



## Vascular Access Team

### My child needs a portacath

### Information for parents and carers

#### What is a portacath?

A portacath is a small stainless steel chamber filled with a rubbery membrane that closes over itself, which is placed under the skin on the chest.

A specially made needle called a gripper needle, is inserted through the skin into the portacath so that treatment can be given through it. The portacath is attached to a rubbery tube that sits in one of the large veins leading to the heart.



Portacath



Gripper Needle

#### Why does my child need a portacath?

Portacaths are usually inserted when there is a need for long term access to a vein. This might be to provide medication, special intravenous feeding, fluids, blood and blood product transfusion and blood tests.

#### Do I have to give permission for it to be put in?

Yes, the person with parental responsibility has to give consent. Inserting the line involves a small operation and a general anaesthetic.

#### How can my child be prepared?

The ward staff will help to prepare your child and may use an information book called "A friend called Wilbur".

## **How long will it take to put the portacath in?**

This can vary from child to child and the surgeon will discuss this with you.

## **Will it hurt?**

The procedure won't hurt as your child is under general anaesthetic. When your child wakes up the insertion site may be a little sore and pain relief can be provided, if it is required.

## **Are there any complications of having a portacath inserted?**

Any side effects or complications will be discussed with you by your child's anaesthetist and surgeon, but possible complications can be:

- **Blockage.** This can usually be resolved by putting a special flush into the port.
- **Not bleeding back.** This can be disappointing (because the port can no longer be used to take blood), but it can still be used to give medications. We may need to check the port is still working properly. This is done by injecting dye into the line then performing a special x-ray.
- **Leakage.** This may occur if a forceful flush is attempted when the line is blocked. A special x-ray can see if the port is working properly.
- **Infection.** Local infection can be treated with antibiotics, but occasionally, if the port itself becomes infected, it may have to be removed

## **Side effects**

These are the unwanted but mostly temporary effects of a successful procedure. Your child will feel sore and have some swelling and bruising around the entry and exit site

## **What are the benefits?**

Having a portacath may mean your child will not need as many needles over the course of their treatment. If there are no problems with the line it can stay in place throughout your child's treatment. This may be months or years depending on the care your child needs.

## **Is there any other treatment my child could have?**

If a portacath is not put in then your child will need another type of line called a cannula. These do not last very long and to insert one requires a needle which will mean more needles for your child. Depending on your child's treatment a cannula also may not be a suitable line to be used. A portacath will make treatment easier and more comfortable for your child.

## **Can my child go home with a portacath?**

Yes you will have the option to be trained in how to look after your child's portacath at home with the help of the community nursing team.

### **What support will I get at home?**

The community nursing team will give you support at home. If you do not wish to be trained to look after your child's line they will check on your child's portacath and flush it regularly so it doesn't become blocked when not in use.

### **What should I be looking for?**

You should ensure that the portacath site doesn't have redness, swelling, tracking (a red line along the skin) or is causing any pain.

### **What should I do if something goes wrong?**

You can contact the community nursing team, these details will be provided by the ward or a member of the community team may come to the ward to visit you and will give you these details. If you think your child is unwell and has a temperature then you should take them straight to the nearest hospital accident and emergency department.

### **Can my child still have a bath/ shower?**

Yes- once the site has healed.

### **Can my child still play sports?**

Vigorous sports such as rugby should be avoided. However, once the site is healed most sports including swimming can be undertaken.

### **Aseptic Non-Touch Technique ANTT**

Your child's portacath will be accessed in order to deliver medication, blood products or fluids via a trained nurse or doctor. The technique used to access your child's portacath is called Aseptic Non-Touch Technique (ANTT). This is an evidence based clinical practice for preparation and administration of intravenous therapy. Research shows that using ANTT is best clinical practice for accessing intravenous lines and reducing risk of infection and its use is supported by the *Department of Health and the Royal College of Nursing (2010)*.

You should see:

- The nurse / doctor clean their hands with soap and water or alcohol gel.
- Put on a pair of gloves prior to accessing your child's line.
- Scrub the end of the intravenous line device for 20 seconds with a large wipe and allow it to dry for 20 seconds.
- Gather all equipment safely and remove it from your child's bed space once the medication has been administered.

For further information you can ask the ward staff to contact the IV Team on Ext 2692.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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