PATIENT & CAREGIVER EDUCATION

Your Implanted Port for Pediatric Patients

This information explains your implanted port, the port placement procedure, and how to care for your implanted port. For the rest of this resource, our use of the word “you” and “your” refers to you or your child.

About Your Implanted Port

An implanted port (also known as 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.

An implanted port has many uses. It may 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 allows the chemotherapy medication to be delivered into your bloodstream through a large vein near your heart. It also allows the medication to be given continuously for
several days, if needed.

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 let you know if you have a power-injectable port.

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 it is no longer needed.

**What the implanted port looks like**

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). The port may raise your skin about ½ an inch above normal. You may be able to feel it through your skin.
There are many different implanted ports available. Your doctor will choose the one that is best for you. Your port may be called a Mediport®, Port-A-Cath®, or PowerPort®.

An implanted port is made up of 2 parts: the port and a 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 implanted port where needles will be inserted.
- The catheter is a small, plastic, flexible tube. One end of the catheter is connected to the port and the other sits in a large vein near your heart. Fluids and medications that will move into the port, through the catheter, and into your bloodstream.

A specially trained nurse can put a needle into your port
through your skin. This is called “accessing” your port (see Figure 3). Don’t allow someone to access your port who is not trained in and familiar with port access.

About Your Implanted Port Placement

Before Your 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 is placed. You 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
If you take vitamin E, stop taking it 10 days before your procedure, because it may cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*.

- 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)*.

- If you take medication to thin your blood, 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 the procedure. Your doctor may tell you to wait until after the
procedure to take some of your medications.

**Note the time of your procedure**

A Session Assistant will call you after 11:00 AM the day before your procedure. They will tell you what time you should arrive at the hospital for your procedure. If your procedure is scheduled on a Monday, you’ll be called on the Friday before. If you don’t receive a call by 4:00 PM, call 212-639-5948.

The nurse or Session Assistant will also tell you where to go for your procedure. This will be one of the following locations:

- Pediatric Ambulatory Care Center (PACC)
  B elevator to the 9th floor
- Presurgical Center (PSC)
  B elevator to the 6th floor

Both locations are in the main hospital at 1275 York Avenue (between East 67th and 68th Streets).

**The Day of Your Procedure**

Unless told otherwise, don’t eat or drink anything after midnight the night before the procedure.

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

**Things to remember**

- You may shower.
• Don’t put on any lotion, cream, powder, deodorant, makeup, powder, or perfume.

• Don’t wear any metal objects. Remove jewelry, including body piercings. The equipment used during your procedure can cause burns if they touch metal.

• Leave valuables, such as credit cards, jewelry, or checkbooks, 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 such as a rosary.

• If you wear contact lenses, wear your glasses instead.

**What to bring**

• A case for your glasses.

• Loose, comfortable clothes to wear after your procedure.

• A small pillow or towel, if you are traveling home in a car. You can use this to protect your incision from the seatbelt.

• Your Health Care Proxy form, if you have completed one.

• Your medication.

• This guide.
Where to park
Parking at MSK is available in the garage on East 66th Street between York and First Avenues. 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 is a pedestrian tunnel that goes from the garage into the hospital. If you have questions about prices, call 212-639-2338.

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
Once you arrive at the hospital, doctors, nurses, and other staff members will ask you to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having procedures on the same day.

Get dressed for your procedure
You will be given a hospital gown, robe, and non-skid socks.

**Meet with your nurse**
You will meet with your nurse before your procedure. Tell your nurse 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 (surgical cut) on your chest, under your collar bone. They will insert 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 continue to monitor 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 bandage. You will also have a small bandage over your incision.

You may have some discomfort at your incision site for the first 24 to 48 hours. You will be prescribed pain medication for discomfort. Use the medication as instructed.

Your nurse will explain your discharge instructions 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 is 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, place a small pillow or towel between the seat belt and your incision. This will make your car ride more comfortable.

**Caring for your incisions**

You will have a bandage covering the small incision on your chest. This bandage can be removed 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 are 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 may 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, as long as a needle isn’t connected to your port. Don’t soak in a bathtub or pool. 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 is completely healed. This is usually about 6 weeks after the procedure.
- You can start taking baths 1 to 2 weeks after your procedure. Your doctor will tell you when this is. You may go completely underwater in a bathtub or pool as long as a needle isn’t connected to your port.

**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 becoming clogged. A nurse at MSK will flush your port.

You don’t need a bandage over the port when it’s not being used. When the port is being used, you will have a transparent dressing (covering) over the needle. The dressing must be kept 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 does not contain any metal.

Can I go in an MRI scan with an implanted port?
Yes. Your implanted port contains no 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.