

About Your Child's Implanted Port



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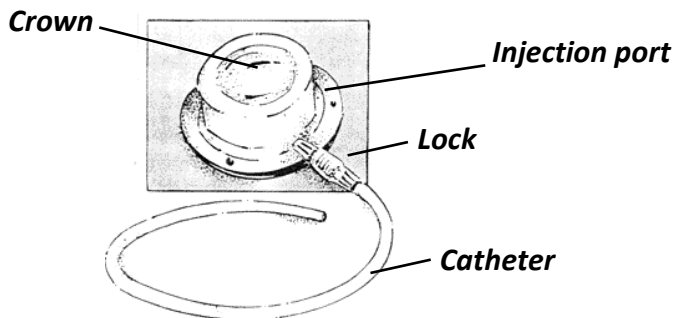
What is an Implanted Port?

An **implanted port**, also called a **port**, is a device placed under your child's skin. A port provides a safe way into a blood vessel.

A port has 2 parts:

The **injection port** looks like a small hat. The crown of the hat is made from silicone rubber. It is where the needle enters. The crown reseals when the needle comes out.

The **catheter** is a thin flexible tube. One end connects to the port with a lock.



Why does your child need a port?

Doctors may suggest a port if your child needs many needle pokes into their blood vessels. For example, your child may need:

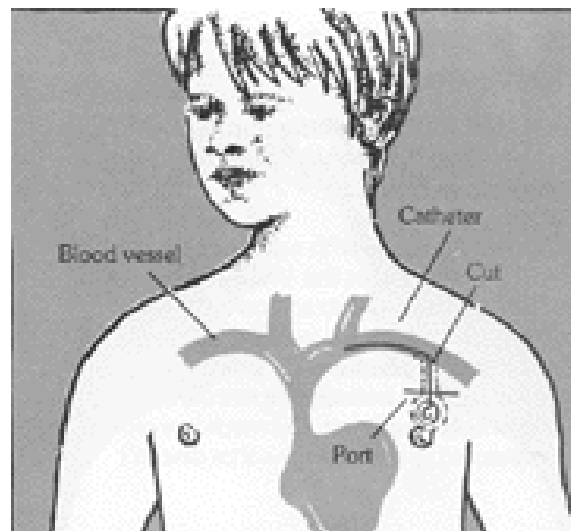
- Many injections of medicine into their blood stream,
- Transfusions of blood products like blood, platelets, or some blood factors, or
- Many blood samples. There are some drawbacks to taking blood

from a port. Your child may still need to give blood samples from a vein in their arm.

When the port is in place, it looks like this:

The whole port sits under the skin. The tip of the catheter lies in a large blood vessel going into the heart.

What the port looks like inside the body:



What are the benefits of a port?

The port catheter carries medicine into a large blood vessel with strong walls.

Normal intravenous (IV) catheters can only enter small veins close to the skin. These blood vessels are thin and fragile. Some medicines can hurt or irritate these veins.

Large veins are blood vessels deep in the body. Blood flows quickly in these veins.

When medicine enters a large vein through a port, it moves quickly. This way, medicine does less damage to healthy tissues.

The port is covered by skin. This is helpful because:

- Skin protects the body from germs. Since skin covers the port area, there is less risk of infection.
- The port does not need special care.
- Your child can do most activities, like swimming.
- When the skin over the port heals, your child can take baths or showers.

What are the risks of a port?

There is a risk of infection:

- After surgery, where the port was put into your child's body.
- Every time your child gets a needle into the port.

There is also some pain when your child gets a needle into the port. But, because the needle does not go deep, it is less painful than other injections.

How does the port work?

Your child will get medicine through a special needle with a fine point. It is called a **Winged Huber needle**. The needle is attached to a tube. The needle goes through the skin and into the crown of the port. Your child may receive their medicine or other fluid with a quick injection, or a slow drip.

