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Overview

In this document, we teach you about an implanted port, how to prepare for your port placement, and how to care for your port after it is placed.

What is an implanted port?
An implanted port is a device used to deliver fluids or medications, such as chemotherapy, into your bloodstream. It can also be used to draw blood. A port is also called a port-a-cath.

What does the port look like?
The port has a small disk-shaped chamber with a silicone center, called a septum, that is self-sealing. A small flexible tube, called a catheter, is attached to the port. At Fred Hutchinson Cancer Center, we use 2 kinds of ports: a single lumen port and a double lumen port. Your care team will decide which one is best for you.

How is the port placed?
Placing the port is a minor surgical procedure. It takes about 1 hour. You will be given local anesthesia and sedation for the procedure. These medications will make you feel relaxed and may make you feel sleepy.

During the procedure, the doctor will make two incisions on the same side of your body. There will be one, 1-inch incision on your upper chest and a smaller one by your collarbone. The doctor will place the end of the catheter into your vein. The port is placed under your skin, below your collar bone. When the port is placed in your chest, the skin on top of the port will be raised.
How does the port work?
A special type of needle, called a non-coring or Huber needle, is inserted into the center of the port. This is called accessing the port. No other type of needle should be used to access the port.

Does it hurt when the needle is inserted?
This depends on the person. You may receive a prescription for a numbing cream to put on your skin before the needle is inserted. This can help prevent it from hurting. See the Using lidocaine cream section of this packet for more information.

Before port placement instructions

Showering
To reduce your risk of infection:

• Shower and wash your body with soap the night before OR the morning of the procedure. You can use plain, fragrance-free or antimicrobial soap.

• Dry your body with a freshly laundered towel.

• Put on freshly laundered clothes (night clothes, underwear, etc.)

• After your shower, do NOT apply hair products, deodorants, lotions, cosmetics, or fragrances.

• Do not shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do not shave that area for 2 days (48 hours) before your procedure.

• Follow the sedation guidelines under Preparing for IV sedation carefully. If you don’t follow the instructions, your procedure will be cancelled.

Preparing for IV sedation
You will receive sedation medications intravenously (through an IV in your vein). These will help you relax and relieve your pain during the procedure. Sedation medications may make you sleepy.
For your safety, please follow these sedation guidelines:

- You must have a responsible adult with you when you are ready to leave (after recovery). You may feel normal, but your reflexes and judgment will be impaired. This person should:
  - Go with you to any other appointments that day
  - Drive you home or ride home with you if you take public transportation or taxi (including Lyft and Uber)
  - Help you that day if there are any problems

You are not allowed to drive yourself home. You cannot go home alone by bus, taxi (including Lyft and Uber) or shuttle—a caregiver must ride with you. If you do not arrange transportation, the procedure will be cancelled. If you do not have a caregiver to do these things, contact Fred Hutch Social Work at (206) 606-1076 and they can help you.

- Do not make personal decisions, sign legal documents or take care of another person for 24 hours after having sedation.

- If you take blood thinners, such as Lovenox® or Coumadin®, or diabetes medications, you may need to adjust them. Contact the provider who prescribes your medications at least 1 week before your procedure. Tell them you are scheduled for a procedure and ask for any special instructions about your medications.

- If you have questions about taking your other regular medications before your procedure, talk to the provider who prescribes them.

- If you have sleep apnea and use a CPAP machine when you sleep to help you breathe, you MUST bring the machine to your procedure. This is a requirement for sedation.

**Eating and drinking instructions**

<table>
<thead>
<tr>
<th>Timing</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>6 hours before your scheduled procedure*</td>
<td>Stop eating solid foods. You may ONLY have clear liquids, including: water, clear fruit juices (such as apple, cranberry and grape), broth, clear tea, black coffee (no cream/milk allowed), and carbonated beverages. DO NOT drink orange, grapefruit or tomato juice, Ensure® or smoothies. You can take your medications up to 2 hours before the procedure with clear liquids.</td>
</tr>
<tr>
<td>2 hours before your scheduled procedure*</td>
<td>NOTHING BY MOUTH or your procedure will be cancelled.</td>
</tr>
</tbody>
</table>

*Check your schedule to find your procedure time.*
After port placement instructions

Caring for your incisions

You will receive detailed instructions about how to care for your incision on the day of your procedure. The incisions from your port placement will be sealed with a special glue, called topical skin adhesive. The glue naturally falls off your skin after 5 to 10 days. Do not peel it off. Below are some general rules to help you care for your incision.

- Most of the time, you may remove the dressing after 24 hours. If there is a needle in your port, do not remove the dressing until a nurse removes needle.

