

Infusaport or PICC Line

This information is in addition to the detailed patient information personally provided by Mr Ponosh to you during your consultation.

The venous system is often accessed to obtain blood, administer medications, and perform other medical procedures. Usually, the peripheral veins in the arms or legs are accessed. Some procedures however require long-term or repeated access to the bloodstream which may damage the peripheral veins and cause discomfort.

What is a PICC line and how is it inserted?

A **PICC line** is a medium-term venous access solution. It is like a drip placed but can last up to 6 weeks (compared to 2-3 days). It has an external “drip” component with the line extending to a position near your heart. It is commonly used for long-term antibiotics avoiding the need for repeat drips. It is a low-risk procedure undertaken under x-ray guidance with an incision through a 1-2mm nick in your upper arm. It is like having a complicated drip inserted.

PICC lines are removed in the rooms on the ward like a drip at 4-6 weeks in most cases.

What is an Infusaport?

An **Infusaport** is a device used for long-term access to the bloodstream. This device helps to minimise patient discomfort and protect the venous system. Once in place, an Infusaport helps to deliver intravenous administration of chemotherapy or other medications, IV nutrition, blood products, as well as taking blood samples for testing. It is made of two components – the port and the catheter. The port is 2cm wide and made of metal and plastic. It has a central chamber for injections. It is placed beneath the skin, normally on the right side of the chest wall. It can be used multiple times with a specialised needle. The port can be felt and sometimes seen under the skin with nothing exposed. The catheter is a soft hollow tube which runs down the vein towards the heart.

The most common use for a port is for chemotherapy. The need, duration and options will be discussed with you by your oncologist or treating physician prior to the referral to Mr Ponosh.

The Infusaport can stay in indefinitely but is normally removed after treatment has finished. Removal is a minor procedure under a local anaesthetic in theatre.

How is the Infusaport inserted?

The procedure is carried out in a theatre normally under a general anaesthetic or in some cases a “twilight” anaesthesia. In most cases it is a day-case procedure.

A small pocket is then made under the skin below your collarbone through a 2cm incision. It is usually on the right side, but positioning will be dependent on your personal medical issues. The port is placed in this pocket in the chest wall. Either via the same incision or via a separate 1-2mm nick at the base of your neck, a wire is then fed along the vein and x-ray is used to check the position. The catheter is then passed down the wire into the vein and stops just above the heart. Heparin (an anticoagulant) is injected to stop any clots forming in the catheter. In some cases, a temporary needle will be left in to allow use of the port within 24-48 hours when it is still tender.

How is the Infusaport and PICC line used?

The Infusaport is accessed using a special needle (which does not damage the port’s central chamber) placed through the skin into the port. It should only be accessed by a specialist doctor or nurse trained to use this system.

A PICC line is accessed like a drip.

Possible complications.

Pain: Usually immediately after the operation, this should decrease with time.

Infection: This can be treated with antibiotics, but severe infections may result in removal of the port or PICC.

Bleeding: This can happen at the site of the operation and will normally stop if pressure is applied. Very rarely, the vessels can be damaged during the operation which is a serious complication and would require further intervention.

Blood clot in the catheter: This sometimes means a new port or PICC must be inserted but in some cases a procedure can salvage a port.

Fracture of the catheter: A rare complication, but sometimes the end of the catheter can break off and will need to be removed.

Movement of the port or catheter: This can happen even when the port is attached to the chest wall and may require revision or replacement.

Central Vein Thrombosis (Occlusion): This is a rare complication that may require the removal of the port. It is caused by the presence of the catheter, irritation from chemotherapy and the stickiness of blood caused by cancer. A PICC line can be associated with peripheral vein thrombosis or phlebitis necessitating the removal of the PICC.

Lung collapse: This occurs in less than 1% of patients having ports inserted, but occasionally the lung (pneumothorax). This normally needs a tube to reinflate the lung and prolonged stay in hospital. This can sometimes delay adjuvant treatment.

Skin problems: Occasionally there can be thinning of the skin over the port and may result in needing a new port placed in a different site.

Following your procedure.

Chemotherapy can be started the next day if needed. You can shower or bathe the next day and pat the dressing dry. Keep the wound dry for 3 days. The wound is closed with invisible stitches and glue. Remove the outer dressing after 3 days and the skin tapes will fall off over 1-2 weeks. When the skin is healed normal activities can be resumed.

In most cases further follow up is done by your referring physician unless any of the below occur.

Contact Mr Ponosh's rooms or see your GP if you have any concerns regarding:

- Pain, tenderness or swelling
- Fever or sweats.
- Inflamed wounds or pus.