

Central Venous Port

1 I'm Dr Jonathan Salo, a GI Cancer Surgeon at the in Charlotte, North Carolina. These videos are designed to educate you about cancer and its treatment and help you and you cancer care team make the right decisions for you.

Of course, there is no substitute for the expert opinions of your cancer care team.

The topic of this video is methods for the intravenous administration of drugs

Most of the drugs used to treat cancer need to be administered in the veins(2)

There are three different methods which can be used to administer drugs intravenously:

The first is using a peripheral intravenous line or “IV” second is Peripherally inserted Central Catheter or “PICC” Third is a central venous port

A Peripheral intravenous line is placed before each dose or doses of chemotherapy or immunotherapy and removed that same day

A peripheral IV is not suitable for FLOT chemotherapy, which requires a 24-hour infusion

A peripherally inserted central venous catheter or PICC is similar to a peripheral IV but contains a long, thin tube.

A PiCC line can remain in place for weeks

A dressing is applied which is changed weekly

The dressing needs to be kept dry and clean

A PICC line is suitable for FLOT chemotherapy

A Central venous port is an implanted device for the administration of IV drugs

Surgically placed under the skin

Drugs are injected into the reservoir, and the a tubing is placed into a vein

The port delivers drugs into the main vein near the heart
 Suitable for FLOT (which requires a 24-hour infusion)
 When it's time for administration of drugs
 The skin is numbed with an anesthetic cream
 A needle is inserted through the skin into the port reservoir
 Needle is then removed after the dose is finished.
 It is completely implanted under the skin
 It is usually placed below the collar bone
 Placed by radiologist or surgeon
 Can be combined with other surgical procedures
 such as laparoscopy or feeding tube placement
 Port placement is done as an outpatient under a general anesthetic or sedation
 Incisions are made above the collarbone and a small incision in the neck
 The skin is closed with sutures that dissolve on their own
 Dermabond, or "superglue" is used over the incisions, so no dressing is required.
 Because of the need for anesthesia or sedation, no driving is allowed the day of surgery.
 You can shower the following day
 We recommend no lifting for two days to avoid bruising in the area
 The main serious complication of a port placement is infection. This is extremely rare
 However, if you develop fevers or redness or drainage from the incision, it is important to
 contact your surgeon immediately.
 Infections are treated with antibiotics, but in some cases the port will need to be removed.
 A hematoma is a blood clot under the skin at the surgical site.
 In some cases this may require surgery to remove the clotted blood.
 Venous thrombosis is clotting of the vein in which the catheter is placed.
 This can cause swelling of the neck or arm
 Treatment is usually with blood thinners and may require removal of the port

2 Malfunction

Ordinarily, there is easy flow through the catheter.

If there is poor flow through the catheter, this may require attention

IN some cases this is due to a blood clot on the tip of the catheter which can be treated with drugs to dissolve the clot

In other cases the port will need to be replaced in the operating room

We hope you have found this video helpful. Here are links to some other videos.

Feel free to leave a comment or a question, or if you have suggestions for future videos.

If you or a family member have had an encounter with esophagectomy surgery, I would love to hear about your experience, so please take a minute to leave a comment below.

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