

ASCENSION ST VINCENTS

CHEST PORT PATIENT HANDOUT

Radiologist who performed your procedure:

Chest Port Placement Procedure Description:

- An image-guided chest port placement is performed to provide reliable long-term access to a vein for medications, chemotherapy, IV fluids, blood draws, or contrast injections.
- During the procedure, a radiologist uses ultrasound and X-ray imaging to precisely place the port. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A small pocket is created under the skin of the upper chest to hold the port. A thin catheter is then inserted into a nearby vein in the neck and connected to the port. The incision sites are closed with sutures and possibly skin glue and covered with a dressing.
- The port sits completely under the skin and is accessed with a special needle when needed.
- The procedure usually takes about 30 minutes. You will then be observed for period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Chest Port Removal Procedure Description:

- Chest port removal is performed when a port is no longer needed for treatment or there is a complication such as skin breakdown or infection.
- During the procedure, a radiologist or other trained provider will clean the skin around the port with antiseptic. Local anesthetic is used to numb the area. A small incision is made over the port site, and the port and attached catheter are carefully removed. The incision sites are closed with sutures and possibly skin glue and covered with a dressing.
- The procedure usually takes about 30 minutes. You will then be observed for period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Imaging allows the radiologist to precisely place or remove the port.
- Provides reliable long-term venous access for medications, chemotherapy, IV fluids, blood draws, or contrast injections.
- Reduces the need for repeated IV placements.
- The port is completely under the skin, allowing normal daily activities between treatments.
- Placement and removal are minimally invasive procedures performed through small incisions.

- Image guidance helps reduce the risk of complications.
- Allows safe removal of the port once it is no longer needed.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

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:

- Surgical placement or removal of the port.
- PICC lines or other tunneled central venous catheters in select cases.
- Peripheral IV lines for short-term treatment or medications.
- Some patients choose no further access or removal; however, this may limit treatment options or increase the risk of infection and is generally not recommended.

Aftercare:

- One or more bandages will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. 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.