



For more information please visit us online at: <http://www.osmh.on.ca/diagnostics/>

If you or your support person do not clearly understand the procedure, please ask for clarification



PORT-A-CATH INSERTION

What is it?

A port-a-cath, or port, is a small device implanted under the skin and connected to a large vein near the heart. It provides easy, reliable access for treatments, reducing the need for repeated needle sticks and preserving vein health. This improves comfort and efficiency for patients receiving complex medical therapies.

Why do I need it?

You may require a port-a-cath for the purposes of¹:

- Long-term IV administration of medication (e.g. chemotherapy or antibiotics)
- Withdrawing blood from the body in patients who require frequent blood tests
- Peripheral access with standard IV cannula is difficult or impossible
- Power Injection of IV contrast for CT or MRI scans*

*Currently not performed at OSMH



HOW IS THE PROCEDURE PERFORMED?

Before

For specific questions regarding the clinical need for this procedure, please contact your ordering provider.

Patient Preparation:

You should wear loose-fitting clothing that is easy to change out of. **You will need to arrange for someone to drive you home after you have recovered from the procedure.** One support person (spouse, friend, caregiver, family member) may accompany you on the day of your appointment, but not into the procedure room.

Please bring a list of the medications you are currently taking and a list of any drug/medication allergies you may have.

You may have clear fluids up to **four hours** before the procedure. Continue taking your morning medications, **except for blood thinners** (see next page), with a small sip of water.

Please phone the Diagnostic Imaging booking line at **705-325-2201 ext. 3505** for cancellations or rebooking if you are unable to attend your appointment.

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Bloodwork³

Bloodwork is required and must be done within **2 weeks** of your appointment (within 72 hours for inpatients). Your doctor may order:

- INR (must be ≤ 1.8)
- PTT
- CBC (platelets must be $\geq 50 \times 10^9/L$ or greater)

If you take **Warfarin (Coumadin)**, you'll need a new INR drawn the **day before** your procedure.

Important: Missing bloodwork may cause delays or your procedure to be rescheduled.

Blood Thinners / Anticoagulants / Antiplatelets Medications³

Stop the listed medications as per the below schedule before your procedure unless instructed otherwise. If unsure, then consult your doctor or healthcare provider about which medications to pause, for how long, when to restart them, and any concerns you may have.

Medications	When to Stop	Restart After
Acova (Argatroban)	2-4 hours	4-6 h
Aggrenox (ASA/dipyridamole)***	3-5 days	Next day
Angiomax (Bivalirudin)	2 hours	4 h
Arixtra (Fondaparinux)	2 days (3 days if eGFR is <50)	24 h
ASA (Aspirin)	Do not stop	N/A
Brilinta (Ticagrelor)***	5 days	Next day
Coumadin (Warfarin)*/**	5 days (recheck INR)	Same day (evening)
Effient (Prasugrel)***	7 days	Next day
Eliquis (Apixaban) **	2 days (3 days if eGFR is <50)	Second day
IV Heparin (unfractionated)**	4 hours (check PTT)	6 h
LMWH (prophylactic): enoxaparin (Lovenox), dalteparin (Fragmin)**	12 hours	Next day
LMWH (therapeutic): enoxaparin (Lovenox), dalteparin (Fragmin)**	24 hours	Next day
Plavix (Clopidogrel)***	5 days	6 h (if 75 mg) 24 h (if 300 mg)
Pradaxa (Dabigatran) **	2 days (3 days if eGFR is <50)	Next day
Savaysa (Edoxaban)	2 days	Next day
Subcutaneous Heparin (unfractionated)**	8 hours (check PTT)	Same day (evening)
Xarelto (Rivaroxaban)**	2 days (3 days if eGFR is <30)	Next day
* Consider bridging with heparin (need admission) for high thrombosis risk cases ** Consider using reversal agent if emergent or STAT *** Consider continuation for arterial procedures including mesenteric, renal, subclavian, and infra-inguinal angioplasty/stent		

Important Notes

- Patients on Warfarin (**Coumadin®**) need an **INR** test the **day before** the procedure.
- Those with **prosthetic valves, prior clots, or stroke-related atrial fibrillation** may need bridging therapy to prevent thrombosis.
- **Do not** stop blood thinners if you have **coronary or brain stents**—consult your doctor first.
- If anticoagulation is stopped, your doctor must provide instructions.
- Applies only to elective procedures, not emergencies.



Diagnostic Imaging – Interventional Radiology

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Coming To The Hospital



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WHAT TO EXPECT AFTER



Recovery & Going Home

You will be sent to the **Post Anesthesia Care Unit (PACU)** to recover from the procedure. Before being discharged, bloodwork may be taken to determine if you have met recovery standards.

You will need someone to drive you home after the procedure. Don't drive for the next 24 hours or while you're taking strong pain medicine. If you were given medication to help you relax or manage pain during the procedure, then you cannot drive for the next 24 hours.



