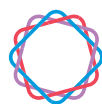


YOUR GUIDE TO

Portacath Insertion



IntraCare

Interventional
Radiology



IntraCare's interventional radiology suite

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About this procedure

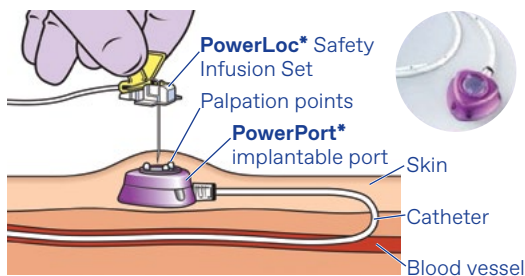
This guide provides information about a portacath (port) insertion procedure. It includes details about what is involved, how to prepare and what to expect during and after the procedure. Please use this in addition to information from your doctor and nurse.

A portacath insertion or implant is performed in an interventional radiology suite at IntraCare in Epsom. Your interventional radiologist or vascular surgeon will be assisted by our team of nurses and other highly skilled personnel.

Why a portacath is required?

Ports can be used for taking blood samples, nutritional feeding, long term IV medications, or chemotherapy. At IntraCare, ports are inserted for those patients who will be undergoing regular, and long-term chemotherapy. Some people have either very small veins which can be damaged with the toxicity of the chemotherapy drugs, or have difficult access, making a port ideal for them.

The advantage of a port is that it is under the skin. This helps prevent infection in the line and ensures the port can be used for many years if required.



What is a portacath?

A portacath consists of two parts; the actual port and a catheter. The port we insert is designed specifically for use during special imaging studies such as CT or MRI scans. Portacaths are made from materials that are safe for long term use in your body. Overall, a portacath should make receiving your treatment more comfortable for you.

Before your procedure

Pre procedure phone call

A nurse from IntraCare will call you 24–48 hours prior to your procedure to discuss the following information:

- Your admission time.
- When you should stop eating and drinking.
- Medication instructions.
- Allergies (including medications, contrast dye, dressings/plasters and food).
- Answer any further questions.

Fasting Instructions

To ensure your safety during the procedure, it is important that you follow the fasting guidelines below:

Food – **Stop 6 hours prior** to procedure. Do not consume any of the following within 6 hours of your planned procedure time:

- Solid food
- Milk-based products
- Soluble fibre
- Jelly

Fluids – Clear (transparent) fluids are encouraged up to **2 hours before** your planned procedure time. These include:

- Water
- Clear juices
- Cordials
- Black tea or coffee

Avoid fluids containing milk, pulp, or jelly.

Sip-Til-Send (STS) Protocol*

- Unless advised otherwise, you can sip up to **200ml of water per hour** in the 2 hours before your planned procedure time.

* Your nurse will confirm during your pre-procedure phone call whether this protocol is suitable for you.

Anticoagulation (blood thinner)

If you are taking any blood thinners (e.g. Warfarin, Clexane, Pradaxa, Rivaroxaban), please make this known to IntraCare staff at the time of booking. Your interventional radiologist or vascular surgeon will advise you if you need to stop this medication temporarily for a few days before the procedure.

Other regular medications

Please continue to take these unless advised otherwise by your interventional radiologist or surgeon. If you are taking a diuretic or water pills (e.g. frusemide, spironolactone), you may need to withhold this on the morning of the procedure. It is important that you let us know if you are taking the following medications: Liraglutide (Victoza™, Saxenda™) Dulaglutide (Trulicity™), Semaglutide (Ozempic™, Wegovy™), Tirzepatide (Mounjaro™).

Reminders for the day of your procedure

- If you are on regular medication, please bring this with you in its original packaging.
- Please leave all your jewellery and valuables at home. You are welcome to bring your mobile phone in with you.
- We recommend wearing loose-fitting clothing and shoes that are easy to slip on/off.
- You are encouraged to bring a friend or a family member as a support person before and after your procedure.
- Please arrange for someone to drive you home after the procedure as you will not be able to drive for 24 hours following your procedure.
- The planned procedure time is an estimate only and may vary. We will keep you informed of any unexpected delays on the day.

Informed consent

As with any procedure, there are potential risks involved. Your interventional radiologist or vascular surgeon will explain the procedure, discuss possible risks and answer any questions you may have. Your whānau or support person are welcome to be part of this discussion. You will then be asked to sign the consent form. This will occur either at an earlier appointment, or on the day of your procedure.

Your procedure

A portacath insertion procedure is performed under conscious sedation and usually takes 45–60 minutes.

Preparation

Before the procedure, the interventional radiologist or vascular surgeon will consult with you to determine the optimal location for your port and mark the area on your chest where the port will be placed.

