



CT PORTS TECH GUIDE



CONFIRM THE PATIENT HAS A DIGNITY™ OR PRO-FUSE® CT INJECTABLE PORT



Check patient's chart for Medcomp® CT Port patient record sticker.



Patients may aid in port confirmation by presenting the patient identification card or key ring tag they received when the port was implanted.



X-ray imaging of the port reveals the letters "CT" printed on the port.

POWER INJECTION PROCEDURE

1. Ensure the port is accessed with a power injectable needle. Make certain that the needle tip is inserted fully within the port.
WARNING: A power injectable needle must always be used to access the Medcomp® CT Port for power injecting contrast media.
2. Attach a syringe filled with sterile normal saline.
3. Check blood return and vigorously flush the port with at least 10 ml of sterile normal saline. Check for patency with the patient in the position that they will assume during the CECT procedure.
WARNING: Failure to ensure patency of the catheter prior to power injection studies may result in port system failure.
4. Detach syringe.
5. Ensure contrast is at proper viscosity prior to power injection. Refer to contrast agent manufacturer recommendations.
6. If possible, the patient should receive power injection with arms

vertically above the shoulder with the palms of the hands on the face of the gantry during injection. This allows for uninterrupted passage of injected contrast through the axillary and subclavian veins at the thoracic outlet.

7. Attach the power injection device securely to the power injectable needle.
8. Check table below to confirm the maximum flow rate and maximum pressure setting.

| NEEDLE GAUGE SIZE | 19 GA | 20 GA | 22 GA |
|--------------------|---------|---------|---------|
| MAXIMUM FLOW RATE* | 5ml/sec | 5ml/sec | 2ml/sec |
| MAX PRESSURE* | 300 psi | 300 psi | 300 psi |

*Machine Setting

WARNING: Do not exceed a 300 psi pressure limit setting, or the maximum flow rate setting shown.

9. Inject warmed contrast, taking care not to exceed the flow rate limits.
10. Disconnect the power injection device.
11. Flush the Medcomp® CT Port with 10 ml of sterile normal saline.
12. Perform heparin lock procedure. Remember that some patients may be hypersensitive to heparin or suffer heparin induced thrombocytopenia (HIT) and these patients must not have their port locked with heparinized saline.
13. After therapy completion, flush port per institutional protocol.

SITE PREPARATION

Always inspect and aseptically prepare the injection site prior to accessing the port.

EQUIPMENT

- Alcohol or Chlorhexidine Wipe
- Antiseptic Swabs
- Sterile Gloves

NOTE: Additional sterile precautions may be used according to hospital protocol.

PROCEDURE

1. Explain procedure to patient. Warn of needle prick sensation. (Sensation of needle insertion decreases over time. Use of a topical anesthetic may be appropriate.)
2. Wash hands thoroughly.
3. Don sterile gloves, and follow your hospital protocol for sterile precautions.
4. Cleanse or scrub the area according to the cleansing agent manufacturers' instructions and institutional protocol. Allow to dry completely.

ACCESSING IMPORTED PORTS

PROCEDURE

1. Perform aseptic site preparation.
2. Locate port septum by palpation.
 - a. Locate top of port with non-dominant hand.
 - b. Position port between thumb and first two fingers of non-dominant hand. Aim for center point between the thumb and two fingers.
3. Insert non-coring needle perpendicular to port septum. Advance needle through the skin and septum until reaching bottom of reservoir.
4. Verify correct needle placement and patency by blood aspiration and flushing.
5. Always flush the port following injection.
6. Perform heparin lock procedure. Remember that some patients may be hypersensitive to heparin or suffer heparin induced thrombocytopenia (HIT) and these patients must not have their port locked with heparinized saline.
7. When deaccessing the port, the needle should be removed using the positive pressure technique.

DETERMINING PORT VOLUMES

- For Power Injectable Implantable Infusion Port devices, you will need to determine the length of catheter used for each individual patient.
- For system priming volume, multiply the catheter length in cm by 0.02 ml/cm then add the priming volume for the particular port configuration as follows:
Low Profile Ports: 0.39 ml
Intermediate Ports: 0.56 ml
Standard Ports: 0.64 ml
- For future reference it will be helpful to record this information on the patient's chart and/or patient ID card.

RECOMMENDED FLUSHING VOLUMES

| PROCEDURES | VOLUME (100 U/ML) |
|--|--|
| When port not in use | 5ml heparinized saline every 4 weeks |
| After each infusion of medication or TPN | 10ml sterile normal saline then 5ml heparinized saline |
| After blood withdrawal | 20ml sterile normal saline then 5ml heparinized saline |
| After power injection of contrast media | 10ml sterile normal saline then 5ml heparinized saline |



MR Conditional - 3 Tesla (artifacts may present imaging problems if MRI area of interest is on or near area where device is located).

*See Medcomp CT Ports Tech Guide for more detail.

*Follow labels and IFU for any hazards, warnings, indications, and cautions.

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