

# Considering a Port for Your Child



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## Learning Objectives

**After reviewing this Guide you will be able to:**

- Understand why clinicians are suggesting a port for your child
- Consider what is involved in placing and caring for a port
- Weigh the benefits and risks of placing the port

## Introduction

Some serious medical conditions require constant, or repeated, access to the bloodstream. This can be for giving medications, nutrition and/or for drawing blood from the veins for tests. When clinicians feel that they will need to do this on a regular basis, they may suggest a port-a-cath, often referred to as a medi-port or port. This guide is designed to help you consider whether to have your child receive a port.

## Why Your Child's Clinician May be Suggesting a Port

Treatments that involve putting medicine or fluid directly into veins are called "intravenous," or IV. Intravenous treatments are made through a thin plastic tube, called a catheter, that is inserted into the vein with a needle. If IV treatments are only needed for a specific intervention, like a surgery, the medication may be administered from a drip bottle on a stand. But if the IV treatments are needed on a more regular basis, the clinicians may suggest a port. They may also suggest a port if:

- A needed medication must be delivered through a large vein that a needle alone can't reach
- Nutrition or fluids can't or shouldn't be received by mouth, and instead are given by parenteral nutrition (TPN), a special formula delivered through a vein
- The veins are difficult to find with a regular needle, especially in a young child

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A port has two parts: a catheter and the port itself. It is a medical device, about the size of a US quarter, that is implanted under the skin, usually in the chest. The port allows access to a vein for treatment and blood tests to be drawn, without using so many needles that may frighten your child or simply make them uncomfortable. The catheter connects the port to the veins so that the medication or nutrition can be delivered to the bodily systems.

The port might be necessary for long-term treatment, but not always. Sometimes a port is removed, or changed, after a while. If a child has not finished growing, they may need a different port as they grow. This is something you will want to discuss with the medical team.

## **Placing and Caring for a Port**

Placing the port is a surgical procedure, done in an operating room under general anesthesia. The surgeon locates the port under the skin of the chest, near the collarbone. Once it is placed it is visible as a small round bump in the skin.

Following the surgery there may be some discomfort at the site of the port and/or into the adjacent arm for a few weeks. If the discomfort persists, medication can be given and techniques (breathing, relaxation) learned to help with discomfort or anxiety about the port access.

The port is covered with a sterile dressing during times that it is being accessed. The port needle is usually changed once a week when it is needed for a longer length of time. If it is not needed for an extended time, the needle may be removed. Since the port is under the skin it does not require special cleaning or dressing.

## **Benefits and Risks**

The key benefit of having a port is that it allows clinicians easier access to veins that carry medication and nutrition to the body, and to blood that they need to draw for tests. Once the port is in place most of the discomfort of using needles is avoided.

If a child receives frequent medication infusions, for example, there is much less pain because the skin over the site is always numbed. Having a port also allows for more movement, giving the child more freedom without fear of damaging a vein. People with a port should avoid high-impact contact sports, like football and wrestling; however, lower-impact activities like swimming are allowed at times that the port is not being accessed.

Sometimes the port stops working and must be replaced. The procedure for this is like that of placing the port—it is a surgical procedure. But in many people, the port may be in place for years.

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There is a small risk of bleeding, a blood clot, or poking a hole in the lung during the procedure. The surgeon will talk with you about this prior to placing the port. There also is some risk of the port becoming infected, so it is important that the clinicians accessing the port use sterile techniques. If your child has a fever within a few days of the port being accessed, seek medical attention.

Some families report that not all clinicians are trained in accessing the port. It is important to find facilities where the medical team is comfortable with ports and able to help as needed.



## Conclusion

### Making the Decision

Every child and every family is different. It may be difficult to think of your child as having to undergo a surgical procedure. It is also important to consider how comfortable the caregivers will be with caring for the port. A child may be embarrassed by the small bump on their chest, or they may value the benefits of the port. A palliative clinician or member of the medical team can help you and your child, if they are able, think through the pros and cons to find a solution that works for your family.