Adult Implanted/Tunneled Port and Catheter Removal

Ensure patient has been placed on antibiotics. If not, contact primary team.

Thrombosis (if port still needed and patient is asymptomatic start anticoagulation and do not remove port unless symptoms worsen)

Infection

Ensure patient has been placed on antibiotics. If not, contact primary team.

Indication of infection or thrombosis?

No

Yes

Proceed with closing site

Is catheter safe to remove?

Yes

Remove

Defer to Vascular Surgery for guidance to safely remove port

No

See Page 2 for Port and Catheter Removal Process

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 > 110 bpm or < 60 bpm, oxygen saturation < 92% and systolic blood pressure < 95 mmHg or > 170 mmHg
2 Refer to Peri-Procedure Management of Anticoagulants algorithm prior to procedure
3 Devices not captured on imaging and/or palpable on physical exam need to be sent to obtain a recent chest x-ray to visualize device before removal procedure
4 For devices placed at MD Anderson that are still needed for access, contact provider/surgeon directly who placed device to assist with troubleshooting
5 No pain and/or swelling

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care.
**Adult Implanted/Tunneled Port and Catheter Removal**

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**Port and catheter removal process**

- **Subclavian**
  - **Port older than 3 years?**
    - Yes
      - Remove port
    - No
      - 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.

- **Internal jugular/femoral**
  - Confirm with patient and imaging history
  - Inspect for presence of second counter incision on abdomen or feel for cuff

- **Tunneled**
  - Prior to attempt, contact surgical fellow on-call to ensure availability to troubleshoot if needed
  - Experienced APP\(^3\) to perform or assist in removal

- **Non-tunneled**
  - Attempt removal
  - If unable to free tissue from cuff, utilize experienced APP\(^3\)
  - If unsuccessful, consult surgery fellow

- **Tunneled central line catheter removal\(^2\)**

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

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** малыш:**

\(^1\) Do not perform a catheter exchange utilizing a port-a-cath
\(^2\) Patient must be supine for procedure
\(^3\) APP with > 1 year experience in port removal

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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
No → 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

Discuss with primary team to coordinate follow-up

department of clinical effectiveness V3
Approved by the Executive Committee of the medical Staff on 08/18/2020
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:

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