Your Implanted Port for Pediatric Patients

This information explains your implanted port, the port placement procedure, and how to care for your implanted port. In this resource, the words “you” and “your” refer to you or your child.

About Your Implanted Port

An implanted port (sometimes just called a port) is like an artificial vein. It will make it easier for your doctors and nurses to access your blood vessels for medications and tests. The advantages of having an implanted port are:

- You won’t need as many needle sticks.
- It can stay in your body as long as a few years and be removed when you don’t need it anymore.

An implanted port has many uses. It can be used to:

- Give you intravenous (IV) medication.
- Give you IV fluids, nutrition, or both.
- Draw blood for tests.
- Give you blood transfusions.
• Give you chemotherapy.

Sometimes, chemotherapy must be given in a vein larger than the ones in your arms. Your port lets the chemotherapy medication be put into your bloodstream through a large vein near your heart. It also allows the medication to be given continuously for several days, if needed.

Types of ports
Some ports are specially designed to be used during imaging studies, such as computed tomography (CT) scans. These are called power-injectable ports. Your doctor will tell you if you have a power-injectable port.

There are many different implanted ports available. Your doctor will choose the one that’s best for you. Your port may be called a Mediport® or Port-A-Cath®.

Parts of your port
An implanted port has 2 main parts: the port and the catheter (see Figure 1).

• The port is a container for the fluids that will flow into your bloodstream. It sits under your skin and has a raised center (septum) made from a self-sealing rubber material. This is the part of the port where needles will be inserted.

• The catheter is a small, plastic, flexible tube. One end of the catheter is connected to the port. The other sits in a large vein near your heart. Fluids and medications will move into the port, through the catheter, and into your bloodstream.
Your port will be about the size of a nickel or a quarter. It can be circular, oval, or triangle shaped (see Figure 1). It may be placed on either the right or the left side of your chest (see Figure 2). Your port may raise your skin about ½ an inch above normal. You may be able to feel it through your skin.

**Accessing your port**

When a needle is put into your port through your skin, it’s called accessing your port (see Figure 3). Only healthcare providers who are trained in and familiar with port access should do this. When your port is accessed, a clear dressing (cover) will be put over the needle and port to keep the area clean.
Before Your Port Placement Procedure

About 1 to 2 weeks before your procedure, you will meet with the pediatric surgery team to learn more about your new port. During this appointment, they will teach you how to care for your port once it’s placed. You should also have a family member or friend learn with you.

Ask about your medications
You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some examples below.

- If you take vitamin E, stop taking it 10 days before your procedure. Vitamin E may cause bleeding. For more
information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs) (www.mskcc.org/pe/common_meds).

- If you take aspirin or medications that contain aspirin, stop taking them 7 days before your procedure. These medications can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs) (www.mskcc.org/pe/common_meds).

- If you take medication to thin your blood (an anticoagulant), ask the doctor who prescribes it for you when to stop taking it. Some examples are aspirin, warfarin (Coumadin®), dalteparin (Fragmin®), heparin, tinzaparin (Innohep®), enoxaparin (Lovenox®), clopidogrel (Plavix®), and cilostazol (Pletal®).

- If you take insulin or other medications for diabetes, you may need to change the dose before your procedure. Ask the doctor who prescribes your diabetes medication what you should do the morning of your procedure.

If you’re taking any other medications, ask the doctor who prescribed the medications if you should stop taking them before your procedure.

If you take any medications in the morning, talk with your doctor about which medications you should take before your procedure. Your doctor may tell you to wait until after your procedure to take some of your medications.
Note the time of your procedure

A staff member will call you after 11:00 AM the day before your procedure. If your procedure is scheduled for a Monday, they will call you on the Friday before. If you don’t get a call by 4:00 PM, call 212-639-5948.

The staff member will tell you what time to arrive at the hospital for your procedure. They will also remind you where to go. This will be the following location:

Presurgical Center (PSC) on the 6th Floor
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
B elevator to the 6th floor

The Day of Your Port Placement Procedure

Instructions for eating and drinking

- Don’t eat anything after midnight the night before your procedure unless your healthcare provider tells you it’s okay.
- You can drink water or apple juice up until 2 hours before your scheduled arrival time.

Instructions for medications

Take only the medications your doctor tells you to take the morning of your procedure. Take them with a small sip of
Things to remember

- You can shower.
- Don’t put on any lotion, cream, powder, deodorant, makeup, powder, perfume, or cologne.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during your procedure can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your procedure can cause burns if it touches metal.
- Leave valuable items (such as credit cards and jewelry) at home.
- Before you’re taken into the operating room, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.

What to bring

☐ A case for your glasses.
☐ Loose, comfortable clothes to wear after your procedure.
☐ A small pillow or towel, if you’re traveling home in a car. You can use this to protect your incision (surgical cut) from the seatbelt.
☐ Your Health Care Proxy form, if you have completed one.
Your medication.

