Vascular Access Port
Accessing and Maintenance Guide

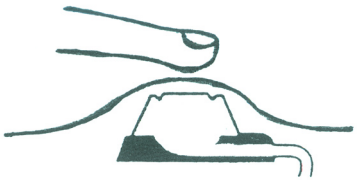
An Aseptic Accessing Technique is Essential to maintain catheter patency and reduce infection probability!

Aseptic preparation of the skin is mandatory. Skin flora from the animal and technician can cause infection which may result in catheter occlusion and loss of patency. After proper hand hygiene by washing with soapy water or alcohol based foam or gel, put on steril gloves and use a mask for the accessing procedure to maintaine a steril environment.

The port site MUST NOT be palpated until hand hygiene has been accomplished.

A. Preparing the skin

1. Locate the port site with your gloved hand by palpation of the perimeter.

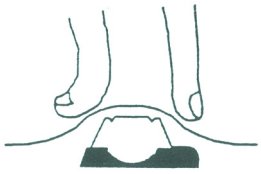


2. Wipe the port site with a **chlorohexidine based preparation** or a **povidone-iodine** preparation **three times using different swabs**. Allow the site to **air dry for approximately 3-4 minutes** between wipes.

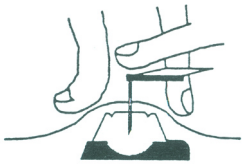
The area prepped should extend 2” (5cm) from the port center.

Wiping must occur in outwardly radiating concentric circles **- continous circulation direction from the inside out -** beginning at the center of the port site and working away (*organisms are wiped away from the access site)*.

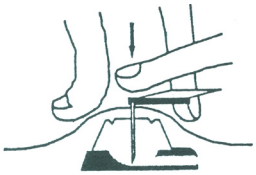
B. Accessing steps - after sterile site preparation.



1. **Stabilize** the port using your thumb and forefinger of your gloved hand.

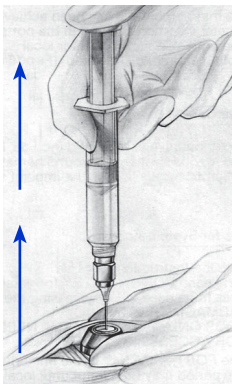


2. **Firmly insert** the huber point non-coring needle through the skin and port septum prependicular - at a 90° angle - to the port.



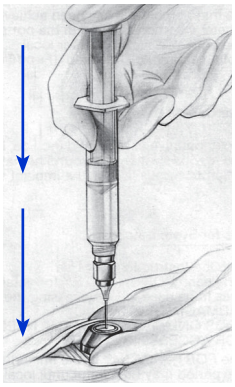
3. The needle is in the correct position when the tip touches the bottom of the port and you **‘feel the click’**.

To prevent damage to the skin and septum, the needle should not be angled nor rotated in the port septum. If the needle is not securely in the port, fluid will accumulate in the port pocket.



4. Attach a 5ml or larger syringe to the Huber point (Posigrip™) needle hub and aspirate/withdraw the 'previous' lock solution. Observe for a blood return to verify catheter placement and confirm catheter patency.

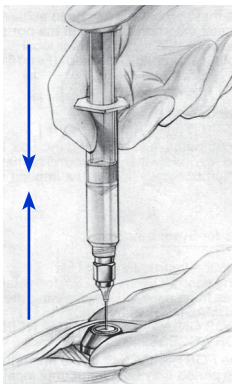
If a blood return cannot be achieved, consult the trouble shooting decision tree for the correct procedure.



5a. Once patency has been confirmed (step 4), attach a new 5ml or larger syringe filled with sterile saline, to the same Huber Point needle, and flush the port and catheter vigorously.

5b. Attach/fill the syringe with the infusate and inject it into the port.

5c. Attach a 5ml or larger syringe filled with no more than 5cc's, **sterile saline** and flush the port and catheter **vigorously**. Use a pulsatile motion while rotating the syringe to clear the port of any residual material.



6. After flushing the system, continue to inject your lock solution - **TCS** or **sterile heparinized saline** - 100IU/ml is suggested- stabilizing the port with your fingers **while withdrawing the needle** to avoid reflux of blood into the catheter or port.

The smaller the size of the syringe, the higher the pressure that can be generated. DO NOT use smaller than a 5ml syringe for your procedures. With an occluded catheter you may rupture the catheter with excess pressure - BE FIRM BUT GENTLE- .

Maintenance - to reduce infection strict attention to aseptic technique is necessary. The catheter should be flushed every 3 to 4 days for the first 2 weeks following implantion surgery and subsequently flushed and locked each time it is accessed. When not in use maintenance flushing should be done every 7 - 10 days.

A locking solution of TCS or 100IU/ml heparinized saline is suggested.

Suggested flush volume for the middle titanium port CP4 is 4-5cc. For others see chart.

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