- Do not get the area wet for at least 24 hours after the procedure. Do not use soap or place the area under a direct stream of water for another 72 hours. You may occasionally and briefly wet the area in the shower or bath. After showering or bathing, gently blot the area dry with a soft towel.

- Some swelling, redness and pain are common with all new incisions. Normally, these will go away as the incision heals. Contact your nurse if:
  - Swelling, redness or pain increase,
  - Area around the incision feels warm to the touch,
  - Incision edges reopen or separate, or
  - You get a fever or chills.

- Protect the area from injury until the skin has had enough time to heal.

- While the glue is on your skin:
  - Do not scratch, rub or pick at the glue or any scab that forms.
  - Do not apply tape, liquid or ointment medications or any other product to your incision while the glue is in place. This may loosen the glue before the area is healed.
  - Do not expose your incision to the sun or tanning beds.
  - Do not soak or scrub the area, do not swim or participate in activities that make you sweat heavily.
  - Do not lift anything over 5 pounds or participate in any activities that strain your chest muscles for at least 72 hours (3 days).

- After the incision has healed and the glue has naturally fallen off, you may return to your normal activity.
Ongoing port care

- After your incisions have healed, you can carry on all normal activities including showering and swimming. You do not need to cover the sites with a bandage after the first dressing is removed.
- Your port should be flushed by a nurse every 4 to 12 weeks.
- You will receive a wallet-sized Medical Identification Alert Card that states you have an implanted port. Always carry the card with you. You may need to show it to medical personnel or security in airports.
- After your procedure, you may receive a prescription for topical numbing cream called lidocaine. Read the information below to learn when and how to use this cream.

Using lidocaine cream

What is lidocaine cream?
You may receive a prescription for lidocaine cream after your port placement. Lidocaine cream is a topical numbing cream that can be applied to your skin. The cream can lessen the pain that you may experience when a needle is inserted into your port.

When do I apply lidocaine cream?
Apply lidocaine cream to your port area 1 hour before a needle is going to be inserted. DO NOT apply cream to healing surgical incisions or open wounds.

How do I apply lidocaine cream?
1. Wash your hands.
2. Open the tube (you may need to use the backside of the cap to break the seal on a new tube).
3. Squeeze a quarter-sized amount directly onto the port area. There should be a circular, visible layer of cream over your port area. Do not rub in the cream.
4. Cover the cream using a non-stick dressing or plastic wrap (Saran Wrap® or Press’n Seal®) and tape, if needed. DO NOT use gauze or band-aids since these will absorb the cream.
5. Wash your hands to remove any cream. If lidocaine accidentally gets in your eyes, ears, nose, or mouth, rinse the area thoroughly with water right away.
When should I call my care team?

Call your care team if you have any of the following:

- Bleeding, pus, redness, swelling or pain at the incision site
- Area around the incision feels warm to the touch
- Incision edges reopen or separate
- Fever or chills
- Shortness of breath or chest pain
- Swelling in the neck or arm on the side of the port
- Sudden increase in pain in neck or chest on side of the port
- Any other questions or concerns
Nursing Assessment Checklist for Central Line Placement

1. BMI _______________
   a. BMI <40: OK to schedule line placement at FHCC
   b. BMI 40-45: RN to coordinate Anesthesia assessment
   c. BMI >45: Line placement must be done at UW Medical Center. If it is scheduled at Fred Hutch it must be cancelled and rescheduled.

2. Can patient lie flat for at least one hour without respiratory compromise? Yes_____ No_____
   a. If no, line placement must be done at UW Medical Center. If it is scheduled at Fred Hutch it must be cancelled and rescheduled.

3. Is patient on anticoagulation? Yes______ No________
   a. If yes, does patient have a plan for stopping/resuming around procedure? Yes______ No______
      i. If no, RN to confirm plan for anticoagulation management with provider.

4. Does patient have lab (PT/INR and Platelets) completed or scheduled within 7 days of appointment? Yes _____ No _____
   a. If no, work with team to obtain orders and have patient scheduled for lab draw the day of the procedure.

5. Does patient have sleep apnea? Yes _______ No _______
   a. If yes, is patient compliant using CPAP? Yes______ No______
      i. If yes, instruct patient to bring CPAP to appointment.
      ii. If no, schedule at UW Medical Center if patient wants sedation.
      iii. If no, and patient is ok with local anesthetic/does not request sedation, then can do at Fred Hutch.

6. Does patient use home 02? Yes______ No______
   a. If yes, RN to coordinate anesthesia assessment.

7. Does patient have a driver? Yes______ No______ procedure cannot occur without family or friend present to take them home. Absolutely no driving for 24 hours after procedure.
   a. If no, work with patient and social work to obtain support.
   b. Document driver’s name and phone number.