

ASCENSION ST VINCENTS

CHEST PORT FLOW STUDY PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- An image-guided chest port flow study is performed to evaluate how well your implanted chest port and attached catheter are working. This test helps determine whether the port is open and functioning properly or if there is a blockage or problem with flow.
- During the procedure, a radiologist or other trained provider accesses the port with a special needle. Small amounts of contrast material are injected through the port while X-ray imaging is used to observe how the contrast flows through the catheter and into the vein. The study allows the radiologist to check for issues such as catheter blockage, narrowing, kinking, or clot formation.
- Treatment options for a malfunctioning chest port, depending on the exact issue, include:
 - Infusion of a medication (tPA) over a short period of time to help break down clot within or surrounding the catheter.
 - Removal and replacement of the chest port.
- The procedure usually takes 15–60 minutes (sometimes longer).

Benefits:

- Helps determine whether your chest port is functioning properly.
- Identifies problems such as blockage, clot, kinking, or narrowing of the catheter.
- Imaging allows the radiologist to precisely evaluate blood flow through the port.
- Helps guide appropriate treatment if a problem is identified.
- Minimally invasive procedure that does not require surgery.
- Most patients returning to normal activities shortly afterward.

Chest Port Injection and tPA Infusion Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain or discomfort at the port access site can occur.
- Bleeding or bruising at the port access site can occur.
- Infection involving the port or skin entry site can occur but is uncommon.
- Dislodgement or damage to the port or catheter can occur but is uncommon.
- Leakage of contrast or tPa outside the catheter can occur.
- Incomplete resolution of catheter blockage can occur, which may require additional treatment or port replacement.
- tPA can increase the risk of bleeding elsewhere in the body, although this is uncommon at the doses used for catheter treatment.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reaction to contrast material or tPa can occur but is uncommon.

Chest Port Replacement Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, blood vessels, or nerves can occur but is uncommon.
- Blood clot formation (thrombosis) in the vein around the port catheter can occur.
- The port or catheter can become clogged, displaced, or malfunction and may require adjustment or replacement.
- Air can leak from the lung into the surrounding space, causing lung collapse (pneumothorax) but is uncommon. Many mild cases are managed with observation and chest radiographs, while some require temporary placement of a small tube to remove the air and may require hospitalization.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Observation without intervention in select cases, depending on symptoms and port function.
- Removal and replacement of the chest port.
- Placement of a different type of venous access device (such as a PICC line or tunneled catheter).
- Surgical evaluation of the port in select situations.
- Some patients choose no further evaluation or treatment; however, this may limit access for necessary medications or therapies and is generally not recommended.

Aftercare:

- One or more bandages will be applied over the procedure sites. You may remove the bandages 24 hours after your procedure. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 24 hours after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience mild pain and bruising after your procedure. You may take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin), or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen, or naproxen soon after your procedure; however, you may experience increased bruising if you do so.

- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; or a faster-than-normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.