

# Port-a-cath insertion

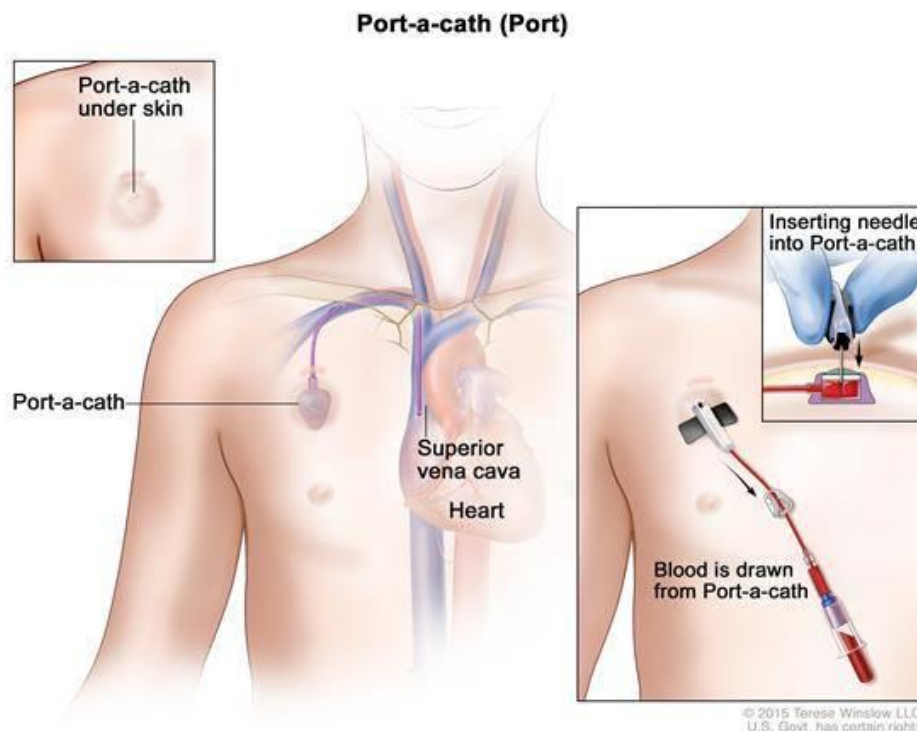
## Introduction

This leaflet gives you information about what to expect before and after a port-a-cath is inserted. It also lists the benefits and possible risks of having the device inserted.

## What is a port-a-cath?

A port-a-cath is a small medical device that is inserted under the skin. It is also known as a totally implanted central venous access device. The device is made up of 2 parts:

- A catheter (a small, thin and flexible tube) is inserted into a large vein in the lower part of the neck. The one end of the tube goes into a large vein that sits above the heart while the other end connects to the port (a small disc).
- The port is placed under the skin, normally on the chest. This is explained in more detail later in this leaflet. Once healed you will be able to see and feel a small bump on the skin where the port is sat.



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**GHPI1826\_12\_23**

Department

**Vascular Access  
Team**

Review due

**December 2026**

## Patient Information

### Why do I need a port-a-cath?

Port-a-caths are often inserted to allow administration of medications directly into the bloodstream for patients requiring long-term treatment.

Port-a-caths can also be used to collect blood samples. This will avoid repeated needle punctures when blood samples need to be taken often.

### What are the benefits of having a port-a-cath?

- Treatment/therapy and blood samples can be taken without multiple needle punctures.
- Port-a-caths can be left in place for weeks/months and for some people years.
- Port-a-caths cannot be seen.
- The device will allow you to continue with your normal activities such as swimming, playing golf etc., however, contact sport is not advised.
- Port-a-caths can be used to give most intravenous medications required for treatment.

### What are the risks of having a port-a-cath inserted?

Complications and risks of having a port-a-cath inserted are rare. However, like most medical procedures, some may occur.

- **Scarring:** You will have 2 small scars at the insertion sites.
- **Bruising:** This is very common following a port-a-cath insertion but usually settles a few days after the procedure.
- **Pain:** You may experience mild to moderate pain for a couple of days after the port-a-cath has been inserted. Regular pain relief such as paracetamol or other over-the-counter medicines, along with rest will help with this.
- **Infection:** The procedure is carried out in a sterile environment and all precautions are taken to reduce the risk of infection. However, infection can still occur at the insertion site (on the skin) or within the bloodstream. Most infections can be treated with antibiotics, although in some cases the device may need to be removed.

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- **Thrombosis/blood clot:** A blood clot can form on the tip of your port-a-cath catheter. This is usually treated with clot-dissolving medication given through the port-a-cath.

