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 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.

Is catheter safe to remove?

- Yes: Proceed with closing site.
- No: Remove port or catheter, send tip for culture, leave wound pocket open, and pack with iodoform or gauze.
- Consult wound care, if needed.
- Ensure wound care appointment in place prior to discharge from procedure area or inpatient area.

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 > 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.

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

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.
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
    - Discuss with primary team to coordinate follow-up

  Surgical fellow and primary team conference to decide antibiotic treatment

  Is patient unstable?

  - Yes
    - Consider referral to Acute Cancer Care Center for admission and further work-up

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