

Instructions after Port-a-cath Placement

Dr. Burke, Boyle, McKee, Leung, Morris and Incorvati

On _____ you had a port-a-cath placed at Heritage Valley Beaver. Please follow the instructions on this sheet for your follow-up care and make an appointment for a follow-up visit in 2-3 weeks.

Activity/Return to Work

- Unless instructed otherwise, you may walk, climb stairs, ride as a passenger in a car, and engage in other activities of daily living as tolerated.
- Avoid driving as long as you have pain and are taking narcotic pain medication.
- You may resume work as tolerated unless instructed otherwise. Please bring any forms related to work, insurance, or disability to your first postoperative visit.

Bowel Movements

- Narcotic pain medication and surgery can cause constipation. You may take mineral oil 1 tablespoon daily or Miralax 17 grams daily to soften your stool. If you have diarrhea, stop these medications. If you have constipation and feel uncomfortable, then please call the office during office hours.

Diet

- Unless otherwise instructed, you may eat anything in moderation.
- It is important to avoid dehydration. Drink enough to keep your urine looking light yellow.

Bathing/Incision (Wound) Care

- Unless your doctor tells you otherwise, you may shower as usual.
- It is normal for a small amount of clear, yellow, or red-yellow fluid to drain from the incision. However, if the drainage becomes thick or the skin around the incision becomes red and sore, an infection may have occurred. You should then call the office.
- The incision does not need to be covered. You may cover it with a gauze bandage to protect clothing if drainage does occur.
- If you are discharged home with steri-strips in place, they will fall off after 1-2 weeks or will be removed at your first office visit.
- If you are discharged home with Dermabond in place, it will peel off after 1-2 weeks or can be removed at 2 weeks.
- The incision will heal approximately 6 weeks from surgery. It will take about one year for scar to soften and take on its final appearance.

Blood Thinners

- Unless otherwise specified, you may resume aspirin, clopidogrel (Plavix[®]), warfarin (Coumadin[®]) 24 hours after surgery.

Pain and Pain Medication

- Pain from the incision is normal. Pain will vary from day to day and with changes in your activity level, but it should gradually decrease over time.
- You may be given a prescription for pain medication (usually a narcotic such as Norco) when you are discharged from the hospital. **DO NOT** take the pain medication unless you are having pain. Narcotics may cause constipation and decrease your ability to think or act clearly. **DO NOT** drive or operate machinery or drink alcohol if you are taking narcotic medications.
- For minor pain, you may take a non-steroidal anti-inflammatory drug (NSAID), such as ibuprofen or naproxen, or you can take acetaminophen (Tylenol). Please note that NSAIDs can cause an upset stomach or bleeding and acetaminophen can cause liver damage if taken in larger or more frequent doses than recommended. Also note that the narcotic pain medication will frequently contain acetaminophen.

Call Our Office

Call our office with questions, to make a follow-up appointment, and if you notice any of the following:

- Fever (temperature over 101F) or chills
- Persistent nausea, vomiting, or bloating
- Severe pain that is not relieved by the prescribed medications
- Swelling or redness around the incisions
- No bowel movement for 2 days and you are becoming uncomfortable
- Significant change in urination or no urine output for 8 hours
- Excess bleeding (from the rectum or incision) – more than ½ cup that does not stop
- Shortness of breath

Office Telephone: 724-728-8300
Monday through Friday 8:00 AM – 5:00 PM

This number will also connect you with the answering service during non-business hours.