All about Your Implanted Venous Access Device (IVAD, “Port”)
Your doctor has chosen an Implanted Venous Access Device (IVAD) for you based on your treatment needs. Because the IVAD can remain in place for a long time (years), it is important that you know how to take care of it.

As a patient or support person, you will receive individual instructions from your nurse on how to care for your device. This booklet will guide your care and can be used during teaching and follow-up care. Follow these instructions carefully, they are designed to prevent problems.

It is important that you or your support person feel comfortable with the information and instructions you have received to take care of the IVAD. If you have any questions please ask either your doctor or nurse.

**What is an IVAD?**

An IVAD is a small device that is surgically inserted completely beneath your skin. The IVAD is a hollow device (reservoir or port) attached to a flexible tube (catheter). The reservoir is placed beneath your skin on your chest or upper arm, and the catheter is inserted into a large vein in your chest. Once inserted, you will not see the IVAD but you may see a bump where the reservoir is placed. The IVAD is made for long term use and can be left in place for as long as you need it. When a special needle is inserted into the reservoir, it creates “access” to your bloodstream. That means it can be used to give fluids, medications, blood or blood products or IV nutrition. Sometimes, blood samples may be taken from the IVAD.

Some IVAD types are power injectable, and these are designed to be able to receive a high pressure injection of medication, which occurs for certain medical scans. Check with your doctor or nurse to see if you have a power injectable device. Power IVAD.

**What to expect when an IVAD is inserted:**

An IVAD can be inserted either in the operating room or in the X-Ray department during a short procedure. You will receive medications that will relax you and help to block the pain. You will also have freezing injected into the insertion area (like the freezing you get at the dentist’s office) to keep you comfortable.

The doctor will put the IVAD in just beneath your skin and insert the end of the catheter into a large vein in your chest. Often the reservoir of the IVAD will sit in your upper chest below your collarbone, but may also be in your upper arm. A chest x-ray is taken after the IVAD is inserted to check that it is in the right place.
What happens after the IVAD has been inserted?

There will be a dressing covering your insertion site. The dressing needs to be checked within 48 hours. If you or your support person is unable to check and change your dressing, you will need to make an appointment to see your GP, clinic nurse, or the specialist who requested to have the IVAD inserted. After a few days, the dressing can usually be left off. The incisions are covered with small tapes called steri-strips, which will fall off during the next several days or can be removed when recommended by the doctor. Once the incision is healed, there is no need for a dressing. If you have stitches or staples, these will be removed within one to two weeks by your GP, clinic nurse, or specialist.

There may be swelling and bruising present and the area may be tender. This will go away over the next few days. Patients often describe this tenderness as a bruised feeling or stiff neck. Your doctor may recommend taking pain medication for the first few days after your IVAD is inserted. See your doctor if pain or bruising continues one week after your IVAD insertion.

Routine care of the IVAD:

The IVAD can be used immediately after insertion. Your IVAD needs to be flushed at least once a month. This can be done by a Nurse at the clinic where you receive treatment, or by a Home Health Nurse at your Community Health Clinic. In some cases patients are taught to flush their own IVADs.

The IVAD is flushed by inserting a special needle, called a “non-coring” needle, through your skin and into the soft top of the reservoir of the IVAD. Most patients feel a mild “pricking” feeling, which decreases with time.

Look at your IVAD site every day. Your IVAD site should not be tender, red, swollen or have drainage. Contact your nurse or doctor if you find a problem. The skin covering your IVAD site should be healthy and not have any open areas.

Identification of your IVAD:

When your IVAD is inserted, you will receive a package with a special identification card that you must keep. The identification card must be kept with you at all times. Show this card prior to any medical visit, especially dental care. Some IVADs can be used for IV medicine that is given under pressure injection, usually during special x-rays like CT scan. Those IVADs are called power injectible, and your identification card will say if you have one.

An IVAD requires a monthly flush with sterile saline. Some IVADs require a special medicine called Heparin to be used with the routine saline flush. Your identification card will say what type of flush is needed to make sure that your IVAD does not block.

Are there restrictions to my daily living?