This guide.

Where to park
MSK’s parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There’s a tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Once you’re in the hospital
You will be asked to say and spell your name and date of birth many times. This is for your safety. People with the same or a similar name may be having procedures on the same day.

Get dressed for your procedure
When it’s time to change for your procedure, you will get a hospital gown, robe, and nonskid socks to wear.

Meet with your nurse
You will meet with your nurse before your procedure. Tell
them the dose of any medications (including patches and creams) you took after midnight and the time you took them.

**During your procedure**
Your anesthesiologist (specialized doctor or nurse who will give you medication to make you sleepy) will place an IV line into one of your veins. You will get medication through the IV line to control pain and to make you drowsy. Your anesthesiologist will also monitor your blood pressure, heart rate, breathing, and oxygen levels during your procedure.

Your doctor will give you a local anesthetic (medication that numbs an area of your body) in the area where your port will be inserted. Once the area is numb, your doctor will make a small incision on your chest, under your collar bone. They will put the catheter into the incision and thread it into your vein. Then, your doctor will make a pocket under your skin and place the port into the pocket. Finally, your doctor will close the pocket from the inside out using sutures (stitches) under your skin and Dermabond® (surgical glue) to close your skin.

**After Your Procedure**

**What to expect**
When you wake up after your procedure, you will be in the post anesthesia care unit (PACU). Your nurse will keep monitoring your heart rate, breathing, and blood pressure. Once you’re fully awake, your nurse will give you a drink and a light snack. They will also remove your IV line.
If your port will be used the day of your procedure, an access needle will already be in the port and the port and needle will be covered by a clear dressing. You will also have a small bandage over your incision.

You may have some discomfort at your incision sites for the first 1 to 2 days. You will be prescribed pain medication for discomfort. Use the medication as instructed.

Your nurse will explain your discharge instructions to you before you go home. They will also teach you how to care for your incisions and port once you’re at home.

When you leave the hospital, wear clothing that’s loose and comfortable. If you’ll be traveling by car and the seatbelt is on the same side of your body as your new port, put a small pillow or towel between the seat belt and your incisions. This will make your car ride more comfortable.

**Caring for your incisions**

You will have a bandage covering the small incision on your chest. You can take this bandage off 48 hours after your procedure. You may have Steri-Strips® (adhesive tape) or Dermabond under your bandage. These are used to help hold the incision together and to promote healing. Leave them in place until they peel off on their own, usually about 2 weeks after your procedure.

If your doctor also used sutures to close your incision, they’re under your skin and will dissolve on their own. This may take
several weeks.

**Bathing and showering**

- For the first 24 hours after your procedure, keep your bandage dry. You can take a sponge bath as long as your bandage doesn’t get wet.

- You can take a shower 48 hours (2 days) after your procedure. Don’t soak in a bathtub or pool.
  - If your port is accessed, cover the clear dressing over the port with a waterproof dressing (such as Aquaguard®). Your nurse can give you instructions for how to use it.
  - When washing, be gentle with your skin around the port site. You can wash gently with soap, but don’t use a washcloth or brush. Rinse your skin well and pat it dry with a soft towel.

- You can start using a washcloth 2 weeks after your procedure, but avoid scrubbing the area until it’s completely healed. This is usually about 6 weeks after your procedure.

- You can start taking baths 1 to 2 weeks after your procedure. Your doctor will tell you when this is. You can go completely underwater in a bathtub or pool as long as your port isn’t accessed.

**Restrictions on physical activity**

Your doctors and nurses will give you instructions on what exercises and movements you can do while your incisions are healing. Check with your doctor or nurse before starting any
exercises, such as:

- Gym class
- Running
- Stretching
- Lifting anything over 10 pounds (4.5 kilograms)
- Contact sports, such as football

Caring for Your Port

Your port will need to be flushed every 4 weeks when it’s not in use. This is to keep the catheter from getting clogged. A nurse at MSK will flush your port.

You don’t need a bandage over your port when it’s not being used. When the port is being used, you will have a transparent dressing (covering) over the needle. Keep the dressing dry and in place while the needle is in the port.

Common Questions

Will my implanted port set off metal detectors?
No. Your implanted port doesn’t contain any metal.

Can I have an MRI scan with an implanted port?
Yes. Your implanted port doesn’t contain any metal and is safe for MRI scanners.

Call Your Doctor or Nurse if You:

- Have new or increased pain at the site of your port.
• Have swelling or a growing bruise at the site of your port.
• Have pus or fluid coming from your incision(s).
• Notice your incision(s) are hot, tender, red, or irritated.
• Have a fever of 101 °F (38.3 °C) or higher.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.