

Port-a-cath (port)

Information for patients, relatives and carers

① For more information, please contact:
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Providing services at:

York and Scarborough Teaching Hospitals NHS Foundation Trust
[Hull University Teaching Hospitals NHS Trust](#)

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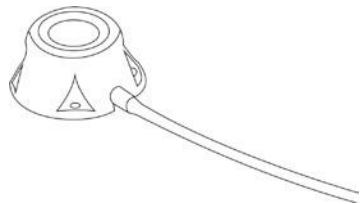
What is a port-a-cath?

A port-a-cath is a totally implanted venous access device (TIVAD) used for administering medication and taking bloods, for patients who are receiving long term intravenous (IV) treatment such as IV antibiotics, blood transfusions, chemotherapy and other medications. They are safe and effective in overcoming venous access problems.

The device is placed completely under the skin, usually in the chest wall or upper arm. It is important to discuss your preference with your surgeon or the health care professionals looking after you prior to the device being inserted.

The port consists of three parts:

- 1) The portal; which is a small chamber made of self-sealing silicone. This shows as a small bump underneath the skin.
- 2) The catheter; which is a thin flexible tube that lies within the large vein sitting above the right side of your heart.
- 3) The catheter connector; which connects both parts together.

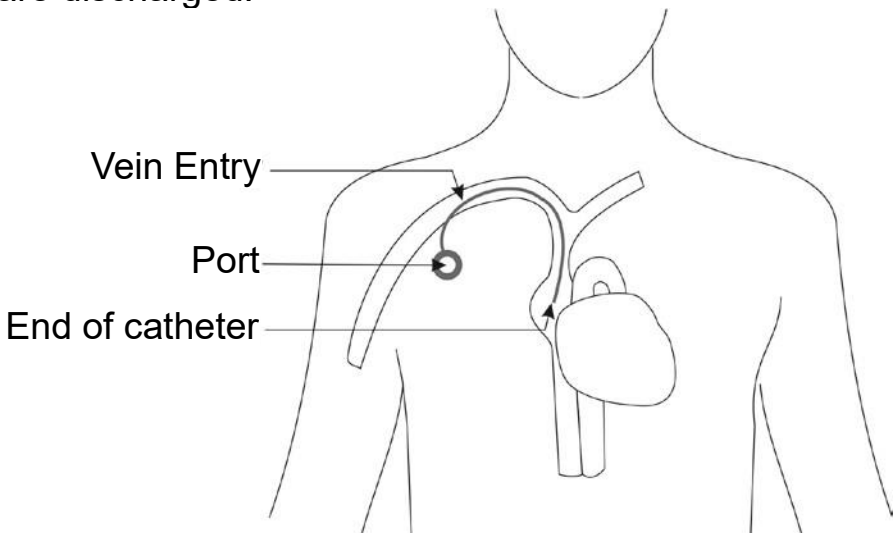


How is a port-a-cath inserted?

The procedure can usually be done as a day case and you can go home the same day. A port is inserted in theatre under sterile conditions by a vascular surgeon. Two incisions are made, one to insert the portal and one to insert the catheter into the vein; the two are then connected. The catheter sits in a vein just above your heart.

The surgery is usually performed under a local anaesthetic but there may be occasions when a general anaesthetic may be required, for example children will usually require a general anaesthetic. Please speak to your doctor if you have any preferences.

Following the procedure, you will need to have a chest x-ray to check placement of the port-a-cath before you are discharged.



Are there any risks?

As with any surgical procedure there are some potential risks and complications. Serious risks are very rare.

- Bruising – this is common and usually settles a few days after the procedure.
- Pain – as the anaesthetic wears off you may have some mild discomfort; this usually settles a few days after the procedure. You can take some paracetamol to help with this.
- Infection – as the procedure is carried out under sterile conditions this reduces the risk of infection. Your nurse will use aseptic technique when accessing your port which also reduces the risk. However sometimes infection may still occur, this would require treatment with antibiotics and may require removing your port.
- Clot or thrombosis – sometimes a blood clot may form at the tip of the catheter, to reduce this risk your port-a-cath will be 'flushed' regularly and with a blood thinner (heparin) locked in the catheter.
- Pneumothorax – this is a very rare complication which roughly happens every one in 1000 patients. This happens if the lung is accidentally punctured during the procedure.

Post-operative care

Following the insertion of your port-a-cath you are advised to refrain from swimming for 14 days to allow your wound to heal. Try and avoid wearing a tight bra or carry a bag across your chest.

You will have waterproof dressings on the insertion sites, these can come off after 48 hours. If the insertion sites have healed the dressings can stay off, if not the dressings will need changing. You need to keep the area clean and dry for five to seven days to allow it to heal and to reduce infection. You may bath or shower after the wound has healed, usually 48 hours. Your sutures will need removing after 10 days, this can be done by the practice nurse at your GP's.

If you experience any significant pain, swelling or redness to the area or into your neck, please contact your healthcare professional for advice.

How do I look after my port-a-cath?

As your port-a-cath is completely under the skin it requires minimal care; however, it is important you have your port 'flushed' every four to six weeks with saline and heparinised saline. This is to try and prevent a blood clot from forming within the line of your port-a-cath.

When you have a needle in for treatment a waterproof dressing will cover the site. This keeps the area clean and dry and helps to secure the needle. The dressing should be replaced weekly or more frequently if it becomes wet, dirty or loose to reduce the risk of infection.

You may bath and shower as normal. You will be able to continue with most sporting activities although you may be asked to avoid contact sports such as boxing, rugby and judo. These may increase the risk of the line splitting.

How does my port-a-cath get accessed?

Only nurses who have been trained in port-a-cath care should access your port. Your port will be accessed by inserting a special non-coring needle called a 'gripper needle' through your skin and into the portal.

You may feel some discomfort when the needle is being inserted into the portal. Once in place you may experience a cool sensation as the saline flushes through your port, however this should not be painful.

If you experience any pain or discomfort or notice any swelling, please discuss this with your nurse at the time.

Who do I get in touch with if I have any problems?

Immediately post-op you can either contact the surgeon who placed your port-a-cath or the team who are co-ordinating your care. For patients with Cystic Fibrosis please phone 01904 725601, or out of hours the CF team member on call via switchboard on 01904 631313.

For patients receiving chemotherapy please contact 01904 726516 for York or 01723 342447 for Scarborough.

Ward 31 can be contacted for advice out of hours on 01904 726031.

For patients at Hull, 01482 622495 or out of hours Ward 500 (HRI) on 01482 482225.

Please contact for advice if you notice any of the following:

- Bleeding coming through the dressing or after you have removed your dressing.
- Pain, swelling, redness or discharge from the incision.
- Swelling on your face, neck or arm where the port has been inserted.
- Chest pain or shortness of breath.
- Fever

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact the CF nurse specialists:

Julie Ackerley or Laura Wood at York on 01904 725601 or Tanya Cavaney at Hull on 01482 622495.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

In York or Scarborough dial 01904 726262 or email yhs-tr.patientexperienceteam@nhs.net

In Hull and the East Riding

dial 01482 875875 or email hyp-tr.pals.mailbox@nhs.net

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

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