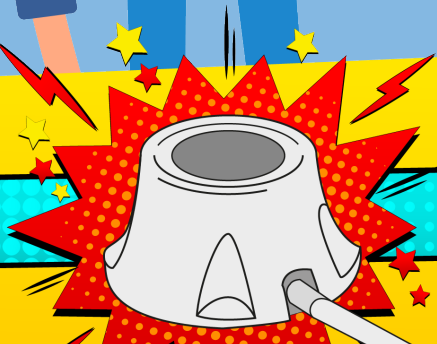


UNDERSTANDING AN IMPLANTABLE PORT



**FEATURING THE PORT-A-CATH™
IMPLANTABLE VENOUS ACCESS SYSTEM**



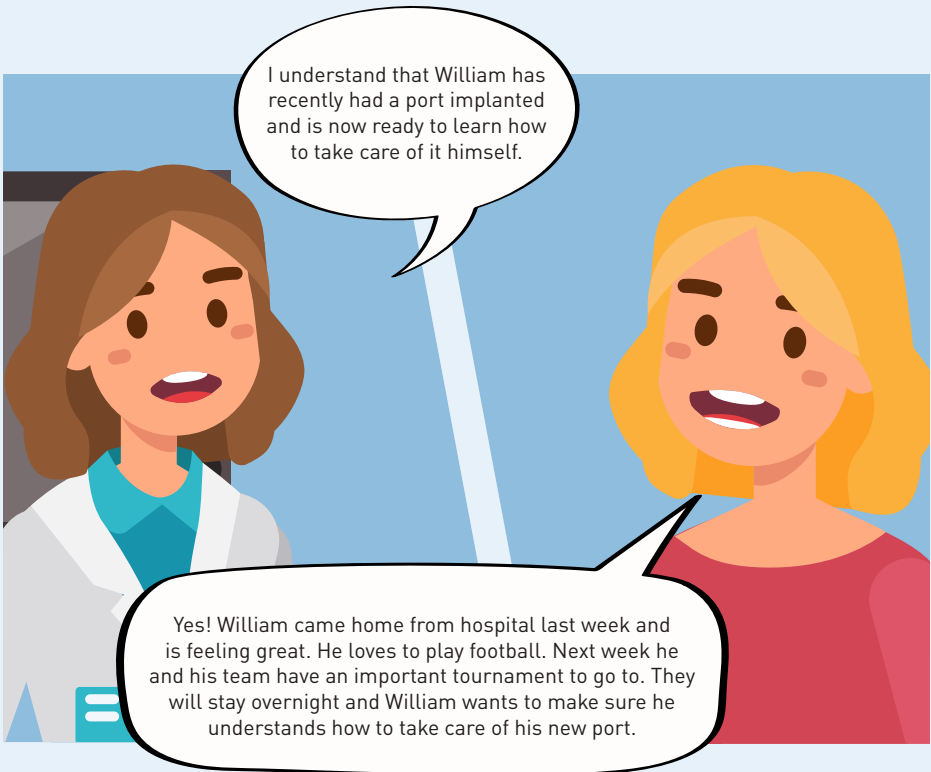
MEET...

WILLIAM

What is a port? An implantable port is a system indicated when patient therapy requires repeated vascular access for injection or infusion therapy and/or venous blood sampling. It is placed completely under the skin, usually in a location on the chest or arm.

