Implanted Venous Access Device (Port)

A port, sometimes called a Port-a-Cath, an implanted venous access device, or central line is used to give you medicine and fluid into your veins. It works like an IV catheter but can stay in place for 5 years or more. A port is made up of a reservoir attached to a tube (catheter). The reservoir is placed under your skin and the tube goes into a vein. The reservoir will look like a bump under your skin. It is round and about the size of a quarter. The tube is not usually noticeable. The purpose of a port is to make it easy to get IV medications or have blood taken. If you are having chemotherapy over several months or more, a port may be recommended.

A port can be in your chest, abdomen (belly), or arm. The port is put in by a doctor in a hospital operating room or radiology department. You may be given anesthesia (to make you sleepy), or you may be awake for the surgery. It is a short surgery and has few side effects. Some bruising, soreness, and swelling where the port is placed are common. Stitches, steri-strips (surgical tape), or surgical glue will be used to close the skin where the port is placed.

To use your port, a nurse will first "access" the port. This is done by putting a needle through your skin and into the reservoir. Putting the needle in is a sterile (very clean) procedure. A numbing medication may be used before putting the needle in to lessen any pain from the needle. The nurse putting in the needle will feel for the reservoir. The nurse will put on sterile gloves and clean the area. The needle is put through your skin and into the reservoir. The needle is left in place and the area is covered with a dressing. The needle is connected to a lumen (clear tube) with a cap at the end. This will be used to give medications, fluids, chemotherapy, blood products, or to draw blood. Once your infusion is done or your labs have been drawn, your nurse will remove the dressing and the needle. A bandaid may be used to cover the site where the needle was removed.

How do I care for my port?

- Follow your surgeon’s directions for how you should care for your port after the surgery. This may include avoiding heavy lifting for a while. You should call your provider if you have any signs of infection such as fever, redness, swelling, pain, discharge (drainage), or warmth.
- Before handling any tubing attached to the port, wash your hands. When you are finished handling the tube, remove your gloves and wash your hands again.
- While a needle is in your port, be careful to not pull on the tubing to keep the needle from coming out. If the dressing becomes dirty or wet it should be changed right away.
- A port should be flushed before use and after use. Flushing means using a syringe to put saline solution (medical saltwater) into the port.
• You should look at your port site each day. Even after the area has healed from surgery, you should check for signs of infection such as redness, swelling, pain, discharge (drainage), and warmth. Also, check that the reservoir is secure under your skin and not moving.
• If your port is not being used, it should be flushed with saline once a month. If you no longer need your port it can be removed.

When to contact your care team

You should call your provider if you have any signs of infection. If fluid given into the port does not flow freely or the skin around the port is swelling, stop the infusion and call your care team. Contact your care team if you notice changes in the area around the port or if the reservoir is moving around underneath your skin.

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