The medicine or fluid travels:

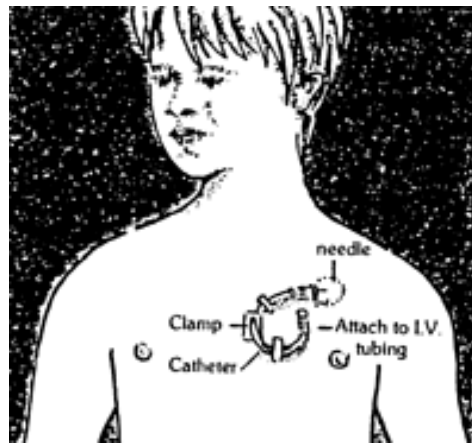
- comes down the tube
- through the needle
- into the port
- through the catheter, and then
- into the large blood vessel.

A dressing may be applied to keep the needle in place.

The needle and tube can stay in the port for 7 days. It can be used every day, or a few times a week. This means fewer needle pokes for your child.

You can use emla cream to numb the skin over the port. Apply the cream one hour before using the needle.

This is what the port will look like when your child gets medicine or other fluid:



Getting a port

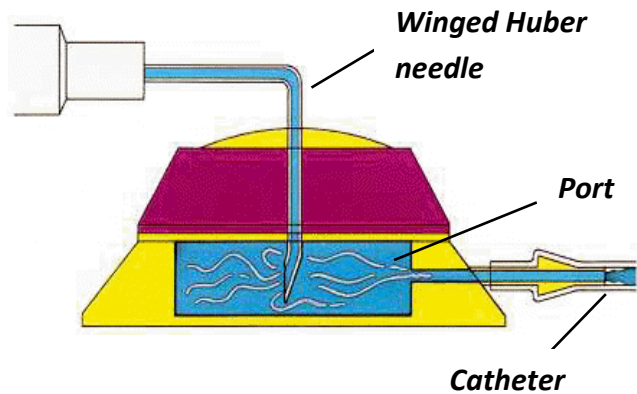
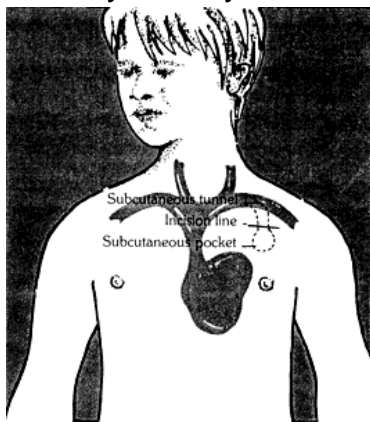
Your child will get their port during a simple surgery. The surgery usually takes about 1 hour.

In most cases, a surgeon will do this in an operating room. Your child will have **general anaesthetic**. This means they will not be awake for the surgery.

The usual place for the port is below the collarbone. Sometimes, because of your child's treatment, the port will go in a different place. The surgeon will talk with you about the best place for the port.

To put in the port, the surgeon:

1. Makes a small cut, called an **incision**, below the collar bone.
2. Threads the catheter through the cut and into the large vein.
3. Makes sure the tip of the catheter is in the right place. The surgeon does this with an x-ray picture.
4. Makes a pocket, called a **subcutaneous pocket**, under the skin to hold the port. The surgeon puts the port into the pocket and connects the port to the catheter.
5. Flushes the port with fluid to make sure it works well.
6. Stitches the pocket closed. The surgeon may put steri-strips on the area. The stitches will dissolve on their own. Or, a nurse will take the stitches out in about 2 weeks.
7. Stitches the cut on the neck closed. The surgeon may put steri-strips on the area. Let these fall off on their own. They usually last a few days.



When the cuts heal, the only sign of the port will be a bump on the chest.

People with a port should

- Always carry an ID card to let health care workers know that they have a port.
- Tell the doctor when they are going to have dental work. The doctor may prescribe an antibiotic to prevent infection. It is easy for germs to get into the blood through the gums.
- Tell the doctor if they feel:
 - Like the port has moved
 - Pain or tingling around the port



Call your child's doctor if your child has signs of infection.

Your child may have an infection if:

- The area around the port is red, swollen, tender or oozing,
- They have a fever, or
- They have aches or feel flu-like.



Contacts

Community nurse: _____

Telephone: _____

Doctor: _____

Telephone: _____

Nurse clinician or other contact: _____

Telephone: _____

At Children's & Women's Health Centre of British Columbia we believe parents are partners on the health care team. We want you to be as informed as possible. This pamphlet will answer some of your questions.

Please ask about things you do not understand and share your concerns.

If you have any questions, please call one of the contacts listed above.