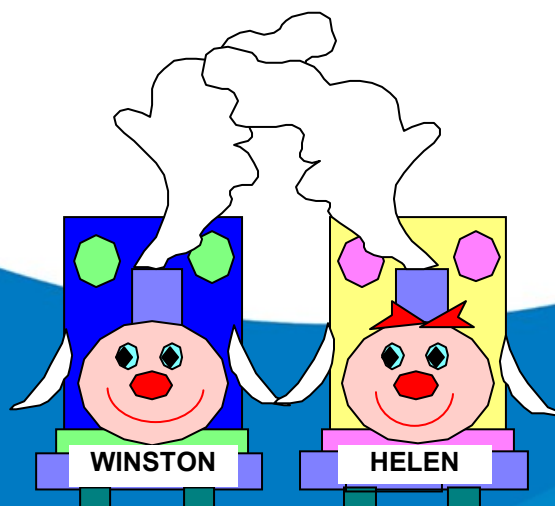


Port-a-Cath Central Venous Access Device

This leaflet can be made available
in alternative languages / formats on request.

*如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供*

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

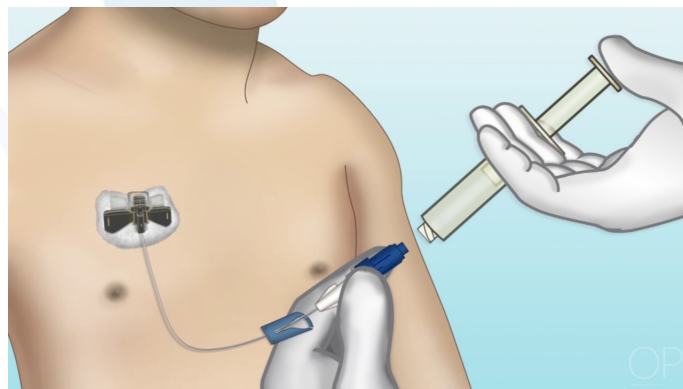


Why children have a Port-a-Cath

Some children have long term chronic conditions or diseases which require frequent blood sampling or intravenous treatments such as blood transfusions or antibiotics. Having a port-a-cath (port) enables access to the child's major veins to enable this to happen.

What aftercare is needed?

In between treatments, the port will need to be flushed with saline and heparin every 4-6 weeks when it is not in use to stop it from getting blocked. Ports are usually accessed only by specialist nurses, nurses who have been trained to use ports and parents who have also been specially trained. Fortunately our Hospital at Home (HAH) nurses are trained to flush ports in the comfort of your own home.

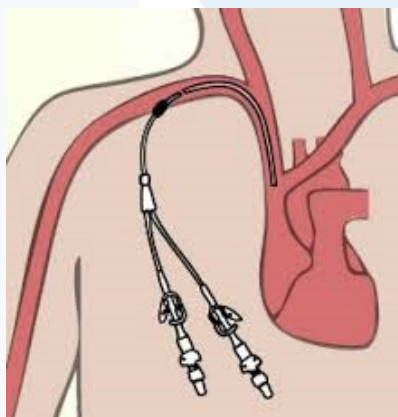


How is the port-a-cath accessed?

When we need to use or access the port it will need to be "accessed" through your skin using a special needle. The skin can be numbed with local anesthetic cream or cold spray, but does not need to be this is patient choice. We will then insert the needle through the skin into the port.

This is not painful, though you may feel a bit of pressure. If you are having your port accessed for IV therapy the gripper needle can stay in the port for up to two weeks without being removed.

The area is covered with a clear plastic dressing so you are able to observe the needle site and you can continue to go to nursery or school while having treatments. When the treatment is finished, the needle will then be removed. If you are having your port accessed to be flushed or take blood this does not take long and the needle will be removed straight away just leaving a small pinprick which can be covered with a plaster for an hour or two if necessary.



Are there any risks from having a port-a-cath?

Infection

We always take great care when using or flushing the port. Even so, infections can happen at any stage. Signs of infection include a high temperature, feeling hot and cold, achy or shivery, redness, soreness or discharge around the port. You should contact your nurse specialist as soon as possible if you notice any of these. Often we can treat an infection with antibiotics, but sometimes we will need to remove the port to prevent the infection from getting worse.

Not bleeding back

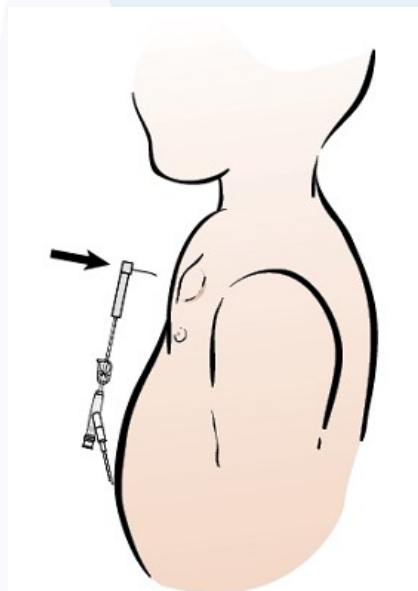
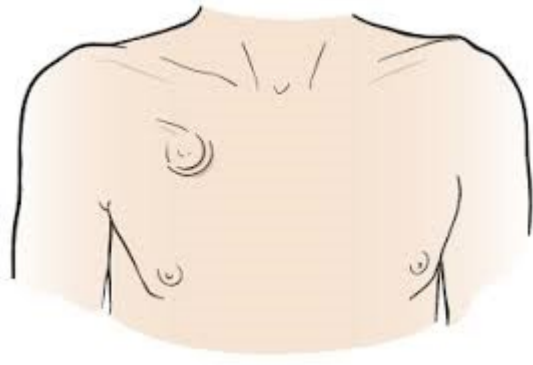
A port is designed to allow us to take blood samples, but sometimes blood cannot be withdrawn. This is not a serious complication but it can be disappointing - nobody likes having blood tests taken with a needle.

Thrombosis (blood clot)

Having an implantable port does mean there is a risk of getting a blood clot. This sounds very alarming but in fact when it does happen it is very unlikely to cause a serious problem. Patients who develop a clot are usually given medication to dissolve it.

There is often no need to remove the line. Signs of a blood clot include swelling and pain in the shoulder, neck or arm. Some patients with clots have veins standing out on the neck or chest on the same side as the port. You should let your specialist nurse know straight away if you notice anything like this.

Your specialist nurse and Hospital at Home (HAH) team will look after you and make sure you receive the best care possible.



If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard.

The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F	0151 430 1616
Ward 4F	0151 430 1791

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

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