

A SURGICAL GUIDE

The PleuralPort, is an implantable system consisting of a titanium subcutaneous port and a radiopaque fenestrated silicone catheter that provides chronic access to the pleural cavity. Huber point needles, which prevent damage to the port septum, must be used whenever the port septum is accessed for either withdrawal of effusions or delivery of intracavitary chemotherapy.

PleuralPort Kit Contents:

PleuralPort, Fenestrated Catheter with blue boot connector, 20 and 22 Gauge Huber PosiGrip straight needles, & a 19 Gauge Huber infusion set

SURGERY SUGGESTIONS

The patient can be placed in lateral or sternal recumbency. In those patients where a port will be placed in the hemithorax. The lateral aspect of the chest is clipped and aseptically prepared in the same fashion as for a lateral thoracotomy. A skin incision about 3-5 cm in length is made in the dorsoventral direction, in the dorsal third at approximately the level of the 10th rib. A hemostat is used to tunnel the tip of the catheter under the skin for about 2 to 3 intercostal spaces cranially. The hemostat is positioned as perpendicular to the thoracic wall and pushed to penetrate the pleural space. The hemostat instrument is slightly opened and left in place while the tip of the catheter is pushed into the pleural space.

A Peel-Away Introducer Kit (an optional extra & must be ordered separately) with sheath dilator & guidewire (NPX) may be used to place the catheter in the pleural space.

The catheter should be pushed in so that all fenestrations in the catheter end up in the pleural space. The other end of the catheter is properly connected to the port catheter outlet (barbed pin). The blue boot placed over the connection



to ensure a tight fit and limit the possibility of catheter kinking. The skin incision is retracted dorsally and the subcutaneous tissue is dissected to the level of the fascia of the epaxial muscles. The Port is sutured to the fascia of the epaxial muscles. The retraction on the skin is released and the subcutaneous tissue and skin are closed in a routine fashion.

ACCESSING THE PLEURALPORT

The PleuralPort is accessed in the same way a venous port is accessed and should be flushed and locked after each access - 100 IU/ml Heparin Saline is suggested. Aseptic prep of the skin is mandatory and the port site should not be palpated until hand hygiene has been accomplished.

PREPARE THE SKIN

Locate the port site with your gloved hand by palpation of the perimeter. Wipe the port site with a chlorohexidine based preparation three times using different swabs. Wipe outwards in radiating concentric circles from the inside out - beginning at the center of the port site and working away. Allow to air dry 3-4 minutes between wipes. The prepped area should extend 2" from the port center.

ACCESS THE PORT

- 1) Stabilize the port using your thumb and forefinger of your gloved hand.
- 2) Firmly insert the Huber point non-coring needle/infusion set through the skin and port septum perpendicular to port.
- 3) The needle is in the correct position when the tip touches the bottom of the port and you 'feel a click.'
The Pleural effusions can now be withdrawn.
- 4) Connect the needle/infusion set to a syringe and pull back on the syringe to withdraw the effusions.
- 5) When the withdrawal process is complete, again stabilize the port between your finger and thumb and remove the needle. Dispose of the fluid and supplies safely and as required by your facility.