

PREOPERATIVE DIAGNOSIS: ,  
Mesothelioma.,POSTOPERATIVE DIAGNOSIS: ,  
Mesothelioma.,OPERATIVE PROCEDURE: , Placement of  
Port-A-Cath, left subclavian vein with  
fluoroscopy.,ASSISTANT: , None.,ANESTHESIA: , General  
endotracheal.,COMPLICATIONS: , None.,DESCRIPTION OF  
PROCEDURE: , The patient is a 74-year-old gentleman who  
underwent right thoracoscopy and was found to have  
biopsy-proven mesothelioma. He was brought to the  
operating room now for Port-A-Cath placement for  
chemotherapy. After informed consent was obtained with the  
patient, the patient was taken to the operating room, placed in  
supine position. After induction of general endotracheal  
anesthesia, routine prep and drape of the left chest, left  
subclavian vein was cannulated with #18 gauze needle, and  
guidewire was inserted. Needle was removed. Small incision  
was made large enough to harbor the port. Dilator and  
introducers were then placed over the guidewire. Guidewire  
and dilator were removed, and a Port-A-Cath was introduced  
in the subclavian vein through the introducers. Introducers  
were peeled away without difficulty. He measured with  
fluoroscopy and cut to the appropriate length. The tip of the  
catheter was noted to be at the junction of the superior vena  
cava and right atrium. It was then connected to the hub of the  
port. Port was then aspirated for patency and flushed with  
heparinized saline and summoned to the chest wall. Wounds  
were then closed. Needle count, sponge count, and  
instrument counts were all correct.