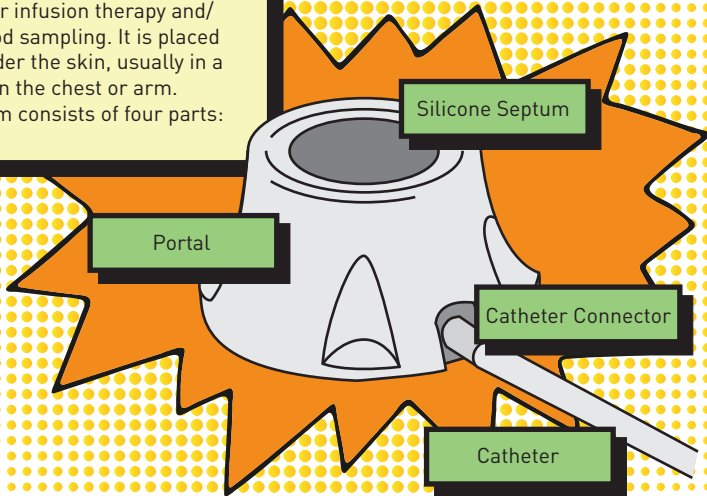






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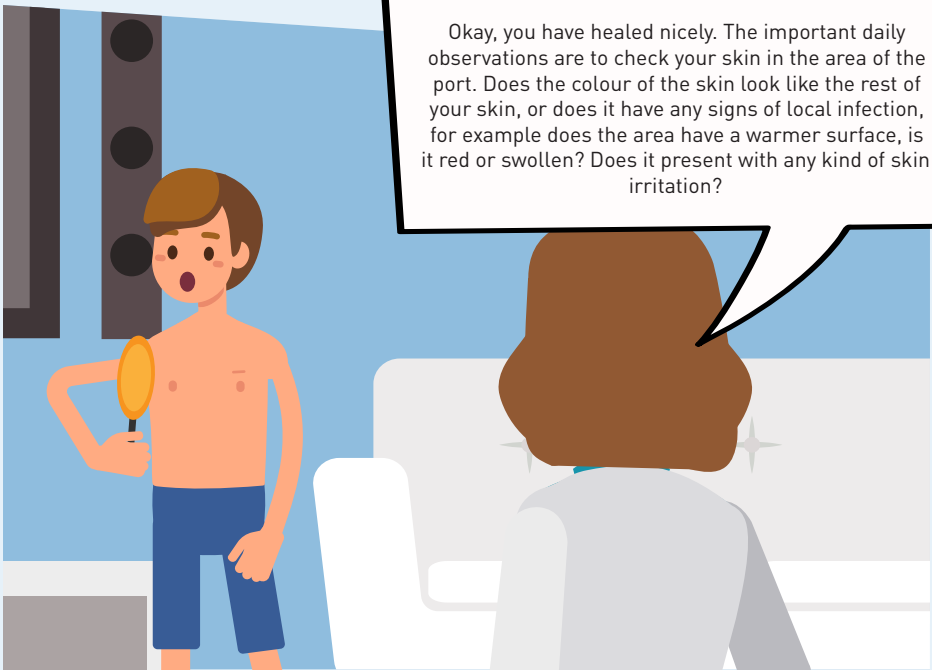
The port system consists of four parts:

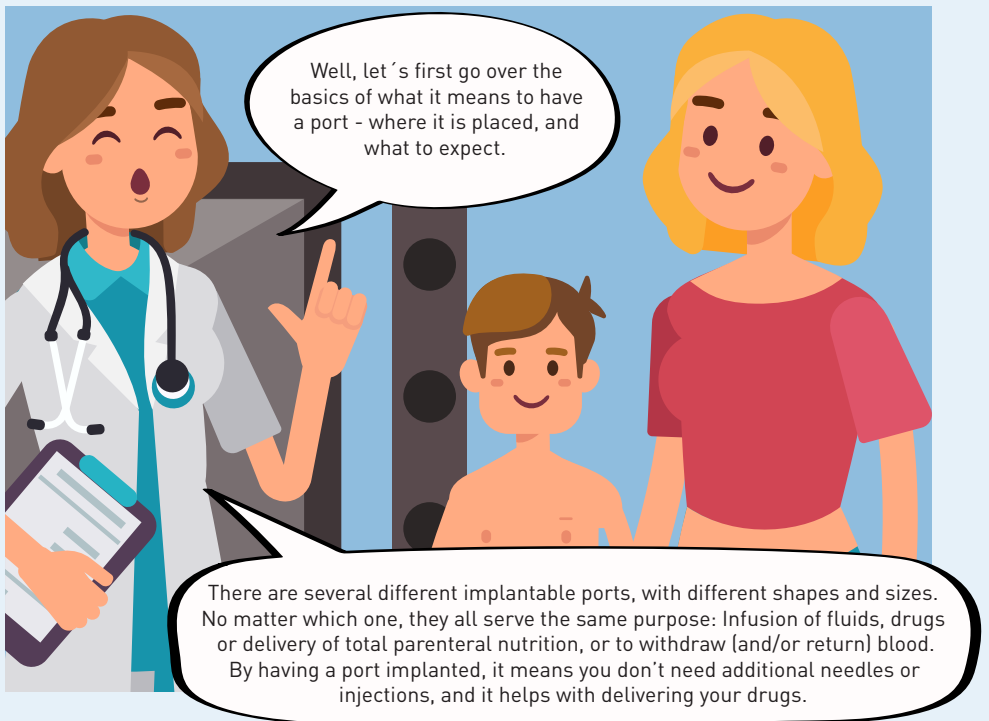
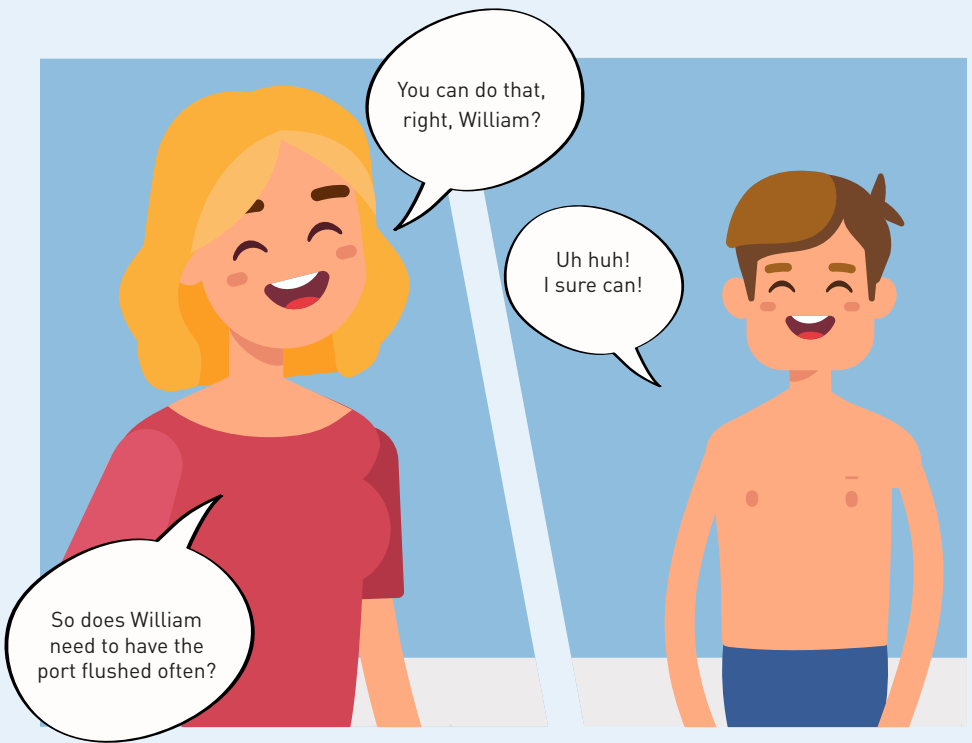


