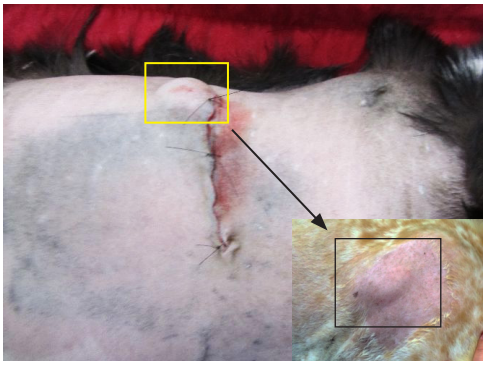
NORFOLK VET PRODUCTS

PleuralPort™

Accessing and Maintenance Guide



This accessing guide is provided as an educational resource only and should not replace your veterinarian's instructions.

The PleuralPort is placed surgically and eliminates the need for repeated entry into the pleural space, eliminating inflammation and pain usually associated with repeated thoracocentesis. The subcutaneous location minimizes the risk of infection and pulmonary damage. It is well tolerated, requires minimal maintenance, and is easily located by touch under the skin.

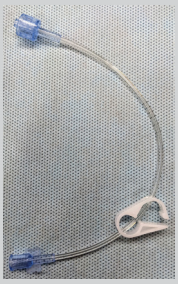
Access to the pleural cavity is by penetration of the port septum with a specially designed non-coring, Huber point needle. An aseptic prep is mandatory, and the port site should not be palpated until hand hygiene has been accomplished.

1. DRAINING THE PLEURAL SPACE - EQUIPMENT REQUIRED

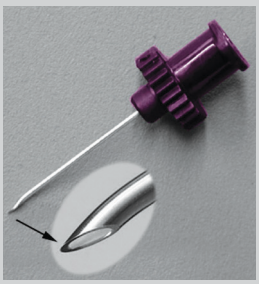
A 50/60cc syringe, a stopcock, an extension set, and a Huber needle are required.

50/60cc Syringe

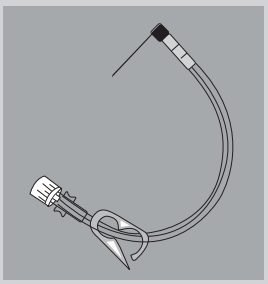
Stopcock



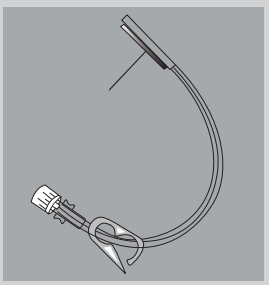
Extension Set



Huber Needle



Right Angle Huber Infusion Set*



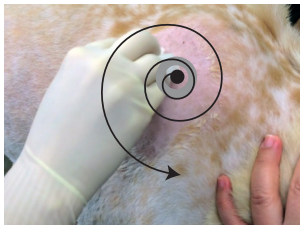
Clearview Huber Infusion Set*

Connect the Huber needle to the extension set.

**note: A Right Angle Huber infusion set may be used in place of a Huber needle and extension set. This is accomplished by attaching the stopcock directly to the luer end of the Right Angle Huber Infusion Set or the ClearView Huber Infusion Set.*

Additionally, the stopcock can also be directly attached to a Huber needle without an extension tubing for drainage.

2. DRAINING THE PLEURAL SPACE - THE PREP



Locate the port site with your gloved hand by palpation of the perimeter. Wipe the site with a chlorohexidene based prep three times using different swabs each time.

Wipe outwards in radiating concentric circles beginning at the center of the port site and working outwards extending approximately 2-inches from the port center. Allow to air dry between wipes.

the PleuralPort™

Specialty

ACCESS DEVICES

for the **VETERINARY COMMUNITY**

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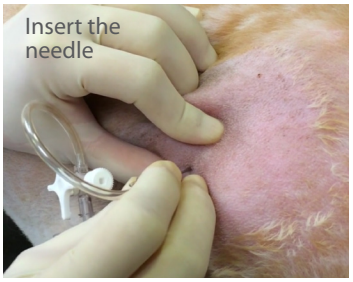
3. DRAINING THE PLEURAL SPACE - THE DRAINAGE PROCEDURE

Connect the Huber needle / extension set assembly or the Right Angle Huber Needle infusion set to the stopcock and syringe and turn the stopcock so that it is **OFF to the patient**.

Next, locate and stabilize the port site with your thumb and forefinger of your dominant hand. Note the position of the port septum is cranial to the suture line. With the stopcock in the **OFF** position, firmly insert 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/hear a click'.**



4. DRAINING THE PLEURAL SPACE - THE WITHDRAWAL

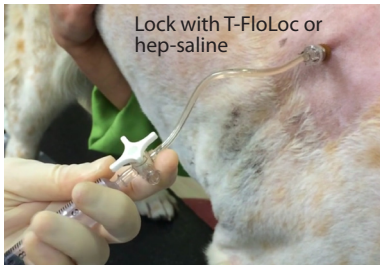
Turn the stopcock **ON** to the patient and withdraw the fluid.

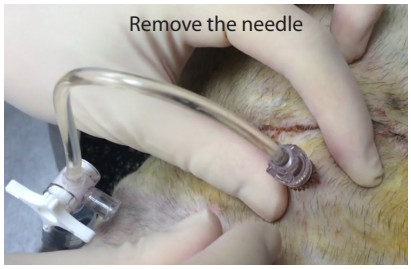
Once the syringe is filled, turn the stopcock **OFF** to the patient and discard the fluid into a container. Repeat the withdrawal procedure if necessary.

Once withdrawal is complete, turn the stopcock **OFF** to the patient and discard the syringe.

Attach a new syringe (not smaller than 10mL) containing T-FloLoc™ or a Heparin-Saline lock solution to the stopcock. Turn the stopcock **ON** to the patient and infuse 4-5ml of the lock solution to fill the port and tubing.

Turn the stopcock **OFF** to the patient. Stabilize the needle between your thumb and forefinger as you remove the needle.





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all photographs courtesy of Dr Alane Cahalane - VSH Hong Kong whose video can be viewed at https://vimeo.com/93215417

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