



Implanted ports (IPs) are an essential device for many patients who require long-term vascular access. IPs offer some advantages over other central venous access devices, such as lifestyle, body image benefits and lower infection rates” Hill (2015).

Abstract:

Implanted ports (IPs) are an essential device for many patients who require long-term vascular access. IPs offer some advantages over other central venous access devices, such as lifestyle, body image benefits and lower infection rates. A typical implantation site for a port is the anterior chest wall. For some patients with breast cancer who have metastatic chest wall disease this site may lead to problems with the function of the device if disease spreads to the port site.

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One option for this patient group is to place the implanted port over the trapezius muscle. This article discusses six patients, all of whom had metastatic breast cancer with some degree of subcutaneous disease on the anterior chest wall. Three patients had received trapezius port placements and three had anterior chest wall placements. A retrospective review of the patients’ medical records was undertaken from the time of insertion until removal or until the patient died. The anterior chest wall group of patients had their devices in for an average of 368 days vs 214 in the trapezius group. The total complications were

higher in the anterior chest wall group (7 vs 2 in the trapezius group). Disease spread to two of the devices in the anterior chest wall group meaning the devices could no longer be used. The trapezius approach appears to be a safe and a reliable form of vascular access and may offer fewer complications than the traditional method of anterior chest wall placement when standard anterior chest wall approach is not suitable.

Reference:

Hill, S. (2015) Totally implanted ports: the trapezius approach in practice. British Journal of Nursing. 24(Sup19), p.S22-S26.

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