Great stuff William. An implantable port is exactly what you need, as you will be having frequent infusions over the upcoming months as well. With a port implanted, you will be able to play any kind of sports or activities - even swim - with no tubes hanging to watch out for either! First, let's make sure that the scar has healed. Please take a mirror, so you can see what to look for.

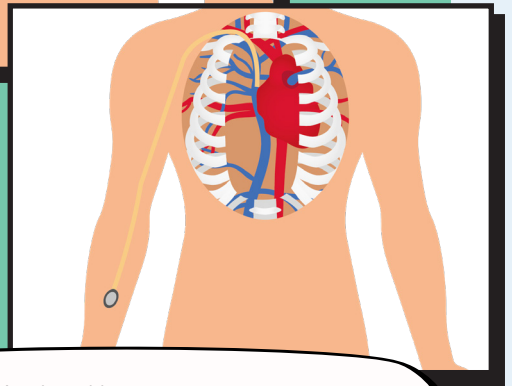
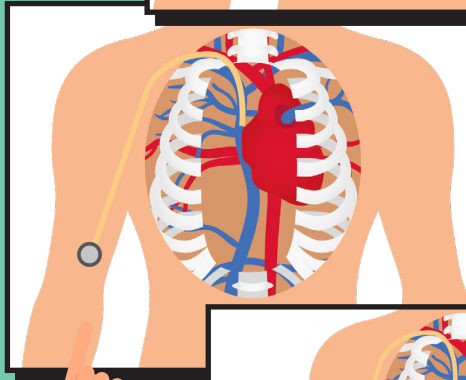
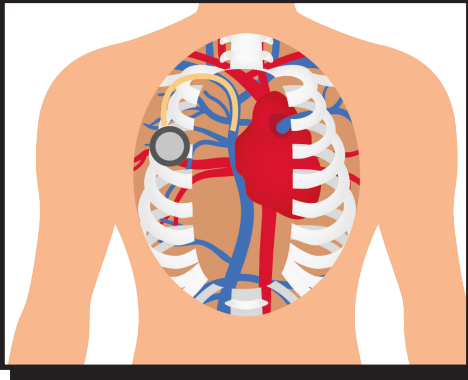


Okay, you have healed nicely. The important daily observations are to check your skin in the area of the port. Does the colour of the skin look like the rest of your skin, or does it have any signs of local infection, for example does the area have a warmer surface, is it red or swollen? Does it present with any kind of skin irritation?