### **What preparations are needed before the procedure?**

- Before a port-a-cath is inserted you will be required to have blood samples and a MRSA swab taken for testing. MRSA (Methicillin-resistant Staphylococcus aureus) is a type of bacteria that usually lives harmlessly on the skin but can cause complications such as infection during surgical procedures.
- You will be given a medical grade soap (Octenisan®) to wash your full body. This must be done the night before and the morning of the procedure. You do not need to wash your hair with this soap.
- Please tell the doctor or nurse who completes the port-a-cath referral if you are taking any medicines that thin your blood, such as antiplatelet (aspirin/clopidogrel) or anticoagulant (warfarin/rivaroxaban). These medications will need to be temporarily stopped before the procedure. You will be advised when to stop taking the medication, this can vary for each medication from 12 hours to 3 days. You will also be advised when to start taking the medication again after the procedure.

**You will be required to fast for 4 hours before your procedure. This means that you must not eat or drink anything during this time period. This is because you will need to lie flat during the procedure and you will also be given a sedative medicine which may make you feel sick if you have a full stomach.**

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## How is the port-a-cath inserted?

Your procedure will take place in the Radiology Department at Gloucestershire Royal Hospital. You will receive an appointment letter giving you directions to the department.

On arrival you may need a small plastic tube (cannula) inserted into a vein in your arm. This will be used to give you any medications needed during the procedure.

You will also be asked to change into a surgical gown.

The practitioner/doctor performing the procedure will explain the process. They will also explain the benefits and possible complications of having a port-a-cath inserted. This is a good time for you to ask any questions you may have. If you are happy to proceed you will then be asked to sign a consent form.

The port-a-cath insertion will take place in a sterile room and you will be covered in sterile drapes to minimise the risk of infection.

The practitioner/doctor will clean the insertion areas with antiseptic fluid. A local anaesthetic will then be injected several times into the skin on your chest and neck. This may sting a little as it is injected but will quickly become numb. After this you should only feel light pressure, no pain.

Two small incisions will be made, then the catheter will be inserted into a vein in your neck through one of the incisions. The catheter is then tunnelled under the skin to where the other incision was made and connected to the port. The port is fitted into a small pocket that is made under the skin on your chest.

Once in position the port will be checked using an X-ray. If it is satisfactory the incisions will be stitched and a dressing applied.

## What happens after the procedure?

Following the port-a-cath insertion you will need to stay in the department for a short observation period, normally around an hour. Please note this will be longer if you have had a sedative medication.

You will have 2 dressings, one on the port site and one on your neck. The neck dressing can be removed after 48 to 72 hours. However, the port dressing on your chest should stay in place for 7 days.

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Please avoid soaking the dressing for long periods, short showers are recommended during the first 7 days.

Observation following a port insertion is essential. If you feel unwell, have a fever or chills, please contact your GP as this could be an early sign of infection. Oncology patients should contact the Chemotherapy Helpline, the number is at the end of this leaflet.

You must follow the same process as above if you experience increased pain, swelling around the port site or pain and/or swelling in your chest, neck or arms.

**If your symptoms or condition worsens while waiting for advice or you are concerned, please call NHS 111 for advice or 999.**

## Aftercare

Once the port-a-cath wound has healed, it will require very little aftercare. You will be able to shower/bath or swim and continue your normal daily activities.

Your port-a-cath will be flushed after each treatment. If you are not regularly receiving treatment then you will need to arrange flushes for your port-a-cath. This can be arranged through your speciality doctor/nurse at the hospital or at your GP's surgery.

## How is the port-a-cath accessed?

To avoid possible infection, we ask that the port-a-cath is not used for the first 7 days after insertion. When you attend for your first treatment, a nurse will clean the skin on and around the port and use a special needle to pierce through the skin into the port. This is usually not uncomfortable but if you find that it is then a numbing cream can be applied. Treatment can then be given and bloods samples taken if needed.

**Patient  
Information**

## How is the port-a-cath removed?

When your port-a-cath is no longer required it will be removed. This is usually done in the department where it was inserted. You will be given a local anaesthetic around the port site and a small incision will be made allowing both parts of the port to be removed. The incision will then be stitched and a dressing applied.

## Contact information

### Oncology patients

#### Chemotherapy Helpline

Tel: 0300 422 3444 (24 hours)

#### Macmillan Cancer Support Information Hub

Tel: 0300 422 8880

Monday to Friday, 9:00am to 4:00pm

### Non-oncology patients

Please contact your specialist nurse/medical team who provide your care. If you do not have the telephone number, please contact the hospital switchboard.

#### Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted, ask for the operator. You should then give the operator the name of your specialist nurse or medical team and wait to be connected.

## Further information

For more information about port-a-caths, please visit the Macmillan webpage below:

Website: [www.macmillan.org.uk/cancer-information-and-support/treatment/types-of-treatment/chemotherapy/implantable-ports](http://www.macmillan.org.uk/cancer-information-and-support/treatment/types-of-treatment/chemotherapy/implantable-ports)

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>