Adult Implanted/Tunneled Port and Catheter Removal

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

Thrombosis

- Ensure anticoagulation medication ordered if presence of thrombosis. If not, contact primary team.
- Communicate with vascular surgery provider on-call regarding location/position of clot to safely remove port

Infection

- Ensure patient has been placed on antibiotics. If not, contact primary team.
- Signs of infection? Yes → Proceed with closing site. No → See Page 2 for Port and Catheter Removal Process

Indication of infection or thrombosis?

- Yes → Defer to vascular surgery for guidance to safely remove port.
- No → Is catheter safe to remove? Yes → Remove. No → Defer to vascular surgery for guidance to safely remove port.

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

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

Signs of infection?

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

- No
  - Discussion with primary team to coordinate follow-up

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

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

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.
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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