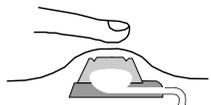


**INTRODUCTION**

Aseptic preparation of the skin is essential. Skin flora from the animal and technician can cause infection which may result in catheter occlusion and loss of patency. After proper hand hygiene by washing with soapy water or alcohol based foam or gel, put on sterile gloves and use a mask for the accessing procedure to maintain a sterile environment.

**The port site SHOULD NOT be palpated until hand hygiene is accomplished**

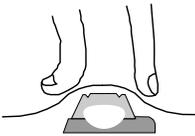
**A. PREPARING THE SKIN**

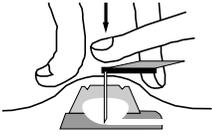
- (1) Locate the port site with your gloved hand by palpation of the perimeter. 
- (2) Wipe the port site with a chlorohexidine based preparation or a povidone-iodine preparation three times using different swabs. Allow the site to air dry for approximately 3-4 minutes between wipes. The area prepped should extend 2" from the port center.

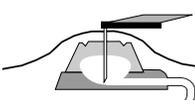
**NOTE:** Wiping should occur in outwardly radiating concentric circles - continuous circular direction from the inside out - beginning at the center of the port site and working away (organisms are wiped away from the access site).



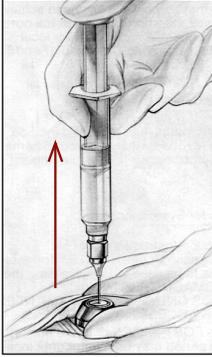
**B. ACCESSING STEPS - after sterile site prep**

- (1) Stabilize the port using your thumb and forefinger of your gloved hand. Palpate the implanted port for the "depressible" or "spongy" area at the center of the port. This is the insertion site. 

- (2) Firmly insert the Huber point, non-coring, needle through the skin and port septum perpendicular, at a 90° angle, to the port. The needle should lie flush with the skin. Two needle lengths are available, 3/4" & 1". 

- (3) Advance the needle through the skin and the port septum until it contacts the bottom of the port reservoir. The needle is in the correct position when the tip touches the bottom of the port and you 'feel a click'. 

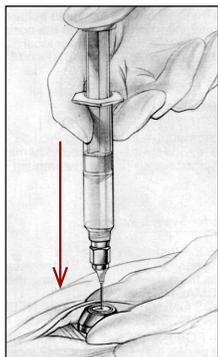
**NOTE:** To prevent damage to the skin and septum, the needle should not be angled nor rotated in the port septum. If the needle is not securely in the port, fluid will accumulate in the port pocket.

- (4) Attach a 10mL or larger syringe (to avoid excessive pressure) to the Huber point (PosiGrip™) needle hub and aspirate/withdraw the 'previous' lock solution. Observe for a blood return to verify catheter placement and confirm catheter patency. Remove the syringe. Discard lock solution and blood. If a blood return cannot be achieved reposition the needle, reposition the patient or call 847-674-7143. 

**CAUTION:** The smaller the size of the syringe, the higher the pressure that can be generated. DO NOT use smaller than a 10mL syringe for your procedures. With an occluded catheter, you could rupture the catheter with excess pressure. BE FIRM BUT GENTLE.

# CompanionPort™

## Accessing and Maintenance Guide

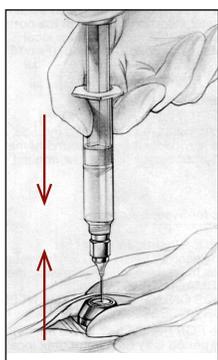


(5a and 5c)

(5a) Once patency has been confirmed, attach a new 10mL syringe filled with sterile saline, to the same Huber point needle, and slowly infuse the tubing and port. Use a pulsatile push-stop-push motion. The pulsatile motion creates turbulent flow and may reduce the build-up of residue on the inner surface of the device.

(5b) Attach the IV solution or medication to the Huber point needle in the port septum and begin the infusion.

(5c) Following the infusion, attach a 10mL syringe filled with the flush solution/sterile saline, and flush the port and catheter vigorously. Use a pulsatile push-stop-push motion to clear the port of any residual material.



(6)

(6) After flushing the system with sterile saline, fill a syringe with an appropriate volume of lock solution, T-FloLoc™ 2% Catheter Lock/Flush Solution or heparinized saline 100 IU/mL suggested concentration, to fill the system (see table below, in Routine Maintenance), and inject the lock solution into the port. Maintain a forward motion on the syringe plunger as you remove the syringe. Positive pressure within the lumen of the catheter should be maintained to prevent reflux of blood into the catheter tip and assist with the maintenance of patency. Withdraw the syringe and discard appropriately.

### C. CompanionPort ROUTINE MAINTENANCE

(1) To reduce infection, strict attention to aseptic technique is essential. If possible, the catheter should be flushed and locked daily for the first 2-3 days following surgery following the steps outlined above (4, 5a, and 6).

(2) After this initial period, it must be flushed and locked each time it is accessed.

(3) When not in use, maintenance flushing and locking can be done every 3-4 weeks.

(4) Always flush with 10mL of sterile saline before locking the port system. A locking solution with an appropriate volume to fill the port and catheter, T-FloLoc™ 2% Catheter Lock/Flush Solution or 100 IU/mL heparinized saline, is suggested.

<i>Volume = Port Volume + CathLength x CathVolume/cm</i>		
Catalog Number	Port Volume	Cath. Volume/cm
CP-100K/Le Petite w/4F	0.10mL	0.003mL/cm
CP-202K/Le Port w/5F	0.36mL	0.005mL/cm
CP-305K/Le Grande w/7F	0.84mL	0.013mL/cm

For example, approximate fill volumes of the port plus 25cm (10") of catheter:

CP-100K - 0.10mL + 0.08mL = 0.18mL (small port with 30cm of the 3.5 Fr. silicone catheter)

CP-202K - 0.36mL + 0.13mL = 0.49mL (medium port with 30cm of the 5 Fr. silicone catheter)

CP-305K - 0.84mL + 0.33mL = 1.17mL (large port with 30cm of the 7 Fr. silicone catheter)