A small intravenous (IV) line will be inserted into a vein in your arm for medication to be injected. This will be used to administer medication to help you relax and keep you comfortable during the procedure. You will also be given a single dose of IV antibiotics to reduce the risk of infection. We may need to remove hair with clippers at the access site for sterile preparation. Please avoid shaving the area yourself as this may cause minor abrasions to the skin, increasing the risk of infection.

To perform this procedure, diathermy pads will be placed on your thighs to prevent skin burns from the electrical current. Other devices for monitoring blood pressure, heart rate and oxygen levels will be fitted to ensure your safety during the procedure.

The procedure

The neck and chest area for the port and catheter sites will be cleaned with an antiseptic solution. You will be covered with a large sterile drape to ensure sterility is maintained. Local anaesthetic is used to completely numb the area. This will sting a little as the local anaesthetic goes in.

Once the two areas are numb, the doctor will make two small incisions:

- Incision one: near the bottom of your neck but above your collar bone.
- Incision two: on your upper chest where the port will be placed under the skin.

You may feel pressure while a pocket is made under the skin for the placement of the port. If at any time you feel pain or are uncomfortable, please let your doctor know. More local anaesthetic or medication can be given to help you relax.

The pocket and incision for the catheter are closed with dissolvable stitches. Both incisions are covered with a water-resistant dressing. It is normal to feel and see a raised area on your chest where the port has been placed. You may also feel the catheter in the neck area which is normal.

After your procedure

You will be taken to IntraCare recovery where you will be given something to eat and drink. The nursing team will monitor your recovery and if appropriate you will be discharged after one hour. Prior to your discharge, the nurses will provide instructions on medication, procedure site care, and resuming your usual daily activities.

Recovery and discharge

- Following your procedure, it is important that you **do not drive for 24 hours**. Please ensure you have a family member or friend to drive you home from the hospital, as you may still be under the effects of sedation.
- You will need to arrange someone to be at home with you on the day of your discharge and overnight to support you in your recovery.
- Due to the sedation, you may feel lethargic afterwards with reduced concentration. For this reason, for 24 hours after your procedure:
 - Do not do any activity requiring strength, concentration, or full alertness.
 - Do not make any legal decisions or sign legal documents.
- Following the procedure you may have some tenderness, bruising or discomfort at the incision site. This is usually managed with oral pain medication such as paracetamol. The discomfort should settle after 2–3 days.

Resuming activities

- Do not do any exercises that involve forceful reaching or stretching, as these can 'pull' the stitches and delay the wound (incision) healing process.
- Avoid participating in any strenuous exercise such as golf, tennis, swimming, or aerobics while your incision is healing.
- It is important not to lift your arm above shoulder height or lift any heavy objects (>5kg) for 2 weeks.

Medication

Your interventional radiologist or vascular surgeon may give you a prescription for pain relief (analgesic) to take home. Please use this should you experience any dull aching pain for the following few days.

Follow-up

A nurse from IntraCare will contact you 2–3 days after the procedure to check you are well and answer any questions you may have. Please contact IntraCare if you have any concerns prior to this call.

Wound care (incision site)

The sutures used to close the skin incision will dissolve over 7–10 days. Please keep the dressing in place for 7–10 days or until you notice the sutures have dissolved. You will be supplied with extra dressings on discharge. **If you have sensitive skin or a sensitivity to dressings, please inform the nurse so we can arrange an alternative.**

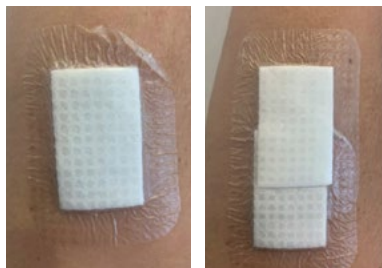
The dressings can be removed by your oncology nurse if the portacath needs to be accessed within the first week. The nurse will inspect the site and redress it if required.

If your port is needed for treatment straight away, the port will be left accessed with a special needle during the procedure. You will not feel the needle or be at any risk of causing damage while the needle is in place. The honeycomb dressing applied may feel a bit raised, but this is temporary.

The goal of wound care management is to reduce the frequency of dressing changes. This prevents the risk of contamination and infection. The dressings supplied are water resistant but not waterproof.

Please:

- Avoid baths, spas or swimming while the wound is healing.
- You can shower, but please have your back towards the water.
- Always inspect the dressing before you get in the shower to check the edges are sealed. If you notice the dressing beginning to lift at the edge, anchor it back down with another dressing (see image to right).



Change the dressing if:

- It has peeled back and the white area is exposed to air.
- It becomes wet or compromised.
- It becomes heavily soiled with blood like the size of 50 cent piece (superficial spots of blood on the dressing are normal).
- You develop a reaction to the dressing (please contact IntraCare before removing the dressing).

When removing the dressing:

- Please wash your hands and avoid touching the incision site.
- If skin glue was used this will peel off by itself in 10–15 days. Please avoid removing it.
- If steri-strips (white strips) were used, please avoid peeling them off.
- Do not use any ointments, soap or creams on the wound during the healing phase.

