

PREOPERATIVE DIAGNOSES: ,1. Bilateral breast carcinoma.,2. Chemotherapy required.,POSTOPERATIVE DIAGNOSES:,1. Bilateral breast carcinoma.,2. Chemotherapy required.,OPERATION: , Right subclavian Port-a-Cath insertion.,FINDINGS AND PROCEDURE: ,With the patient under satisfactory general orotracheal anesthesia and in the supine position, the right upper anterior chest, neck, and arm were prepared with Betadine in the usual fashion. The skin, subcutaneous tissue, and fascia of the pectoralis major muscle medially beneath the inferior third of the right clavicle was infiltrated with 0.5% Marcaine with epinephrine. An incision transverse, parallel, and inferior to the middle third of the right clavicle was performed. A subcutaneous pocket on the surface of the pectoralis major muscle was created. The muscular fascia was also infiltrated with 0.5% Marcaine with epinephrine. With the patient in the Trendelenburg position, utilizing the provided introducer needle, the right subclavian vein was cannulated. A guidewire was passed without difficulty and the needle was removed. Fluoroscopy confirmed satisfactory position of the guidewire in the right atrium. A dilator and sheath was passed over the guidewire. The guidewire and dilator were removed and a provided catheter was inserted through the sheath and the sheath was carefully withdrawn. Fluoroscopy again confirmed satisfactory position of the catheter and the catheter under fluoroscopic guidance was retracted into the superior vena cava. The catheter had been preflushed with dilute heparin solution (100 units/mL). The port, which had been preflushed with saline, was

attached to the catheter at approximately 13 cm level. The locking cap had been placed on the catheter. The port was connected to the catheter and the locking cap was secured. The port was again flushed with dilute heparin solution and placed within the subcutaneous pocket. Fluoroscopy again confirmed satisfactory position. A hard copy of the fluoroscopy was obtained. The catheter and port were secured to the pectoralis fascia in four locations with 2-0 Prolene suture. Site was irrigated with saline. Hemostasis was verified. The subcutaneous tissue was approximated with interrupted 2-0 Vicryl suture. The subcutaneous and dermis were closed with a running subcuticular 3-0 Vicryl suture. A 0.25-inch Steri-Strips were applied. The provided needle and butterfly attachment was flushed with saline, passed through the skin into the port, and then flushed again with dilute heparin solution thus confirmed satisfactory. The site was dressed with Tegaderm type dressing and the needle catheters were covered with 4x4's and paper tape. Estimated blood loss was less than 15 mL. The patient tolerated the procedure well and left the operating room in good condition.