Port-a-Cath

Your doctor has suggested installing a “Port-a-cath”. Officially this is also called a central venous catheter. There are several reasons why a Port-a-cath is more desirable than an ordinary intravenous drip in the arm.

Usually, a Port-a-cath is inserted because a patient’s blood vessels are difficult to pierce or because the medicines to be administered have a highly irritating effect on the blood vessels. Of course, a Port-a-cath is only considered when it will be used multiple times or over a long period of time. The purpose of the Port-a-cath is to make the administrations more safe and pleasant for you.

What is a Port-a-cath?

A Port-a-cath is a permanent, subcutaneous intravenous drip. It is made up of an IV cannula (tube) that sits completely under the skin and leads into a large blood vessel. At the other end of the tube is a metal chamber, the top of which consists of a flat rubber cap. This is also placed completely under the skin.
It is inserted with a small incision, several centimetres, into the right or left upper arm. The nurse can connect an external drip with a very thin IV needle (through the skin and the rubber cap). This is much easier than an ordinary drip in the arm and is also much less sensitive. The cap can also be pierced thousands of times without it leaking!

How is a Port-a-cath inserted?

On the day of insertion, you come to the Short Stay nursing ward shortly beforehand.
The Port-a-cath is inserted by a surgeon, in the operating theatre under anaesthesia.
An external drip is connected immediately in the operating theatre to check if it is functioning properly. Once it has been inserted, you go from the operating theatre to the nursing ward where experienced nurses check the drip, close it or sometimes administer immediate medication via the Port-a-cath.

What are the benefits of a Port-a-cath?

The most important benefit for you is that the pain of looking for a good spot on the arm for a drip is a thing of the past. It is even possible to take blood for lab tests with the Port-a-cath. The irritating effect of certain drugs resulting in inflammation of the blood vessel is also no longer a problem. When the Port-a-cath is not being used, you can see it under your skin, but it will not bother you at all.

Are there disadvantages to a Port-a-cath?

The main disadvantage of a Port-a-cath for you is that you are briefly anaesthetised and will have a small scar where it was inserted.

The Port-a-cath is safely inserted by a surgeon, but can – albeit rarely – be accompanied by internal bruising.

How do you care for a Port-a-cath?

An oncology nurse takes care of the injections and looking after the Port-a-cath. A few ccs of a blood thinning agent (Heparin) are also left in after use so that the Port-a-cath does not become clogged.

Once a treatment course is completed, the Port-a-cath can be removed (under local anaesthesia). If medication or blood transfusions have to be administered now and then, the Port-a-cath can simply be left in.

When the Port-a-cath is no longer being used, it should be flushed once every six weeks, and a new Heparin lock should be installed.
You must make an appointment for this with the treatment room (☎**(036) 868 8559**)) or via the district nursing MTH (Medical Technical Treatment) team.