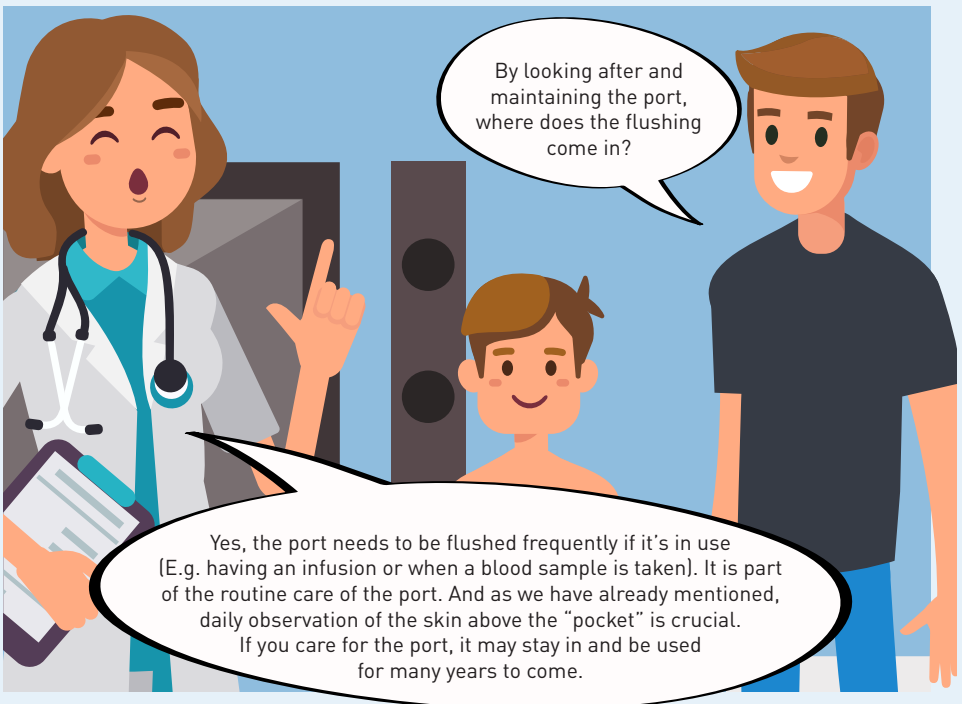
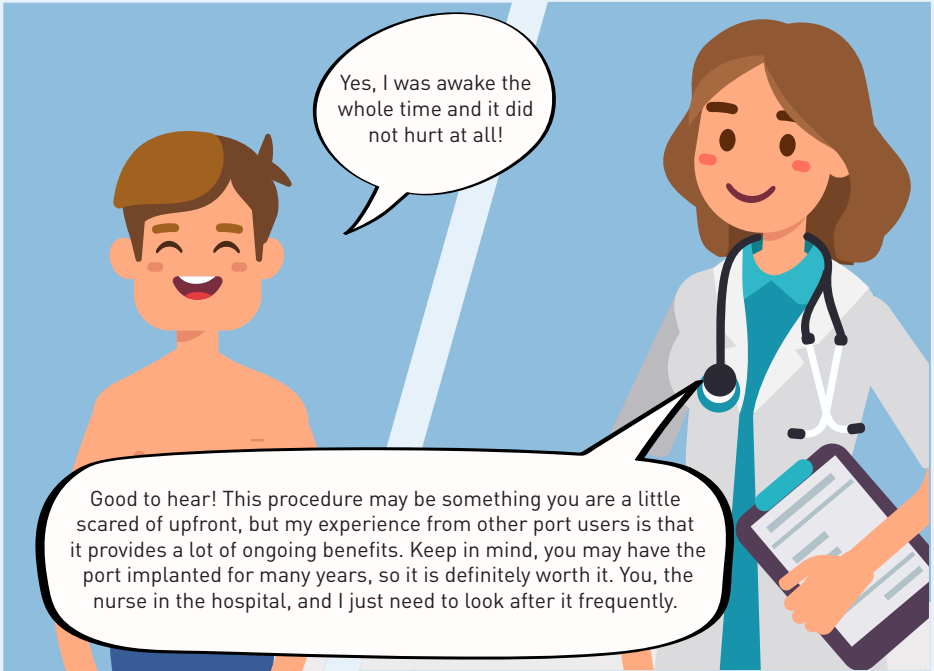


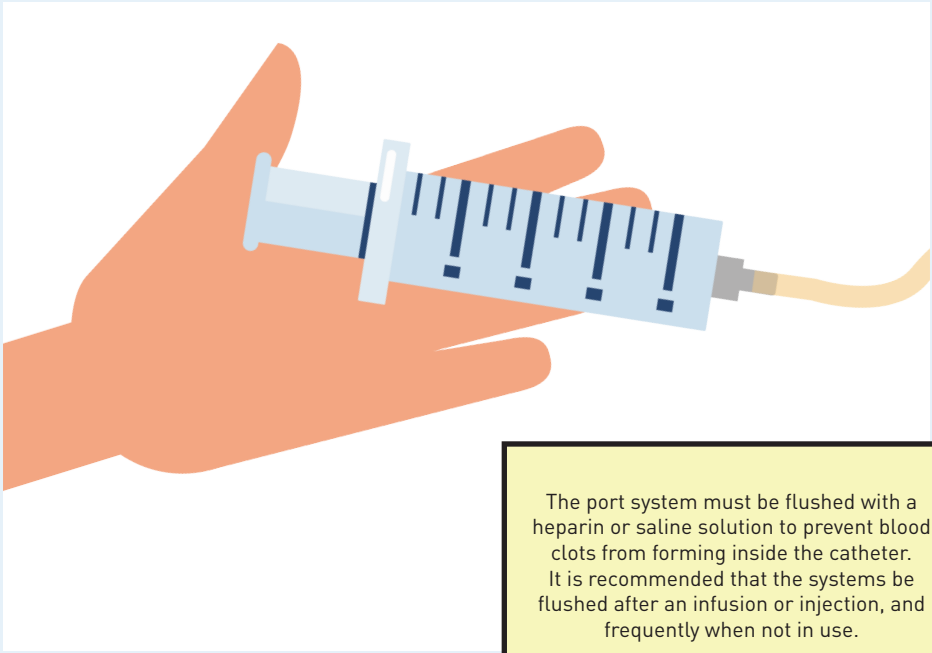
William, you have a Port-A-Cath Power P.A.C. Implantable venous access system implanted. Having a power port means it is visible under X-ray or CT scan, and it can withstand high flow injection of contrast media for CT scan if needed.



