

Information about your implanted double lumen (Vortex®) port

Haemostasis and Thrombosis Centre

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Information for patients

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What is an implanted double lumen port?

An implanted double lumen (Vortex®) port is a thin, flexible tube placed in a large vein, connected to a double chamber or 'port' implanted under your skin. The double chamber measures about 4cm long, 2cm wide and 1cm deep.

The port is usually placed under the skin on your chest just below your collar bone. It can be used for taking blood samples and for giving fluids or drug treatment without having to find a vein. It can also be used for treatments such as red cell exchange or plasma exchange.

When not in use, it is hidden under the skin and has no external parts. You will probably be able to see and feel it as a 'lump' under the skin. The chamber has a raised centre or 'septum' which is made from a self-sealing rubber material and is visible as a small, raised area beneath your skin. When we need to use it, we will insert a needle through the skin into the septum of the port. If you are having a red cell or plasma exchange, two needles will be used, one for withdrawing and one for returning blood. When the treatment is finished the needles will be removed. There is no time limit on how long the Vortex® port can stay in and you can go home with it in place.

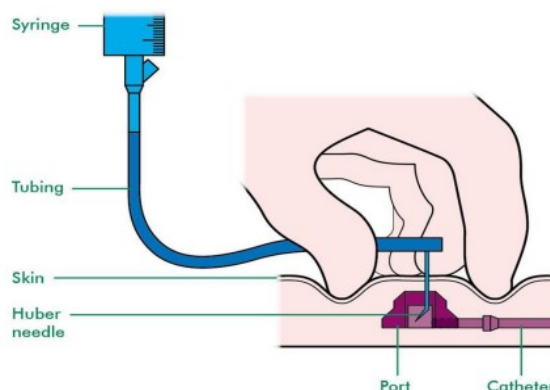


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Why do I need this port?

Your doctor or nurse has recommended an implanted double lumen port for you because your condition requires frequent access to your veins for blood tests and special treatments.

How is the port inserted?

The procedure takes about forty-five minutes and is carried out in an operating theatre. X-rays will usually be taken during the procedure to check the port is in the correct place. You may also be attached to a heart monitor and fitted with an oxygen mask. Vortex® Ports are usually inserted under local anaesthetic but it may be possible to have an intravenous (into your vein) sedative as well.

It may also be done under general anaesthetic (whilst you are asleep). You will be able to discuss this with your doctor or specialist nurse.

You may be allowed to go home on the same day.

How do I prepare for my appointment?

Your Vortex® port insertion will usually be arranged by a haematologist or specialist nurse. A member of the team will give you detailed information about the arrangements. If you decide to have an intravenous sedative or general anaesthetic, you may be asked to attend a pre-assessment clinic before the day of the procedure.

In all cases it is important that you do not have anything to eat or drink for five hours before the procedure. This is a simple safety precaution.

If you are taking any medication to thin your blood, you may need to stop this temporarily before your port insertion. Please discuss this with your haematology consultant and with your specialist nurse your Vortex® Port insertion appointment.

A red cell exchange transfusion will usually be arranged a few days before the insertion using your arm veins or a femoral line (a line put into a vein in your groin) and the new Vortex® port cannot be used for the first four weeks after it is inserted.

Using the port

When the port is used, a special needle (called a Huber needle) is inserted through the skin to the septum of the port. For most patients there is only a mild pricking sensation felt during needle insertion. Some may need a topical numbing cream or a local anaesthetic injection before inserting this special needle. This needle is removed before you are sent home.

What happens after the procedure?

If you are an inpatient we will take you back to the ward after the procedure. If you are an outpatient you will usually be able to go home on the same day providing there are no complications. You should arrange for a friend or relative to accompany you home. If you live alone we advise that you ask someone to stay with you overnight.

After the procedure you may have some bruising and be a little sore for a few days because the line has been implanted under the skin. You can take a mild painkiller such as paracetamol for this. Once the bruising has settled down the port should be painless, though you may feel some brief discomfort each time the port is used as the needle is inserted through the skin.

We advise patients to wait four weeks before the Vortex® Port is used for a red cell exchange. This will allow any swelling to settle. If you need an exchange sooner than this we will usually suggest using your arm or femoral veins.

What are the possible problems and how can they be prevented?

Problems during insertion of the port

Most Vortex® Port insertions go smoothly. Serious complications are extremely rare and can be discussed with you in more detail by the doctor who will be inserting your port.

Infection

Some patients develop an infection because of their Vortex® port. When infections happen they are usually treated with antibiotics and in some cases the port may need to be removed. Symptoms of infection include a high temperature, feeling shivery and redness or swelling around the port. You should let the hospital know straight away if you notice any of these symptoms.

Thrombosis (blood clot)

Having a Vortex® Port can cause you to develop a thrombosis (blood clot) in the vein. Signs of a blood clot include swelling and pain in the shoulder, neck or arm, or veins that stand out on the neck or chest on the same side as the port. If you develop any of these symptoms, you should let us know straight away. If you develop a clot, we will usually give you medication to dissolve it. The port does not always need to be removed.

Malfunction

In a small number of cases the Vortex® port does not work properly. This is usually due to the port being in the wrong position or becoming dislodged beneath the skin. If this happens the port will need to be removed and replaced.

Blockage

Vortex® ports can sometimes become blocked. We can usually unblock them by using a special flushing solution. Occasionally this fails and we will need to remove the port and replace it with another.

Scarring

Most patients will find they have a scar about 2cm long just to the side of the port. There will also be a small scar just above your collar bone. Some people are prone to more pronounced scarring called keloid scarring. It can happen to anybody but is particularly common in people with dark skin. Please discuss this with the doctor inserting the line. It may be possible to position the port so that the scars are less visible.

What are the alternatives?

Before you consent to having a Vortex® port inserted, you will be able to ask your doctor or specialist nurse. They will be able to tell you about any alternatives that might be suitable for you. The teams' contact details are at the end of this leaflet. It is your decision whether you have a Vortex® port inserted or not.

Caring for your port

During the first few days after your port is inserted, it is important not to do anything too strenuous (physical exercise, heavy lifting, etc.). You will have two small dressings; one on the side of your neck and one next to the port. These and any stitches should be removed seven to ten days after your port is inserted. Until this time you should keep the dressings in place. If you have transparent dressings you can shower or bath normally. Other types of dressings should be kept dry.

After the stitches are removed you will not need a dressing and can return to your normal activities including bathing and showering. After each treatment, and every four weeks if the port is not used very often, the port and catheter need flushing to stop them getting blocked. This flushing will happen in hospital and will be carried out by a specially trained nurse.

What to look out for at home

Contact the haematology helpline number immediately on **0808 178 2212** if you experience any of the following:

- feeling unwell
- excessive pain at the port insertion site
- a rise in body temperature (fever)
- chills
- swelling in your neck or near the port site
- breathing difficulties

Contact details**Haematology Helpline Number (24 hours a day, 7 days a week):**

Telephone: 0808 178 2212

Specialist teams (all office hours only, Monday to Friday):**Haemoglobinopathy Clinical Nurse Specialist:**

Telephone (office): 0116 258 6081

Mobile: 07950 891 490

Apheresis Team:

Telephone: 0116 258 5261

Vascular Access Team:

Telephone: 0116 258 6125

Leicester's Hospitals (UHL) switchboard: 0300 303 1573

Leicester Royal Infirmary

Infirmary Square,

Leicester

LE1 5WW

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