

Information for Patients and Carers

Implantable Port/Port-a-Cath Insertion

Decorative blue wavy lines at the bottom of the page, consisting of three overlapping bands of different shades of blue.

What is an implantable port/port-a-cath?

An implantable port is a special device which has a reservoir which sits underneath the skin on the top of your chest wall with a long, thin, hollow tube attached.

The tip or end of this tubing is in a large vein in your chest (vena cava), just above your heart.

Why do I need an implantable port/port-a-cath?

An implantable port/port-a-cath is used to administer medications, chemotherapy, antibiotics or fluids which need to be given intravenously (directly into a vein).

The implantable port/port-a-cath can also be used to take blood samples, reducing the need for needles in the arm.

If cared for appropriately the implantable port/port-a-cath can remain in place for five to six years.

Before the procedure

You may require some blood tests before the procedure to ensure it is safe to proceed.

Certain medications may need to be stopped prior to the procedure, and this will be discussed with you at a triage assessment before your appointment date.

The procedure will be discussed with you at length and if you are happy to go ahead you will be asked to sign a written consent form.

What happens during the procedure?

The doctor/nurse practitioner will scan your neck using an ultrasound machine so that they can see the veins inside.

This will help to determine where to insert the implantable port/port-a-cath.

The procedure uses x-rays, which is a form of radiation, to help guide in the placement and confirm the correct position.

There are some small risks involved with x-rays but only the minimum amount of radiation is used to produce the images required.

We use the smallest dose possible, in line with national regulations. For the procedure you will be required to lie flat on the x-ray table. Your neck and chest will be cleaned with antiseptic solution and covered with a sterile drape.

The doctor/nurse practitioner will then inject local anaesthetic to numb the insertion site and the area on the top of your chest.

Although you should not feel any pain during the procedure, you may at times feel some pressure.

Once the areas are numb, two small incisions will be made; one on your chest wall, where the port/port-a-cath will sit underneath the skin and the second in your neck where the port catheter tubing goes into the vein.

The incision in your neck will be closed with sutures or surgical glue. Sutures will need removing in 5-7 days.

The incision on your chest will be closed with deep and superficial sutures, or surgical glue. The sutures will need removing in 21 days after the procedure.

This will be discussed with you at your appointment.

The procedure takes approximately 45 to 60 minutes.

A dressing will be applied over your chest incision, along with a small dressing to your neck.

What are the risks of the procedure?

This procedure has a small risk of complications.

The doctor/nurse practitioner will go through these with you in detail.

Infection – There is a small risk of infection following the insertion of an implantable port/port-a-cath.

Bleeding and bruising – There can occasionally be some bleeding and bruising from the insertion sites.

Damage to other structures – There is a small risk of damage to other structures (nerves, artery) in the neck.

Pneumothorax/Haemothorax – A very rare complication from implantable port/port-a-cath insertion is pneumothorax/haemothorax (collapsed lung), due to the lung field being close to the insertion site.

Failure to insert – There is a small chance that it may not be possible to place the implantable port/port-a-cath. This will require further discussions with yourself and the referring team as to what the best options are in order for you to have your treatment.

What happens after the procedure?

After the procedure you will be required to stay in the department for a period of time to ensure there are no problems.

It is not uncommon to feel some slight discomfort or an ache in your neck where the implanted port/port-a-cath was inserted.

If required, take your usual painkillers (following the medications guidelines).

We recommend you have someone to bring you to and from the hospital on the day of your procedure or you will need to arrange hospital transport on telephone **0800 032 3240**.

Avoid any strenuous exercise for at least 24 to 48 hours after the procedure.

Who looks after my implantable port/port-a-cath?

The care of the implantable port/port-a-cath is often performed by the referring team (oncology team, Outpatient Parenteral Antimicrobial Therapy (OPAT) etc.).

They will clean, re-dress and flush the implantable port/port-a-cath on a four-weekly basis. Arrangements will be made with you for your sutures to be removed (if required).

How and when is the implantable port/port-a-cath removed?

The implantable port/port-a-cath will be removed once treatment is completed and no longer required. This will vary according to individual treatment plans.

Removing the implantable port/port-a-cath is performed under a local anaesthetic only.

Any preparation required will be discussed with you at the time.

Contact details

Should you require further advice or information please contact your specialist nurse or referring team or you can contact us in **IRDU** between **8.30am and 4.30pm, Monday to Friday**, on **01772 522343**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

Follow us on social media @lancshospitals

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

All our patient information leaflets are available on our website for patients to access and download:

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone 08081962638

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolve@LTHTR.nhs.uk

Department: Radiology/Interventional Radiology (IR)

Division: Diagnostics and Clinical Support

Production date: August 2025

Review date: August 2028

JR 1328 v1