

James Aitken

MB, BS; LRCP, MRCS; MS; FRCS (Edin); FCS(SA); FRACS
General and Colorectal Surgeon

Unit 4,
77 Grand Boulevard,
Joondalup, 6027

Suite 23,
Hollywood Specialist Centre,
95 Monash Avenue,
Nedlands, 6009

Tel: 6389 0244
Fax: 6389 0255

All correspondence to Hollywood

INFUSAPORTS FOR CHEMOTHERAPY

This is a general document designed to provide background information. It aims to supplement verbal discussion and to be readily available as an *aide memoir*. It may not cover some areas that concern you. These can be dealt with individually. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

Why insert an infusaport.

Many cancers require treatment with chemotherapy. Sometimes the chemotherapy is best given intravenously and often the treatment course will take up to six months. Venous access can become a problem as intermittent placement of needles can be uncomfortable for the patient, and as the veins get progressively damaged insertion becomes harder. Some regimens involve having the treatment at home with a portable pump which requires a semi permanent, secure intravenous device. A good solution is to locate an infusaport.

What is an infusaport?

An infusaport is a round, plastic dome that is linked to a catheter. The catheter is placed in a large vein in the neck (normally on the right side) and the dome placed under the skin below the collarbone. You will have a small swelling here. The operation is performed under a general anaesthetic as a day case.

How is the infusaport used?

At the end of the operation the infusaport is filled with Heparin Saline. The chemotherapy can start any time later. The dome presents a big target and is accessed easily. Once the chemotherapy has been administered the needle can either be removed (if the next dose is not for some while), or the needle left in if the next dose is to be given the following day.

Once the full course of chemotherapy is finished the port is removed. The removal is also performed under a general anaesthetic as a day case.

What can go wrong?

This is a minor operation. The risk of any of the general complications associated with any operation is minimal. You should ask about these complications if you want further information. There are two specific complications related to insertion of an infusaport.

- The lung can be damaged during insertion of the catheter. A chest X-ray may be performed in the theatre to ensure all is well. In the event of lung damage patients a chest drain may be required. This would then require admission in to hospital.
- The catheter can result in a venous thrombosis. This may lead to a swollen arm, and occasionally to a pulmonary embolus. Although thrombosis is a rare event, it is potentially serious. Low dose warfarin (1 milligram per day) administered will reduce the risk of a catheter related thrombosis, whilst avoiding the complications of full anti-

coagulation. Monitoring blood tests will not be necessary. However any bruising or bleeding should be reported to your GP or specialist.

- There is a small risk of infection which usually can be managed successfully with antibiotics.