- Avoid carrying bags or purses over your “IVAD” shoulder.
- If the seat belt in the car bothers your IVAD site, you can buy padding that can be used on your seat belt for this.
- Avoid strenuous activity or activities that have repetative arm movement, such as moving heavy objects over 4.5 kilograms (10 pounds), weight lifting, or golf. Performing these activities may cause the IVAD to malfunction.
- Activities that do not involve a lot of upper body movement, will not harm your IVAD.
- Sometimes the IVAD may be detected by security systems at the airport. If you are planning to travel, be prepared to show your identification card.
Frequently asked questions:
Don’t expect problems, but be ready if they happen. The following is a list of potential problems with specific information about each one.

How will I know if I have an infection?

What you will see or feel:
You may have:
• fever or chills
• temperature above 38°C or 101°F
• flu-like feeling, lack of energy
• Redness, swelling, pain, or drainage (pus) at the IVAD site
• IVAD site feels warm to touch

What to do:
• Call the clinic where you receive treatment immediately, and speak with your health care provider.
• If you are unable to reach your health care provider, go to the nearest Hospital Emergency.

How to avoid it:
• Wash hands before doing any IVAD care.
• Keep fingers a way from sterile points and connections.
• If you have a dressing over your IVAD, keep it dry.
• Look at your site once a day. The skin covering your IVAD site should be healthy and not have any open areas.
• Keep supplies clean and dry.
• Remind health care professionals who do not use proper technique that you are concerned about infection. Your IVAD is your responsibility.

How will I know if my IVAD is broken?

What you will see or feel:
• Pain or swelling in the arm or chest when the medication is going in.

What to do:
• Stop any IV medication that may be running through your IVAD
• Call the clinic where you receive treatment immediately, and speak with your health care provider.
• If you are unable to reach your health care provider, go to the nearest Hospital Emergency.

How to avoid it:
• Do not pull or tug on IVAD or IV tubing.
• Do not move or wiggle the IVAD reservoir around on your chest.
• Ensure IV tubing is taped to your skin.
• Only use a 10 mL syringe or larger to flush the IVAD.
• Do not use excessive force to flush the IVAD.
What do I do if the IV will not run?

What you will see or hear:
• IV medication will not run or is running slowly.
• If a pump is used to give you your medication, the pump may alarm.

What to do:
• Make sure the IV tubing clamp is not closed.
• Look at your IVAD dressing and the whole length of IV tubing to see if there are any kinks.
• If you can’t find any tubing problems, call the clinic where you receive treatment, and speak with your health care provider.
• If your infusion is chemotherapy, and your health care provider is not available, go to the nearest Hospital Emergency.
• If your IVAD is being used for antibiotics, and your health care provider is not available, follow the instructions to stop the pump, and contact your health care provider first thing in the morning.

How to avoid it:
• Make sure the IV tubing clamp can not be accidentally clamped.
• Your IVAD must be flushed before and after each use.
• Keep track of your flushing dates.
• Make regular appointments to have your IVAD flushed once a month.

What do I do if the nurse has difficulty taking a blood sample from my IVAD?

What you will see:
• The solution can go in but blood can not be drawn from the IVAD.

What to do:
• The nurse will ask you to cough or hold your breath for a few seconds, move your shoulder or change your position (lie down or sit up).
• If the nurse can not take blood from the IVAD a special medication may be used to help unblock your IVAD. This is done in the hospital by a specially trained nurse.

How to avoid it:
• Remember that only Registered Nurses with training can access and take blood from your IVAD.
• Do not allow or ask a Lab Technician to access your IVAD.
• Keep track of your flushing dates.
• Make regular appointments to have your IVAD flushed once a month.
What do I do if there is air in the IV tubing?

What you will see or feel:
• A great length of air in IV tubing. Talk with your health care provider about this when your medication infusion is being set up.
• Shortness of breath or chest pain

What to do:
• Stop the IV fluid.
• Call the clinic where you receive treatment immediately, and speak with your health care provider
• If you are short of breath or have chest pain call 911 right away and lie down on your left side.

How to avoid it:
• Check that the IV tubing is free of air when you set up the tubing.
• Ensure every connection and cap is secure.

How will I know if my vein is irritated or has a clot?

What you will see or feel:
• Swelling of your hand, arm or neck on the same side of the IVAD.
• Pain in your arm or shoulder on the same side of the IVAD.

What to do:
• Go to the nearest Hospital Emergency.

How to avoid it:
• Follow instructions given for arm movement and activities