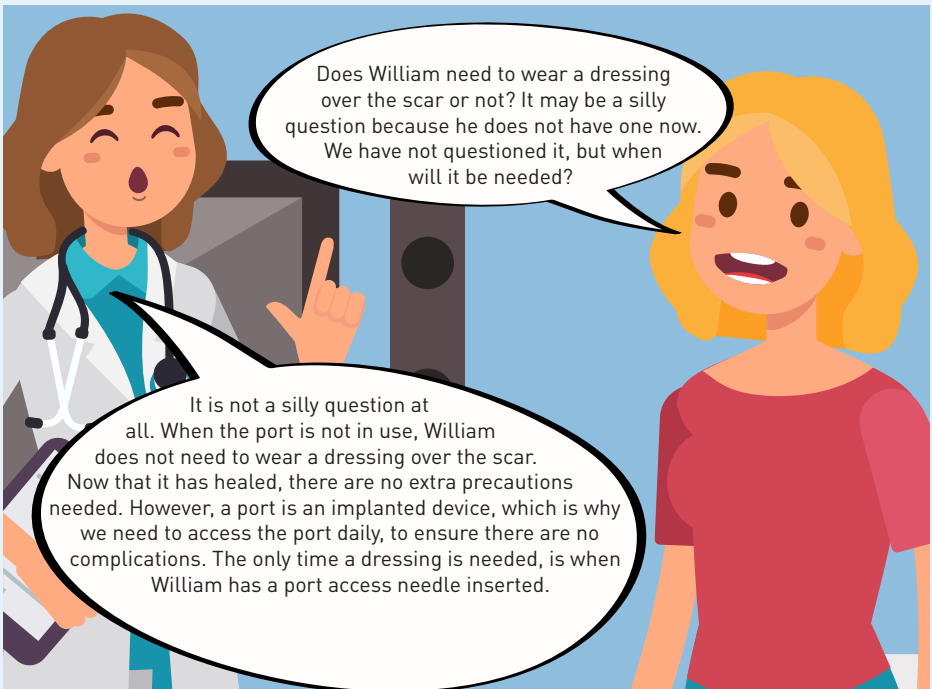
Your Port-A-Cath implantable venous access system was implanted in a small (we call it a) pocket in your chest, and the catheter ends just before entering the right atrial chamber of the heart. As you know, the procedure can be done under local or general anaesthetic, meaning you can be awake during the implantation procedure.

An implanted port may also be placed in the arm or leg, the catheter should always end in the same place- just before the right atrium.



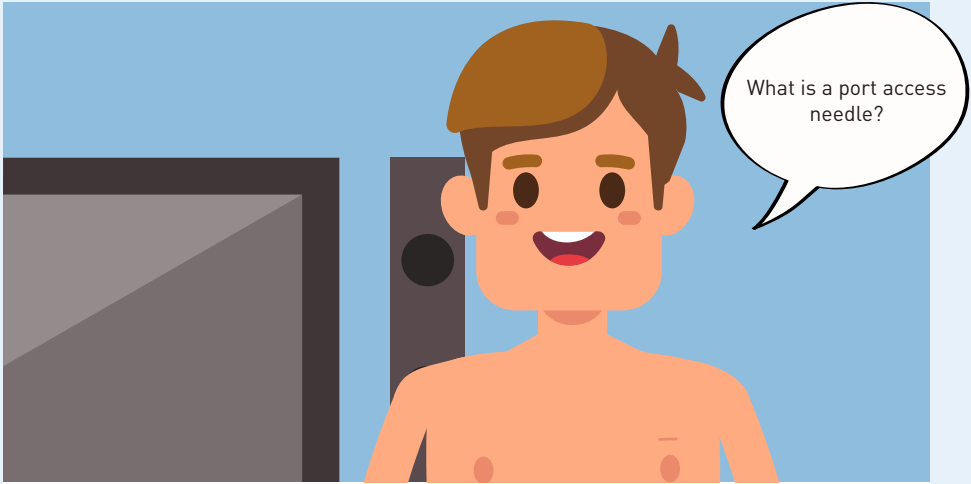


The port system must be flushed with a heparin or saline solution to prevent blood clots from forming inside the catheter. It is recommended that the systems be flushed after an infusion or injection, and frequently when not in use.



