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INFUSAPORTS FOR CHEMOTHERAPY

This general guide is designed to provide background information to the operation that you will shortly undergo. It aims to supplement verbal discussion, to answer common questions and to be readily available as an *aide memoir*. It cannot cover in detail every aspect of your individual operation and may not deal with some areas that are of particular concern to you. These can be dealt with individually.

You should feel free to ask about any aspect of your care. All your questions will be answered fully, honestly and in as much detail as you wish. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

Further information is available at the web site above. This site also provides links to other sites that may provide additional information.

What is an infusaport?

An infusaport is a round, plastic capsule that is linked to a catheter. The catheter is placed in a large vein in the neck (normally on the right side) and the capsule placed under the skin below the collarbone. You will have a small swelling here. The operation is performed under a general anaesthetic as a day case.

Why insert an infusaport.

Many cancers require treatment with chemotherapy. Sometimes the chemotherapy is best given intravenously and often the treatment course will take up to six months. Venous access can become a problem as intermittent placement of needles can be uncomfortable for the patient, and as the veins get progressively damaged insertion becomes harder. Some regimens involve having the treatment at home with a portable pump that requires a semi permanent, secure intravenous device. A good solution is to locate an infusaport.

Going home

Almost all patients can go home the same day. However, you must have the necessary back up. Patients going home the same day of surgery must not drive, operate machinery, make important decisions or sign legal documents for at least 24 hours after the operation conclude. These restrictions also apply to patients who have had an overnight hospital stay and still within the 24 hour post-operative period.

Care of the wound.

The wound is closed with stitches that are under the skin. They will be absorbed and do not need to be removed. Steristrips will be placed over the incision, and on top of that a plaster. In some cases a compression dressing may be placed over the plaster.

The compression dressing (if used) can be removed the day after surgery. The plaster will tolerate a shower or a quick splash in a bath, but do not soak it. The plaster that is on the wound when you leave the hospital should be removed no later than 48 hours after the surgery and the steristrips no later than four days after the surgery. If they become dirty or start to fall off before that they can be removed. Thus by 96 hours all the original dressings should have been removed. The incision will be covered by new cells and can then be left open.

After washing the wound it should be padded rather than rubbed dry. Adding salt to the bath will not help heal the wound and may make your skin dry and tight. You should not soak the wound or swim for at least ten days. If the incision is a bit sensitive you can cover it with a new plaster, but it should be left open at night.

A major concern to patients is that they will strain the wound and that it will rupture. With today's suture materials this is very unlikely. On the very few occasions that a wound does rupture it will be before you leave hospital. This would require an operation to repair the rupture. Once you have gone home a rupture is almost unheard of. If you 'over do it' the worse that will happen is that wound will be very sore.

Wounds progress through several stages of healing. You may experience:-

- unusual tingling, numbness or itching sensations.
- a slightly hard or 'lumpy' feeling as new tissues form.
- pulling around the stitches or staples as the wound heals.

This is normal. Do not pull at any scabs as they act as a natural dressing and protect the new skin underneath. They will fall off when no longer required. You should seek help if any of the following occur:-

- the wound pain increases
- the wound becomes more reddened or swollen
- there is any discharge from the wound

How is the infusaport used?

At the end of the operation the infusaport is filled with Heparinised Saline. The chemotherapy can start any time later. The capsule presents a large target and is accessed easily. Once the chemotherapy has been administered the needle can either be removed, if the next dose is not for some while, or the needle left in if the next dose is to be given the following day.

Once the full course of chemotherapy is finished the port is removed. The removal is also performed under a general anaesthetic as a day case.

What can go wrong?

This is a minor operation. The risk of any of the general complications associated with any operation is minimal. You should ask about these complications if you want further information. There are two specific complications related to insertion of an infusaport.

- The lung can be damaged during insertion of the catheter. A chest X-ray may be performed in the theatre to ensure all is well. In the event of lung damage a chest drain may be required. This would then require admission into hospital. The drain would normally be removed after 48 hours.
- The catheter can result in a venous thrombosis. This may lead to a swollen arm, and occasionally to a pulmonary embolus. Although thrombosis is a rare event, it is potentially serious. Low dose warfarin (1 milligram per day) may reduce the risk of a

catheter related thrombosis, whilst avoiding the complications of full anti-coagulation. Monitoring blood tests will not be necessary. However any bruising or bleeding should be reported to your GP or specialist.

- There is a small risk of infection that usually can be managed successfully with antibiotics.