Diet & Activity²

- Rest for the day and take it easy for 1–3 days (as needed).
- Have an adult family member, caregiver, or friend stay with you the night after the procedure in case you need help.
- Resume your normal diet, but if you feel nauseous, try bland, low-fat foods like rice, chicken, toast, or yogurt.
- Avoid tight clothing that may put pressure on the port-a-cath.
- Limit arm and upper body movements that might strain the incision during the first week.
- Refrain from lifting over 4.5 kilograms (10 pounds) or doing vigorous arm activities in the first week after insertion.
- Consult your doctor or healthcare provider about when it's safe to drive. If a Huber needle is in place, be careful when pulling the seatbelt across your chest to avoid dislodging it. It's fine for the seatbelt to rest over the port when no needle is present.



Wound Care²

- The port-a-cath incision will be closed with dissolvable sutures that will come out on their own.
- Steri-strips (a type of tape) will cover the incision; leave them on for one week or until they fall off.
- Keep the incision site clean and dry until fully healed.
- A dressing will cover the incision to prevent infection until healing is complete.
- If the access needle is left in the port under the dressing, do not change the dressing yourself. You'll receive instructions on when to return for needle removal or the needle will be removed after your first treatment.
- Otherwise, the first dressing change should be done the morning after your procedure, either at your oncology center or by an Ontario Health atHome (Home Care) nurse.



Bathing²

- Do not shower until 24 – 48 hours after the procedure and as long as your doctor, an Ontario Health atHome (Home Care) nurse, or other healthcare practitioner says it is okay to do so.
- You should shower and avoid taking a bath until the incision has fully healed.
- You may choose to cover the dressing with a waterproof material, such as plastic wrap or a purchased product (such as *AquaGuard*, *Leukomed T Plus*, *Sealtight Shield Dressing Protector*, *Shower Shield*, etc.) to prevent it from getting wet. You should discuss best practice options with your oncology centre or Ontario Health atHome (Home Care) nurse. These types of covers are available online through sites such as **Amazon Canada** or at home healthcare stores, such as **WellWise by Shoppers Drugmart**.
- You may have a bath, use a hot tub, or go swimming once the incision no longer has a scab and is fully healed.



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Medication^{1,2}

- If your doctor or healthcare provider advised you to stop any medications for this procedure then consult with them first about the safety of when you can start your medications again;
- Otherwise, resume your normal medication schedule.
- If you **normally** take acetylsalicylic acid (Aspirin™) or another blood thinner medication, ask your doctor or healthcare provider when to start taking it again. Make sure that you understand exactly what they want you to do;
- Otherwise, **do not** take (Aspirin™) or anti-inflammatory medicines (such as ibuprofen) for one **week** after the procedure (for fresh insertions, only).



Special Instructions

- Your port-a-cath is ready for use right away.
- Your port-a-cath may require regular flushing to keep it open². It may also be locked with heparin. Your oncology centre or an Ontario Health atHome (Home Care) nurse will discuss and follow best practices for your situation to ensure the port-a-cath does not become blocked.
- You will most likely have some swelling and discomfort at the port-a-cath site. This should go away within 48 hours².

If you still have soreness or discomfort after **48 hours** then contact your healthcare provider

- You will be given a **product information card** and pamphlet from the manufacturer of your port-a-cath. Read through the pamphlet. Always carry the product information card on your person. It contains information about your port-a-cath that healthcare providers need to know prior to using it.
- When you get dressed, be careful not to rub the port. Do not wear clothing that may irritate your skin near the port².

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WHEN TO SEEK HELP²



Call 911:

If you believe you require emergency care – **call 911**. Reasons to call 911 include:

- You have passed out (lose consciousness), or become very dizzy, weak, or less alert
- You experience sudden chest pain and shortness of breath; and/or
- You have severe trouble breathing
- Significant bleeding from the procedure site (i.e. bright red blood that won't stop)
- You have a fast or uneven pulse



Call your doctor, healthcare provider, or Health Connect Ontario immediately if you experience:

- Increased pain, swelling, warmth, or redness in your face, chest, neck, or arm side where the port-a-cath is placed
- Redness or warmth around the procedure site or pus or blood draining from the procedure site
- A fever (more than 100°F / 38°C)
- Chills, with or without fever
- Bright red blood has soaked through the bandage / dressing over the procedure site.
- You have new or worse pain at the procedure site.
- Resistance when medicine or fluids are injected into your port-a-cath
- Any other concerns

Health Connect Ontario may be reached 24-hours a day, including weekends, by:

- Calling 8-1-1
- Calling 1-866-797-0007 (TTY – *teletypewriter service*)
- Visiting <https://healthconnectontario.health.gov.on.ca/> and selecting “Chat with us”

BRING THIS INFORMATION PACKAGE WITH YOU SHOULD YOU URGENTLY NEED TO SEE YOUR DOCTOR OR GO TO THE EMERGENCY DEPARTMENT OF YOUR NEAREST HOSPITAL.

Use this material for your information only. It does not replace advice from your doctor or other health care professionals. Do not use this information for diagnosis or treatment. Consult with your health care provider about a specific medical condition.

References:

1. Yu Jin T, Yap J, El-Feky M, et al. Implantable port. Reference article, Radiopaedia.org (Accessed on 16 May 2023) <https://doi.org/10.53347/rID-65871>
2. Implanted Port: What to Expect at Home. Accessed May 16, 2023. MyHealth.Alberta.ca Network. <https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?HwId=ug6118>
3. Patel et al. Society of Interventional Radiology Consensus Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions—Part II: Recommendations. JVIR 2019; 30:1168–1184.

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