

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.