Adult Implanted/Tunneled Port and Catheter Removal

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

Note: This algorithm is intended to be used by the Acute Care Procedures Team.

Coagulopathy Threshold

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum platelet threshold</th>
<th>Threshold to infuse platelets during procedure</th>
<th>INR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port catheter removal</td>
<td>20 K/microliter</td>
<td>10-20 K/microliter</td>
<td>2</td>
</tr>
<tr>
<td>Tunneled catheter removal</td>
<td>20 K/microliter</td>
<td>10-20 K/microliter</td>
<td>2</td>
</tr>
</tbody>
</table>

1 Heart rate greater than 110 bpm or less than 60 bpm, oxygen saturation less than 92% and systolic blood pressure less than 95 mmHg or greater than 170 mmHg
2 Refer to Peri-Procedure Management of Anticoagulants algorithm prior to procedure
**Adult Implanted/Tunneled Port and Catheter Removal**

Port and catheter removal process

Subclavian

* Port older than 3 years?
  * Yes
    * Attempt removal regardless of age of port
    * If unable to pull out port catheter, place port hub back in port pocket and resuture. Consult vascular surgery for removal in the operating room.
  * No
    * Remove port
    * If unable to pull catheter, place hub back in port pocket and suture close. Consult vascular surgery for removal in the operating room.

Internal jugular/femoral

Tunneled

* Confirm with patient and imaging history
* Inspect for presence of second counter incision on abdomen or feel for cuff

Refer to interventional radiology

Intraperitoneal

Non-tunneled

Tunneled central line catheter removal

* Attempt removal
  * If unable to free tissue from cuff, utilize experienced APP
  * If unsuccessful, consult surgery fellow

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1 Do not perform a catheter exchange utilizing a port-a-cath
2 Patient must be supine for procedure
3 APP with greater than 1 year experience in port removal

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Department of Clinical Effectiveness V1
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Bleeding during port removal

- Hold pressure and immediately clamp bleeding tissue area with kelly or kocher clamp
- Place figure of eight stitch until hemostasis achieved
- Call surgery fellow if unable to control bleeding.
  Note: Please pay attention to other end of vein and ensure hemostasis achieved at both ends.

See Post Port Removal below

Post port removal

Review vital signs and assess wound for induration, erythema, fluctuance or drainage

Yes
- Consult surgical fellow for bedside evaluation
- Notify primary team

Surgical fellow and primary team conference to decide antibiotic treatment

Is patient unstable?

Yes
- Consider referral to EC for admission and further work-up

No
- Discharge patient with oral antibiotics and have patient follow up with primary team

No
- Discuss with primary team to coordinate follow-up

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SUGGESTED READINGS


This practice consensus statement is based on majority opinion of the Acute Care Services Department at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Ivy Bertram, PA-C
Wendy Garcia, BS
Susanna Girocco, PA-C
Tam Huynh, MD
Paul Mansfield, MD
Amy Pai, PharmD
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Kimberly Tripp, MBA, BSN, RN

DEVELOPMENT CREDITS

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