

Information for patients receiving continuous or long duration vesicant chemotherapy through an implanted port:

Your cancer treatment includes a chemotherapy drug called a vesicant that will be given continuously over several hours. Vesicants are intended to be given into a vein but for various reasons, they sometimes leak outside of the vein into the tissue and cause tissue or organ damage. The degree of damage that can occur depends on the vesicant (some cause minor tissue damage while other vesicants can cause major damage), the amount of the vesicant that goes into the tissue, and the location on the body where it leaks from the vein. Implanted ports help reduce the chance that vesicants will leak from the vein. In rare instances, however, these devices may break, malfunction, or not work as intended. If this happens, vesicants can possibly leak from the vein into the surrounding area and cause damage.

Your nurse will do everything possible to carefully administer your chemotherapy. However, because the vesicant will infuse over many hours, your nurse will not be with you the entire time, and you will need to do the following things to help reduce the chance that a vesicant will leak and cause tissue or organ damage:

- Know the name of the port that was inserted into your arm or chest area. You may have received a small card with this information and the date it was inserted; if so, carry this card with you. If not, write the name of your port along with the date it was inserted on a piece of paper and carry it with you. Some ports have one lumen (one area that connects to the vein) while others are dual lumen ports that have two areas that can be used to connect to the vein. Your surgeon likely told you which type of port you have; if not, ask your doctor or nurse.
- On the day you begin continuous vesicant chemotherapy, wear clothes that are comfortable and provide easy access to your port. While you receive chemotherapy, wear clothes that can be changed easily and do not interfere with or put pressure on the dressing that has been placed over the implanted port. Women may need to loosen a bra strap or keep the strap off the shoulder if it rubs against the dressing over a port implanted in the chest or breast area.
- Most ports are placed in the upper chest area, and a few are placed in the arm. Your nurse will cleanse the skin and insert a special needle to your port so it can be used for chemotherapy. You may feel slight pressure or feel your nurse pressing down as the needle is inserted. You should not feel pain or excessive probing as the needle is inserted.
- When your nurse checks for a blood return and flushes your port, focus for just a minute on how this feels to you. If you feel an odd sensation in your neck, around the needle site, or anywhere else, let your nurse know.
- Your nurse should obtain a blood return from your port. If a blood return does not appear and you are seated upright in a chair or bed, you will be placed in a flat position or in a position with your head slighter lower than the rest of your body. Usually, a blood return can then be obtained. If a blood return still cannot be obtained, your nurse will manage the situation according to the policies of your treatment facility. You may need an x-ray or dye study of the port, you might have a small clot at the end of your port that needs to be dissolved, or you may need to have something else done. Your nurse will tell you what needs to be done and why. For your safety, a vesicant chemotherapy drug is not given unless your nurse confirms that the port needle is securely and correctly placed into the port and your port is in the right place and functions correctly.

- As you begin to receive a vesicant, tell your nurse right away if the port needle site or surrounding area feels uncomfortable, painful, itchy, or in any way unusual. Let your nurse know as soon as your port site starts feeling differently. Do not wait to see if the symptoms continue or worsen.
- An infusion pump will be used to regulate the speed of your chemotherapy treatment and make sure it infuses in the correct amount of time. The pump may be a large pump attached to a rolling IV pole or a small portable infusion pump that you can carry in a small bag. Your tubing should be secured to the skin near your port site so that accidental tugging or pulling on the tubing will be felt there and not on the port needle. Tugging or pulling the tubing, or accidentally catching the tubing on a table corner or drawer pull, can cause enough force for the port needle to dislodge and partially come out. You will be taught how to inspect your dressing and infusion system (tubing and pump) and will be shown how to turn the pump off if needed.
- During the time that your vesicant chemotherapy infuses, avoid movements that could dislodge the port needle, such as raising your arms up over your head and doing exercises or activities that involve repetitive arm or chest motion (e.g. lifting weights, playing tennis or golf, etc.). Avoid touching or rubbing dressing over the port. If the port dressing becomes damp or loosens, contact your nurse or doctor right away. The port dressing should be dry, intact, and secure while the chemotherapy infuses.
- Look at the skin over your port a few hours after you have finished your chemotherapy treatment and the port dressing has been removed, and look at it again the next day. If you see any swelling or redness, or if the port site feels warm, tender, or uncomfortable, contact your nurse or doctor right away. Tissue damage from vesicant chemotherapy might not be apparent when chemotherapy is given, but can appear hours to days later.