

Radiology Implanted Apheresis IV Port



Used with permission

An implanted apheresis IV port has a round shape and is placed under the skin. It is designed for apheresis procedures. It can also be used as IV (intravenous) access for:

- Medicine
- Fluids
- Liquid nutrition, such as TPN (total parenteral nutrition)
- Blood samples

This port can be placed:

- In the chest area just below the collarbone
- In the arms
- In the belly (abdomen) area
- In the legs

The port has 2 main parts:

- The **reservoir** will be a small, raised area under your skin. This is the part where an angio-catheter is inserted either to give medicines or to draw blood.
- The **catheter** is a long, slender tube that extends from the reservoir into a large vein.

Accessing the port:

- The port is ready to use right after it is placed.
- Before the port is accessed, a numbing cream can be placed on the skin. This helps numb the skin over the port site.
- The port should only be accessed by someone trained on how to access a port designed for apheresis.
- Sterile technique is used to access the port.
- The port should only be accessed with an angio-catheter. Once the port is accessed, a blood return should be checked. This helps ensure the port is in the vein and is not clogged.
- If your port must remain accessed, a bandage will be placed over the needle site. Keep the bandage covering the needle clean and dry. Do not get it wet. If your port does not need to stay accessed, no bandage is needed over the port.

Flushing the port:

- Flushing the port keeps it from becoming clogged.
- The port needs to be flushed:
 - after medicines have been given
 - after blood has been drawn
 - as part of routine maintenance (normally every 4-6 weeks)

Important Port Information:

- After your port is placed, you will get a manufacturer's information card. The card has information about your port. Keep this card with you at all times.
- There are many types of IV implanted ports. You need to know that you have an apheresis port.
- The port can stay in for as long as it is necessary.
- When it is time for the port to come out, surgery will be done to remove it. The surgery will be similar to how the port was put in.

Incision site care:

- Do not get the incision sites wet for 5 days. You may shower with the incisions covered. The incisions should heal in 7-14 days. A small scar may form after the incisions have healed.
- The incisions may be sore for 1-3 days.
- The incisions may have bandages on them. If bandages are present, leave them in place for 3 days. After 3 days, you may remove the bandages and leave the incisions uncovered.
- Sutures will be absorbed and do not need to be removed.
- The incision sites may have small adhesive strips on them. This helps keep the incision site closed. A special kind of surgical glue may have been used to keep the incision closed. Do not take the adhesive strips or surgical glue off. They will fall off in 10-14 days.

Activity:

- Your usual activity level is allowed as tolerated. If you are having pain with activity, stop the activity. You may need to slowly return to your normal activities.

Diet:

- You may have liquids right after the procedure. If you feel good after the liquids, you can also have solid foods.

Pain management:

- You may take Tylenol[®], or any non-aspirin containing pain medicine such as Motrin[®], ibuprofen or Aleve[®].

You had medicines to make you sleepy during the procedure. You should:

- Have a responsible adult drive you home at discharge.
- Have someone check on you for the next 24 hours.
- Go directly home.
- Spend your first night after the procedure within 1-hour travel time of the hospital.

For the next 24 hours:

- Do not drive.
- Do not operate any machinery, power tools or appliances.
- Do not make important decisions.
- Do not drink alcohol.

Call Advanced Radiology Services at (616) 459-7225 extension 2 for any of these problems:

- Pain that gets worse as time passes and does not get better.
- Drainage from the surgery sites.
- Your port does not flush or there is no blood return.
- New drainage or pus is coming from the incision.
- A bad smell is coming from the incision site.
- You develop swelling or increased redness at the incision site.
- You develop swelling or pain in the surrounding skin near the port.
- You have chills or an oral temperature above 100.4 °F (38 °C).