Does William need to wear a dressing over the scar or not? It may be a silly question because he does not have one now. We have not questioned it, but when will it be needed?

It is not a silly question at all. When the port is not in use, William does not need to wear a dressing over the scar. Now that it has healed, there are no extra precautions needed. However, a port is an implanted device, which is why we need to access the port daily, to ensure there are no complications. The only time a dressing is needed, is when William has a port access needle inserted.

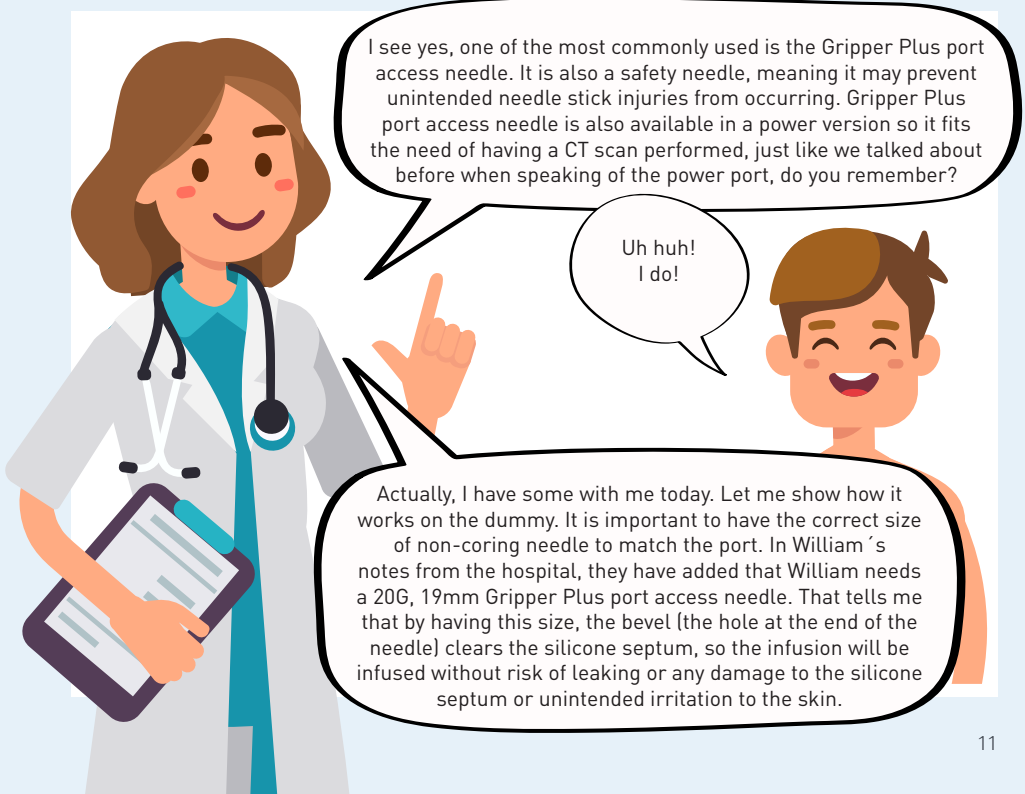
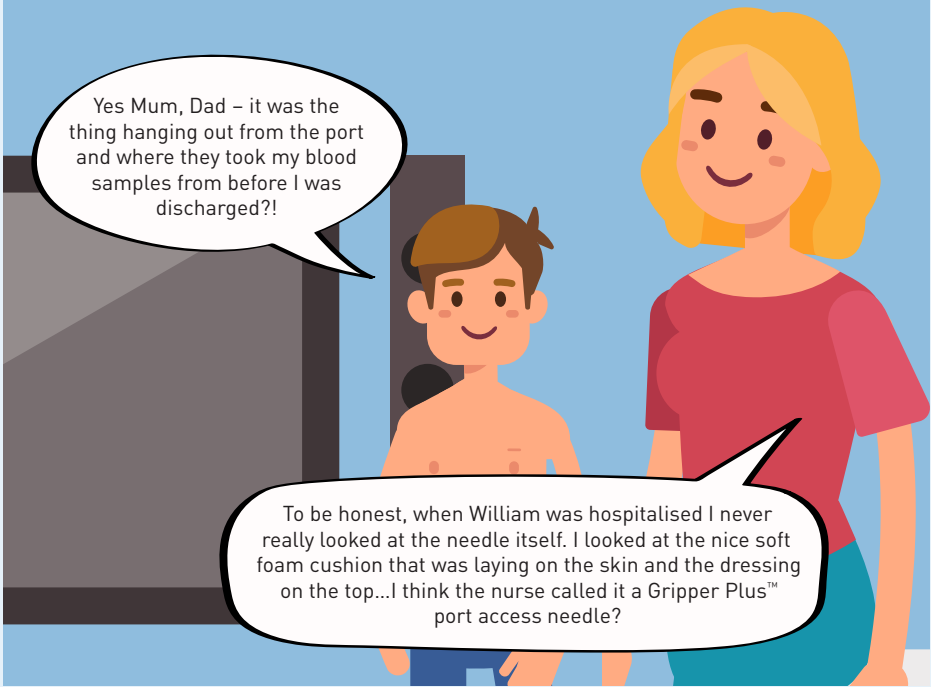


