

Chemo port pros and cons

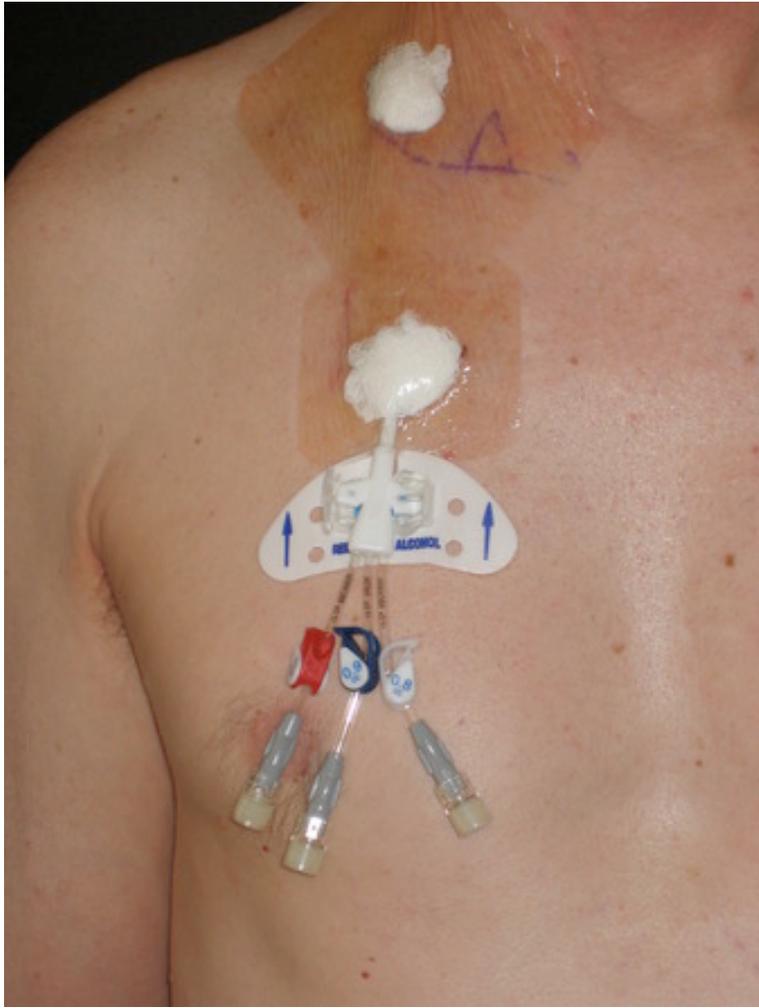
If you are newly diagnosed, you have probably heard the term "[chemo-port](#)". A chemo-port or porta-cath, or power port is a device that is surgically implanted just under the skin usually in the upper chest area, just below the collar bone. Their main purpose is to be an access to deliver chemo drugs, and other drugs or IVs you may need during treatment. Blood draws can also be taken from the port.



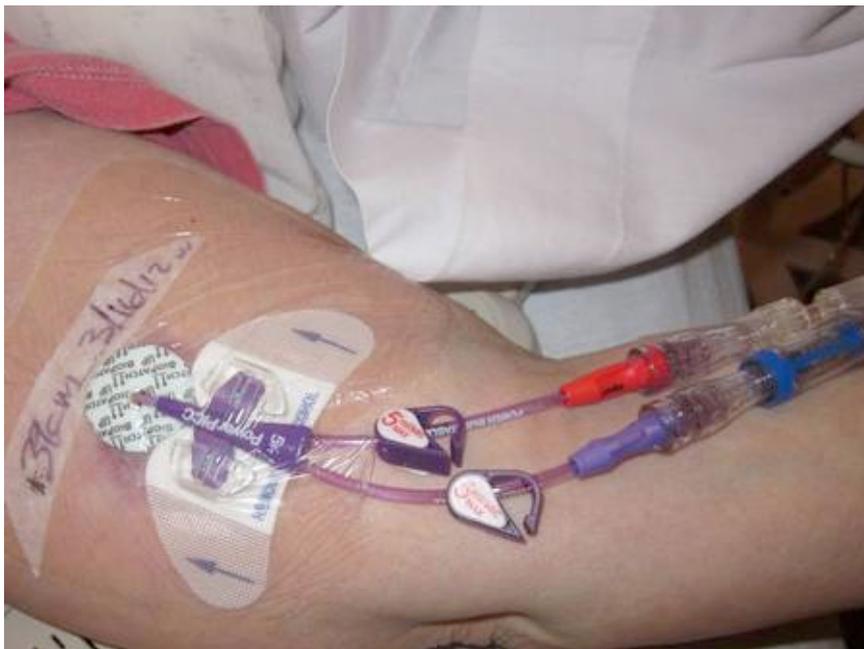
Types of ports

Implantable venous port - This is the most common type of port that people refer to when using the generic term "port", or "port-a-cath". It is implanted just under the skin just below the collar bone. They are made out of titanium, plastic or stainless steel. the catheter that is attached to the port is attached to a central vein. These type of ports can be kept for many years. I had mine installed for 18 years before having it removed.

