

PREOPERATIVE DIAGNOSIS:,1. Anal cancer.,2. Need for IV access.,POSTOPERATIVE DIAGNOSIS:,1. Anal cancer.,2. Need for IV access.,OPERATIVE PROCEDURE:,1. Placement of a Port-A-Cath.,2. Fluoroscopic guidance.,ANESTHESIA:, General LMA.,ESTIMATED BLOOD LOSS:, Minimum.,IV FLUIDS: , Per anesthesia.,RECURRENT COMPLICATIONS: , None.,FINDINGS: , Good port placement on C-arm.,INDICATIONS AND PROCEDURE IN DETAIL: , This is a 55-year-old female who presents with anal cancer, who is beginning chemoradiation and needs IV access for chemotherapy. Risks and benefits of the procedure explained, the patient appeared to understand, and agreed to proceed. The patient was taken to the operating room, placed in supine position. General LMA anesthesia was administered. She is prepped and draped in the usual sterile fashion. She was placed in the Trendelenburg position and the left subclavian vein was cannulated and a guide wire placed through the wire. Fluoroscopy was used to confirm appropriate guide wire location in the subclavian vein to the superior vena cava. The incision was then made around the guide wire, taken to the subcutaneous tissues with electric Bovie cautery. A pocket was made in the subcutaneous tissue of adequate size for the port which was cut at 16 cm for appropriate locationing which was cut at 16 cm based on superficial measurements. The 2-0 Vicryl sutures were used to secure the port in place and the sheath introducer was placed over the guide wire and the guide wire removed with a Port catheter being placed into the

sheath introducer. Fluoroscopy was used to confirm appropriate positioning of the catheter and the skin was closed using interrupted 3-0 Vicryl followed by running 4-0 Vicryl subcuticular stitch. Heparin flush was used to flush the port. Steri-Strips were applied and the patient was awakened and extubated in the OR taken to the PACU in good condition. All counts were reported as correct and I was present for the entire procedure.