



## What is it?

A venous access portacath is a central venous access device that is implanted under the skin, either on the chest or arm, that allows easy access to your bloodstream to give treatment or take blood.

## Who is it for?

Portacaths are ideal for patients who require long term or frequent venous access for treatment, or have arm/hand veins that may be difficult to access. Although this procedure is a little more complex than other central venous access devices, patients often prefer to have a portacath inserted because there are fewer restrictions on activities such as bathing, swimming and exercise. The device is less likely to be displaced compared to other central venous devices.

## How is it done?

Portacath insertion is usually done under sedation in an operating room with specialised medical imaging equipment. Your interventional radiologist will use an ultrasound to guide a fine needle into the vein at the base of the neck through which a wire is passed. An incision will then be made in the skin over your chest between 2-4cm in length, about 10cm below the collar bone. Space will then be made under the skin for the portacath, and the tubing connected to the port will be tunneled under the skin to the neck and threaded into the vein. The tip of the tube will be just above the heart where there is rapid blood flow. The skin will be closed with dissolving stitches.

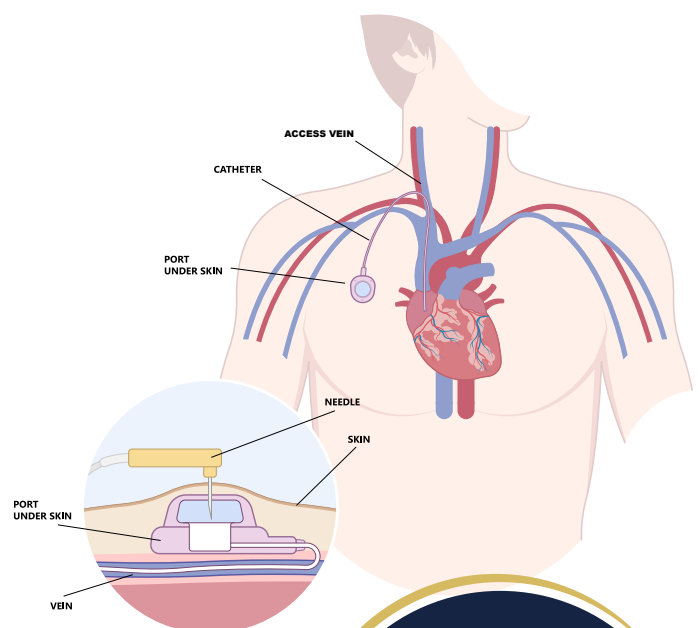
## What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- pain
- bleeding
- infection
- tube blockage
- narrowing of the central veins
- DVT

## Follow up

If you will not see your oncology nurse for treatment within a week of your portacath insertion, we will arrange follow up with you to check that the wound is clean and healthy. When you have completed your treatment, many people elect to have their portacath removed. It is a simple matter of making an incision through the existing scar, carefully removing the portacath, and closing the skin with dissolving stitches.



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