What is a port access needle?

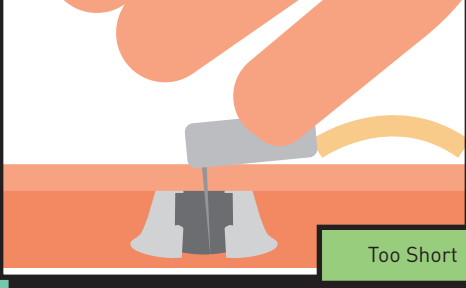


A port access needle (non-coring or a Huber needle) is an access needle, which when inserted, is the connection between the port and the infusion line. The Huber needle has a special needle tip designed to be used to access a port. The port has a silicone septum where the needle will be inserted, it is important to have a designed needle that does not damage the silicone. This is where the needle design comes in. It is a non-coring needle and the deflected tip, or the tip of the needle, is designed with a 45 degree angle.

The bevel of the Huber point needle, the ground surface of the needle (the cutting edge), is almost perpendicular to the needle shaft.



Notice that the safety arm rests flat on the base and the needle touches the reservoir floor. William, when you have the needle inserted, it can stay in for several days and may be used for blood draws, infusion(s) or even nutrition, if needed. During that time, the port area and port access needle will be covered by a semipermeable dressing, the dressing should cover the 4 cm area surrounding the base. When your treatment is over, the dressing and port access needle will be removed, and the port will be flushed. It will need to be flushed frequently, according to recommendations. Since your treatment is every 3 weeks, you will automatically have it flushed and the port access needle will be removed. Also, when your treatment is over, the doctor may opt to keep your port in place.



