound to guide a fine plastic tube (catheter) into the vein using a needle and a guide wire. Once the plastic tube is inserted, the Radiologist makes a small pocket and inserts the port under the skin within the pocket. We then apply a dressing.

We may carry out an x- ray to check the correct line position and check for any complications.

How long will it take?

This can vary for a number of reasons however you can expect to be in the department for about 30 - 45 minutes.

What happens afterwards?

We may allow you to go home later the same day or return to your ward. Nursing staff will carry out routine observations of your vital signs (e.g. blood pressure, pulse etc). Nursing staff will also monitor the puncture site to make sure there is no bleeding.

Are there any risks?

This is a safe procedure but as with any medical treatment some risks and complication can arise.

As with any procedure where the skin is penetrated there is a risk of infection.

Any procedure that involves placement of a catheter inside a blood vessel carries certain risks which include damage to the blood vessel, bruising or bleeding.

A Pneumothorax (collapsed lung) may occur, which might need corrected with a chest drain.

Ongoing Care

This will depend on the treatment you need.

We will remove the stitches at your port site after 7 days. The dressing will be replaced after 24hours and then you should be able to leave the area exposed following removal of the stitches. Nursing staff will teach you how to care and access the port. Or arrangements will be made for ongoing care.

If you have any questions please telephone the number on your appointment card or letter.