The ROYAL MARSDEN
NHS Foundation Trust

Having an implanted port

The Oak Centre for Children and Young People

Patient Information

NHS

Introduction

The doctors have suggested that your child has a port put in to receive their treatment. This leaflet accompanies a care kit and will help you and your child understand how to care for the port and explains some of the problems that may occur.

What is a port?

A port is a small metal chamber, with a soft centre, placed under the skin on the chest. It feels like a bump under your child's skin. The port allows long term access to their blood stream, which may be used for taking blood samples and giving some IV medicines (intravenous, meaning into a vein) and blood products that your child may need during their treatment.

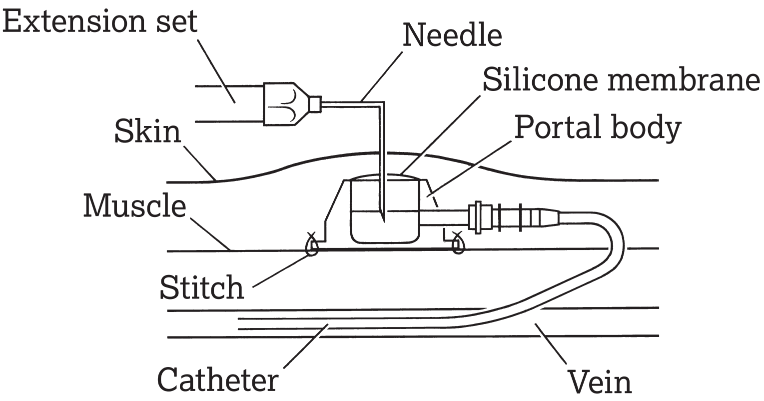
What preparation will my child need?

- A nurse and/or play specialist will tell you and your child about the port and show you how it works. A surgeon puts in the port, while your child is asleep under general anaesthetic. This takes about an hour.
- If your child wears a bra, please discuss this with the surgeon who can mark where the bra sits normally in order to avoid the port being irritated.
- After your operation, it might be more comfortable to wear a softer bra such as a sports bra or a bra without an underwire until the wound heals.

How is the port inserted?

The metal chamber is placed under the skin of the chest. A thin tube called a catheter is attached to the metal chamber. This catheter goes under the skin and into a vein in your child's neck leading to their heart. The surgeon will give your child painkillers when they are having the operation, so they should not feel any pain afterwards.

Diagram of an implanted port



What happens afterwards?

Your child will have either a small clear dressing and/or plaster on their chest where the port is, and on their neck where the catheter goes. These should stay in place for up to seven days, after which time they can be taken off. It is possible to use the port straight away after surgery. If your child feels sore after the operation, the nurses will give them some more painkillers.

After having a port put in, your child may have a bruise or oozing at the place on their chest or neck where the operation was done. This should stop over the next few days. Ask for advice from your shared care centre if:

- The bruising gets worse
- There is any bleeding from the areas
- The oozing looks infected (pus or smelly)
- Your child has a temperature higher than 38°C.

Using the port

The skin needs to be cleaned before the port is used. Most bugs that cause port infections live naturally on your skin. Therefore, cleaning your skin properly with a special solution (chlorhexadine) will help to stop any infection. Your skin over the port is numbed with Ametop or EMLA cream. A special needle is put through your numbed skin into the soft part of the port. This is secured with a clear dressing. The port needle can stay in for up to seven days. After this time, if we are still using the port the needle will need to be changed.

Caring for your child's port

Your child's community nurse will care for their port while you are at home (line flushes and dressings). Any problems that happen outside their working hours may be dealt with by your shared care hospital.

- A see-through dressing (Opsite IV3000) is used to help to keep the needle in place. Opsite IV3000 is also waterproof so it can be kept on in the shower.
- If your child's skin becomes red and/or sore with Opsite IV3000, Cavilon can be applied before the dressing or the dressing changed to Tegaderm IV.
- When the port is not in use, your child can bath and swim normally.
- If the port is in use, your child cannot swim or have a deep bath but they can still shower. If your child prefers to bath, they can have a shallow bath. Do not allow the tubing to go under the water, as there is a risk of infection from bath water. If water gets under the dressing it should be changed.
- To prevent the port from becoming blocked, it must be flushed at least once every four weeks when not in use. This will be done by a nurse or doctor with saline and a heparin solution 100u/ml.

Problems that may occur with the port

- Your child's port can become infected – watch for swelling, redness, pain, or a temperature above 38°C – this can be treated with antibiotics. If the antibiotics do not work then we may need to remove the port.

- The port can become blocked. This can usually be unblocked by nursing staff.
- The port can get knocked out of place – this is rare. If this happens, contact your shared care hospital.
- If you find the clamp on the tubing is undone, then re-clamp it and contact your shared care hospital or community nurse as it will need to be flushed.
- If you find a hole in the tubing then clamp it above the hole on the side nearest your child's body using the clamp provided in your kit. Contact your community nurse as they will need to change the needle.
- If the needle moves out of place or comes out, contact your community nurse or shared care hospital straight away for your child's port to be checked. It may need to be flushed or the needle repositioned or replaced.
- While your child has their port, they must not play rough sport such as rugby as it can get knocked or move out of place.

Further information

For more detailed information, please see The Royal Marsden booklet *Central Venous Access Devices.*

Contact details

If you have any questions, please contact:

Your child's community nurse

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Tel no: ....

Shared care centre

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Tel no: ....

The Oak Centre for Children and Young People,
at The Royal Marsden

Tel no: 020 8915 6248 (24 hour advice line)

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Charity.
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Registered Charity No.1095197

Revised January 2019. Planned review January 2022
CU-0117-05

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