

TITLE OF PROCEDURE: , Insertion of Port-A-Cath via left subclavian vein using fluoroscopy.,PREOPERATIVE DIAGNOSIS: ,Metastatic renal cell carcinoma.,POSTOPERATIVE DIAGNOSIS: , Metastatic renal cell carcinoma.,PROCEDURE IN DETAIL:, This is a 49-year-old gentleman was referred by Dr. A. The patient underwent a left nephrectomy for renal cell carcinoma in 1999 in Philadelphia. He has developed recurrence with metastases to the lung and to bone.,The patient is on dialysis via a right internal jugular PermCath that was placed elsewhere.,In the operating room under monitored anesthesia care with intravenous sedation, the patient was prepped and draped suitably. Lidocaine 1% with epinephrine was used for local anesthesia and the left subclavian vein was punctured at the first pass without difficulty. A J-wire was guided into place under fluoroscopic control. A 7.2-French vortex titanium Port-A-Cath was now anchored in the subcutaneous pocket made just below using 3-0 Prolene. The attached catheter tunneled, cut to the appropriate length and placed through the sheath that was then peeled away. Fluoroscopy showed good catheter disposition in the superior vena cava. The catheter was accessed with a butterfly Huber needle, blood was aspirated easily and the system was then flushed using heparinized saline. The pocket was irrigated using antibiotic saline and closed with absorbable suture. The port was left accessed with the butterfly needle after dressings were applied and the patient is to report to Dr. A's office later today for the commencement of chemotherapy. There were no

complications.