Following the procedure, please check the area around the portacath regularly.

Contact your doctor if you have any of the following:

- Swelling
- Bleeding
- Redness
- Leaking of fluid or pus
- Pain
- Temperature greater than 38.5 degrees
- Arm swelling
- Extensive bruising

When the portacath is not being used, it is accessed and flushed once a month to make sure it does not get blocked. This will need to be organised with your oncology nurses.

Looking after your port

- Only allow people who are trained to use your port to access or deliver treatment through it.
- Make sure the dressing stays dry when the port is accessed.
- Replace the dressing if it becomes wet or compromised.
- Ensure your port is flushed monthly when not in use.
- Notify your oncology team should the port site become red or painful.

Accessing your portacath

- To access your port for treatment, local anaesthetic cream (e.g. Emla cream) can be applied over the port site to numb the area 45 minutes before treatment. This can only be used once the incision site has healed. Please discuss this option with your oncology nurse.
- This cream is wiped off and the skin on the chest wall over the port is cleaned with antiseptic solution. The nurse will wear sterile gloves and access the port using a special needle.

If you are having your infusion in clinic the needle will be removed before you go home. If you are going home with an infusion pump the needle will be left in and secured with a transparent dressing. It is important not to get this dressing wet. When you return to have the infusion disconnected, your oncology nurse will remove the needle from your portacath.

FAQs

Who do I contact if I have concerns following the procedure?

In the first few days after the procedure, please contact a nurse at IntraCare or your health professional (e.g. medical oncologist) or your interventional radiologist or vascular surgeon.

Will a portacath set off alarms at the airport?

A portacath will not set off alarms at the airport.

How long can a port be used for?

If required, ports can usually last and be used for up to five years.

Can I get a CT/MRI procedure with an implanted portacath?

Yes. The materials used in the portacath are non-ferromagnetic and are safe for use in CT, CECT, and MRI procedures. Please ensure you show the CT nurse your Portacath ID card, as this proves it can be used with the contrast injector, which will inject at a high rate.

Seek immediate medical attention (dial 111 for an ambulance) if there is excessive bleeding from the access site.

Please take this booklet with you if visiting the GP, afterhours or hospital

**If you have any concerns after your procedure, please contact IntraCare:
Monday to Friday: 09 630 1961 (between 6:30am and 6:00pm).
For after-hours, weekends, and public holidays, contact 027 482 0763.**

How to find us

IntraCare Epsom

Both IntraCare and Allevia Hospital will be involved with your care for this procedure.

When you arrive, please report to the Allevia Hospital Admissions Lounge (2 on the map).

Directions to the Admissions Lounge:

- From the Level 1 Carpark – Walk across the footbridge towards the main reception. Take the Yellow Lift to Level 2. The Admissions Lounge will be on your right as you exit the lift.
- From the Ground Floor Carpark – Follow the blue walkway to the Yellow Lift and take it to Level 2. The Admissions Lounge will be on your right as you exit the lift.

98 Mountain Rd, Epsom, Auckland 1023

P: +64 9 630 1961 (Monday to Friday 6:30am–6:00pm)

P: +64 27 482 0763 (after hours, weekends and public holidays)

E: admin@intracare.co.nz

W: intracare.co.nz

Where to park

A 10 minute patient ‘drop off zone’ is available on the level 1 carpark. Head up the ramp as you enter the carpark from the Main Entrance (Gate 1) on Mountain Road.

The first 30 minutes are free and apply only once the vehicle licence plate number has been entered into a payment terminal. Patient parking is available on all levels of the car park. Parking limits apply, and parking spaces are marked (P90, P180, and All Day Parking).

The Allevia Hospital parking is managed by a separate company, and a fine may be issued if your vehicle breaches any of the parking terms and conditions.

There is free 120 minute parking available nearby on Mountain Road, Gilgit Road and Almorah Road after 9am.



Main entrance to patient and visitor car park
~ 250 spaces

Walkway to main reception
Pedestrian access to main reception from car park

Yellow Lift

- | | |
|--|--|
| 1 Allevia Hospital reception and Allevia Radiology 1 reception | 8 Awanui Labs (blood tests) |
| 2 Admissions Lounge | 9 Allevia Radiology 2 (CT, ultrasound) |
| 3 Canopy Cancer Care | 10 The Heart Group |
| 4 ARO (Auckland Radiation Oncology) | 11 Allevia Radiology PET-CT Canopy Cancer Care |
| 5 Allevia Café and outdoor dining courtyard | 12 Allevia Specialist Centre |
| 6 Allevia Pharmacy | 13 Allevia Radiology 1 (MRI/X-ray) |
| 7 IntraCare | A B C D E Allevia Specialist Centre entrances |



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