The
British Porphyria Association
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Factsheet

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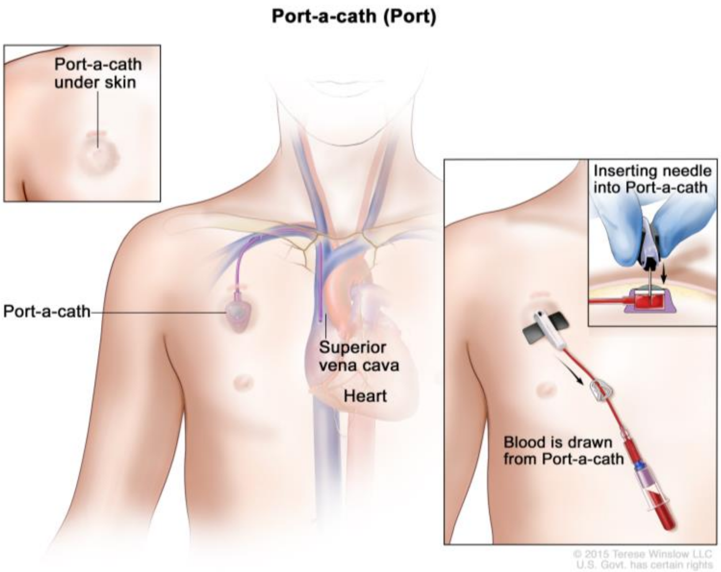
Portacaths

What is a portacath?

A port-a-cath (also known as portacath, port or implanted port) is a small medical device that provides **direct access to a central vein**.

A portacath is usually made of surgical steel or titanium, and is around 2.5 to 4cm in diameter. The head of the port has a rubbery membrane that is self-sealing, meaning that it has a long life allowing it to be accessed time after time. Attached to the port is a flexible tube (catheter), the tip of which will be positioned inside a large vein somewhere near to the heart (see below).

The port will be positioned just underneath the skin, in the upper chest or upper arm. The surgical team may use a Doppler (a special ultrasound) to determine the exact position which will be chosen based on the best vein available.



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After the procedure, you are likely to be left with two small scars – one will be about 1cm, the other around 3cm, both of which should fade over time.

Afterwards, you will be able to feel the device under the skin and you may see a small bump where the port is situated.

What is a portacath used for? Who might benefit from it?

A portacath may be considered if you need frequent access to veins for blood, injections/medical treatment(s) and/or because of problems with access to smaller veins. Portacaths are therefore considered for acute porphyria patients who need repeated intravenous treatment – specifically haem arginate – which needs to be administered via a large vein in order to avoid inflammation, pain and possibly long-term damage to smaller (peripheral) veins.

Ports are considered to be **safe and secure** as they not only make access to the bloodstream safer, quicker and less painful, but as the portacath is under the skin it is relatively simple to look after and live with.

Your specialist(s) will have discussed with you the reasons why a portacath is being considered to help with the management of your porphyria. They may also have considered a less permanent PICC/PIC or Hickman line (peripherally inserted central catheter devices). Both of which are deemed most suitable for short-term use as they are more prone to infection and blockages.

The insertion of a portacath:

A port will usually be inserted in a procedure that takes around an hour, either under sedation or under a general anaesthetic. In most cases you will be able to go home the same day.

Portacaths

Are there any risks?

Serious complications and risks associated with the insertion and long-term use of a device are rare. However with any procedure, some risks or complications may occur.

The team responsible for inserting your port will spend time with you providing details of any risks (such as bruising, infection, blood clots and other complications).

Don't be afraid to ask for further explanations if you want to know more before agreeing to the procedure.

Living with a portacath

A portacath can often remain in situ for a long period of time (from months to many years) and should make accessing treatments and taking blood much easier.

Only specialised staff (usually a nurse) trained and experienced in accessing portacaths should access your port. Prior to accessing the port, the skin will be cleaned each time using a sterilising solution, a special needle (called a gripper or non-coring needle) will then be inserted for the period required for treatment.

Prior to removing the needle, a blood thinning solution will be used to "lock" the port and to keep it "patent" (working properly). The solution used will be agreed by the vascular team/porphyria centre.

If a portacath hasn't been accessed for four weeks, it should then be flushed and a blood thinning solution inserted by an appropriately qualified person, to keep it patent. This will be arranged by your porphyria or treatment centre.

Further information can be found on the following websites:

- **Guys and St Thomas' NHS Foundation Trust:** *"Having an implanted port inserted":*

  http://www.guysandstthomas.nhs.uk/resources/patient-information/radiology/having-a-portcath-insertion.pdf

- **Cambridge University Hospitals NHS Foundation Trust:** *"Patient information and consent to insertion of a port":*

  http://www.cuh.org.uk/sites/default/files/publications/CF248_portacath_v4.pdf
  and
  http://www.cuh.org.uk/sites/default/files/publications/PIN2428_implantable_ports_%28portacath%29_V3.pdf

- **Nottingham University Hospitals NHS Foundation Trust:** *"Guidelines for maintenance and management of a portacath":*

  https://www.nottingham.ac.uk/mhs/documents/clinical-skills/nuh-guidelines/portacath.pdf

- **Wikipedia**: *"Port (medical)":*

  https://en.wikipedia.org/wiki/Port_(medical)

PLEASE NOTE: *Your porphyria specialist and/or nurse specialist will have discussed the reasons as to why a portacath is being considered as a tool to assist your porphyria care. If you have any concerns about anything to do with having a portacath (or the procedure), you should discuss this with your porphyria centre.*