What is a Portacath?
A Portacath insertion is performed if you require a particular long term treatment such as chemotherapy. The Portacath is a small implantable device that sits under the skin in the upper chest and has a long hollow tube attached to it which sits in a large vein in your chest. The Portacath may also be used to take blood samples, instead of placing a needle into your arm if you have difficult veins to access.

What to Bring:
Bring any relevant imaging scans (film packet or a CD containing X-rays, CT scans, ultrasound or MRIs etc.).

Preparation:
You may be required to have a blood test prior to your procedure to check your blood clotting levels.

Arrange for someone to take you home from your procedure and stay with you overnight.

Eating/ drinking:
You will be required not to eat or drink for 4 hours prior to your procedure.

Medications:
Tell staff at the time of booking if you are taking any:
- Blood thinning medications (e.g. Warfarin, Xarelto, Rivaroxaban, Pradaxa, Apixaban, Eliquis),
- Antiplatelet medications (e.g. Clopidogrel, Plavix, Aspirin)
You will be informed if you need to stop taking these medications before your procedure.

Continue taking other medications as prescribed, unless directed otherwise by medical or nursing staff prior to your procedure.

Please bring a list of all your medications with you to your appointment.

Procedure:
On arrival to the hospital a nurse will discuss with you your medical history and insert a small plastic tube (cannula) into a vein in your hand or arm.

The doctor will explain the procedure and discuss with you the potential risks and you will be asked to sign a consent form.

During the procedure you will be lying on a bed in the angiography room. Your heart rate and blood pressure will be monitored during the procedure by nursing staff. You may also be given medication to keep you comfortable and relaxed during your procedure if you require it.
Portacath

Radiology Service

This procedure is performed by accessing a vein in your neck. Your neck will be cleaned with an antiseptic wash, and local anaesthetic will be used to numb a small section of skin. A small incision will be made and a small needle will be inserted through the numb patch of skin into the vein. A thin plastic tube called a sheath is then inserted into the vein and the needle is removed. You may feel some slight pressure in the neck when inserting the sheath but it shouldn’t be painful.

The doctor will then inject more local anaesthetic to numb a section of skin on your upper chest. An incision will be made and the Portacath will be inserted underneath the skin and the long hollow tube attached to it will be inserted down the sheath into its correct position. An x-ray image will be taken to confirm the correct position of the Portacath.

Once position is confirmed, the Portacath will be secured with stitches and a waterproof dressing.

Post Procedure Care:
You will be required to sit up in a bed for 2 hours after your procedure. You will return to the day procedure recovery unit for the duration of your recovery where you will be monitored by the nursing staff before being discharged.

Discharge
Generally you will be able to go home the same day as your procedure if you have no other medical conditions/concerns that require further treatment.

You may be admitted to a hospital ward after your procedure if you require a course of treatment. Your referring doctor will discuss this with you before your appointment.

You will be provided with an information sheet regarding discharge instructions and how to care for your Portacath at home upon discharge.

Results:
The procedure report will be sent to your referring doctor.

Radiation Risk
Most medical imaging tests, except MRI and ultrasound, involve exposure to radiation from X-rays. Your doctor considers that the benefits of the examination you require to be greater than the small risk posed by the radiation exposure.

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References:
Inside Radiology,
The Royal Australian and New Zealand College of Radiologists®
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