

## WHAT IS AN IMPLANTED PORT?

An implanted port is a device that allows repeated and long-term access to your bloodstream. It can be used for antibiotics, intravenous nutrition, and other intravenous fluids. When someone gets a port placed, they will not need intravenous catheters like peripheral IVs or PICC lines (unless more than one access is required). Blood samples can also be drawn from the port.

The port is made of two parts: a medical grade rubber catheter, which is placed in a large vein in the chest (similar to the location of the PICC catheter), and the “port” which is attached to this catheter. This part is a small round disc, which holds a small amount of line flush solution made with a medical grade rubber top, which is self-sealing. Both these parts are “implanted”, that is, they are completely beneath the skin. No part of this device lies outside the skin.

## WHERE WILL THE PORT BE LOCATED?

The “port” part is stitched to the muscle beneath the skin of the chest, although it can also be stitched to muscle in the upper arm, beneath the skin. There is usually a visible small raised area there, about the size of a nickel or quarter. The catheter that is attached lies in a large vein in your chest. The port comes in various sizes, and your doctor chooses the size appropriate for your body.

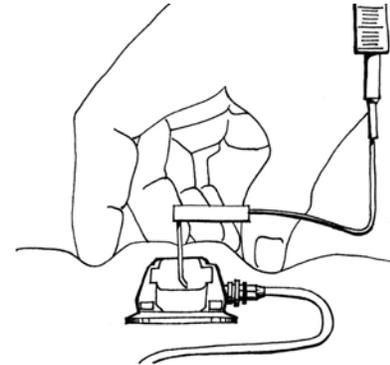
## WHERE IS THE PORT PLACED?

The port will be inserted by surgeons. Depending on your institution and the advice of your doctor, this can be done in the Operating Room, in a Radiology suite, or in the Cardiac Cath lab.

## HOW IS THE PORT USED?

Since the device is completely under the skin, it must be accessed in order to be used. When medications or other fluids are needed intravenously, access is done using a small, right-angled needle (only this type of needle, should be used with the port). This fine-gauge needle is inserted through the skin into the rubber round part of the port. A small prick will be felt. If preferred, a numbing cream can be used. The needle is connected to IV tubing and capped.

Then a dressing is applied to protect it. The IV tubing protrudes from the dressing, allowing you to connect it to



your medication. When you no longer need to use the port, the dressing and needle are removed, leaving the intact skin. A nurse, either in the hospital or in the office, usually accesses the port. If you like, you or a family member can learn this.

When access is not needed, the port only needs to be flushed once a month. This can be done by a nurse, or by you or a family member if you feel comfortable with it.

## WHY GET A PORT?

The advantages of having a port over having a PICC or peripheral IVs is that it is a long-term device. It lasts for many years and may be used repeatedly. Since it is beneath the skin, when IV access is not needed, it will not be removed. It will not interfere with your activities of daily life.

Another advantage is that it has a lower incidence of infection.

## HOW DO I CARE FOR MY PORT?

When the port is new, you may experience some discomfort. This lasts usually about a week. During those first few days, look for any increase in redness, swelling, drainage, or warmth around the incision on the skin. If you see unusual changes on the skin notify your CF doctor or nurse. This small incision is normally tender, as any small cut would be, and as it heals this feeling disappears. If you have stitches they will be removed in the first week or so.

There may be some special instructions that your doctor gives you when the port is new. These usually include avoiding lifting with the arm on the side where the Port is placed, and rest for the first 24 hours after the procedure. You may eat your regular diet.

## National Office

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