

# PEDIATRIC SURGERY

## Venous Access Port Insertion

### Preference Card

1. Clip guidewire loop to drape near subclavian site.
2. Start at R subclavian in most leukemias as this leaves the left side free for cardiac ultrasounds.
3. After accessing vein, pass wire.
4. Make horizontal incision in upper chest and dissect out space for port just superficial to pectoralis fascia.
5. In small children, make pocket below nipple level at anterior axillary line to give a more stable and cosmetically acceptable site.
6. Use the smallest "neonatal" port in almost all cases.
7. Place 4 4-0 prolene sutures in fascia of pocket and put through the port and snap.
8. Attach catheter to port and pass up to vein site. Flush port and catheter. Put port into pocket and tie in place.
9. Wrap the end of the catheter in a moist gauze to keep it from touching skin and being contaminated.
10. Pass dilator over the wire first then pass dilator with peelaway introducer to prevent damage to introducer.
11. Close subclavian site with a subcuticular 4-0 monocryl (5-0 in babies)
12. Close pocket site with deep 4-0 vicryl and 4-0 monocryl subcuticular.
13. Access the port with the angled/yellow butterfly Huber needle and flush with 100U/ml Heparin. Leave accessed.

14. Put a folded 2x2 under the butterfly arms and cover the port site with a large tegaderm.
15. Obtain a chest x-ray whenever there has been a subclavian puncture.
16. If a cutdown is necessary, usually start with external jugular vein. If EJ is not adequate, move to the facial vein.
17. Access facial anterior to the SCM at a point midway from sternal notch to mastoid.
18. Bevel catheter and use jewelers forceps to insert. Secure catheter in vein with 4-0 vicryl tie.
19. Close incision with deep 4-0 vicryl, 4-0 monocryl subcuticular.