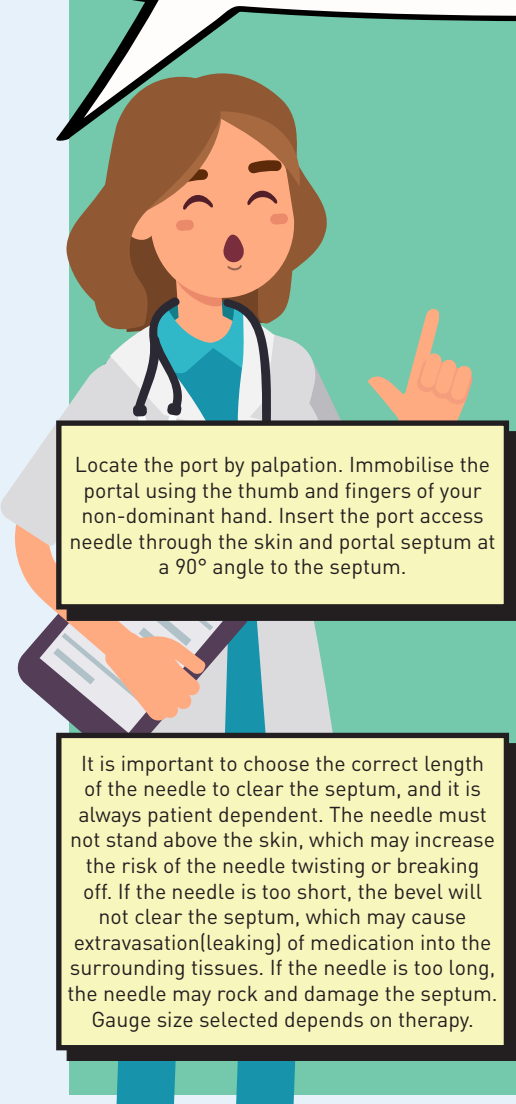
Too Short



Too Long

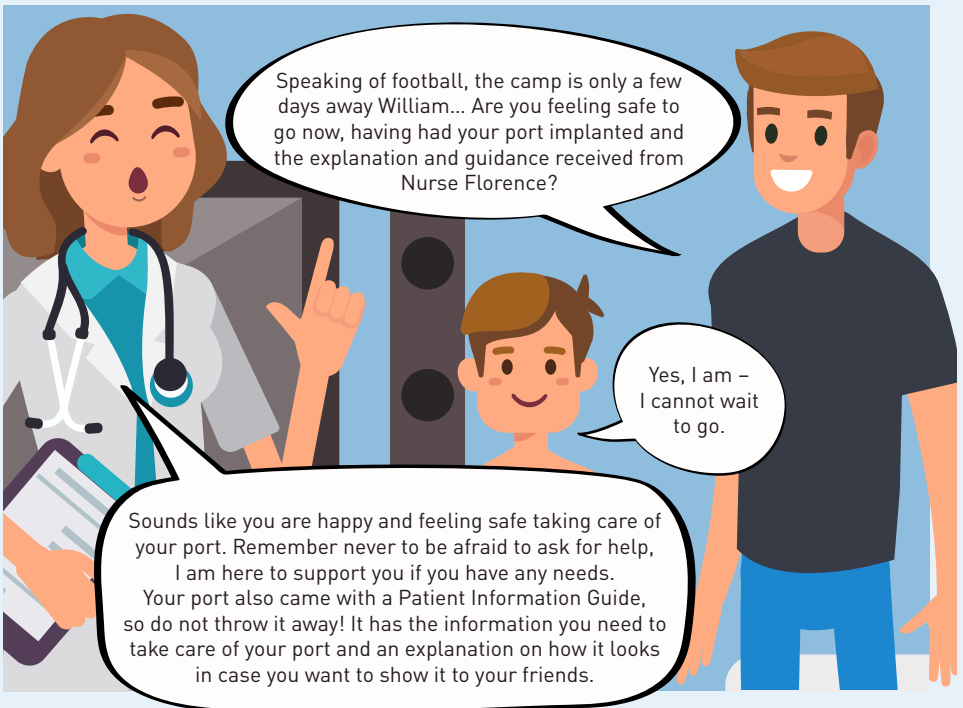
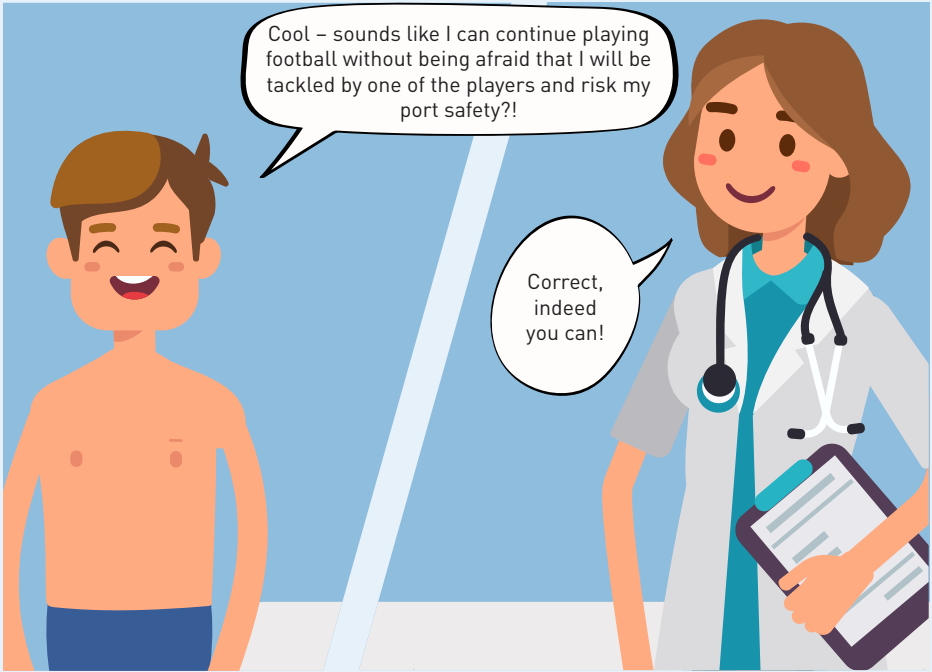


Correct Length



Locate the port by palpation. Immobilise the portal using the thumb and fingers of your non-dominant hand. Insert the port access needle through the skin and portal septum at a 90° angle to the septum.

It is important to choose the correct length of the needle to clear the septum, and it is always patient dependent. The needle must not stand above the skin, which may increase the risk of the needle twisting or breaking off. If the needle is too short, the bevel will not clear the septum, which may cause extravasation (leaking) of medication into the surrounding tissues. If the needle is too long, the needle may rock and damage the septum. Gauge size selected depends on therapy.





Thank you so much for coming by today, Nurse Florence!

The following week...





The product complies with current legislation and has the corresponding CE marking.
For additional information, warnings and / or safety precautions, refer to the Instructions for Use.

Figures are rendered as graphic representations to approximate actual product.
This Booklet is intended for HCPs only (and not aimed at children).