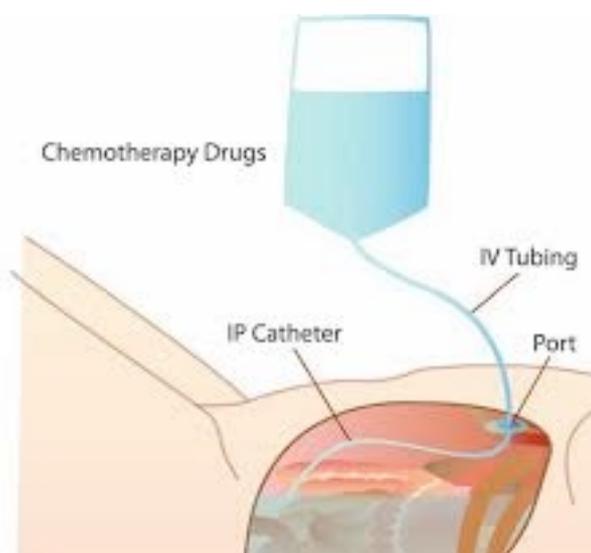
Tunneled central venous catheter - Also known as a Hickman or Broviac, it is surgically placed in a central vein in the chest. There are multiple openings in the catheter, and though the catheter is under the skin, there are tubes that hang outside the body where the medicine is placed. This kind of port can be used for months to years. They are also commonly called "central lines".



PICC line - A pic line is threaded into a vein in the arm, the catheter is placed and confirmed that it is in the location it needs to be by fluoroscopy, a type of X-Ray. These type of ports will often have a few lines hanging out of them for access to deliver chemo or other drugs or draw blood for tests. They are not meant to be used for long term chemo treatments.



Intraperitoneal port - This type of port is implanted in the abdomen and when accessed the chemo drugs are delivered into the abdominal cavity where it is absorbed into the blood stream.



Which type you will have inserted will be determined by Your Oncologist and possibly your Surgeon, my oncologist had a particular variety of the port that they were used to working with, accessing, flushing, drawing, etc. and they liked it, so that type was recommended. The factors that will determine which type will be some or all of these: how long your treatment is expected to last, what type of treatment (what type of drugs will be used), your Oncologist's usual method of treatment, your overall health.

Some of the cons reported from having a port

- **It stopped working and had to be replaced with another**
- **It got clogged up and wouldn't draw blood, but would take fluids**
- **It moved in my chest and had to be attached again**
- **Some people have reported having infections at the surgery site afterwards**
- **Soreness around the port site after surgery and after treatments**
- **Seems to constantly be getting bumped when I am doing anything**
- **Accessing the port is a sterile procedure and not all Nurses can do it**
- **Blood clots can develop inside them, however, they have a drug to dissolve the clot and it's usually not an issue**

Some of the pros reported about having a port

- **Most all treatments are done through the port and the veins don't have to be stuck**
- **Blood draws can be done through the port, no sticking the arm anymore**
- **IV's can be dripped through it for scans or other procedures**
- **Some people stay much more relaxed through their treatments knowing that a vein "blow out" was not going to happen**
- **It saves your veins from getting hard and shrinking, (some of the side effects of chemo)**
- **They can be left in for years with regular flushing if you are at a high risk of recurrence**
- **Some people have very small arms, and veins and are a very hard stick. Having the port eliminates that problem**

- **By having a port for treatments or draws, your arms and hands are mostly free to move around, hold a phone or iPad during treatment, etc.**

The question "Do you recommend I get a port", is a common one. The answers usually run more than 90% positive as in "yes I do". As with anything else in life, everyone has their own opinion and a few people have rare bad experiences. Overall, most people report that they were extremely happy that they had their port put in, and would do it again without hesitation.

To port or not to port?

Getting a port for [chemotherapy](#) is a decision that a lot of patients have faced. A [port](#), also known as a [mediport](#) or a portacath, is an access device used to give chemotherapy treatment.

While it's really a personal preference, getting or not getting a port is something that will affect you every time you get chemo treatment and in some ways will affect your daily life. None of these bits shared by readers should be considered "rules" or medical advice, but maybe these personal experiences could help you make your decision. Only you can make the decision, but these insights could give you a clue of what you may like or dislike about [having a port](#).

If you want to know more about ports, read our [Guide on Understanding Chemo Ports](#) that talks about what a port is, when it is used, port placement, port surgery, cleaning and care, and port removal.

Pros of a chemo port

Common reasons why patients enjoyed having a port for chemo were that they did not like receiving chemotherapy in their veins with needles, and that they felt it was overall easier for them to get chemotherapy. In their own words, here are some pros on how they felt about having a chemo port.

"I like having the port because my veins roll so it usually takes multiple stabs and I bruise easily." -[nancyjac](#)

"I am a person who is grateful for her port. Makes every infusion and blood draw less painful and much less stressful for me." -[gwendolyn](#)

"I had to have 12 rounds of chemo and I hate needles. I opted for the port and really like it." -[Chemobrain35](#)

"I remember feeling scared while I was considering a port. But since getting my port in, I have been grateful for it hundreds of times. Makes chemo, blood draws, etc. a non-event. I'm really glad I have it. Doesn't give me any trouble other than discomfort when my seatbelt rests against that area." -[gwendolyn](#)

Cons of a chemo port

There are a few things that WhatNexters did not like about the chemo port, including some daily inconvenience that it caused when sleeping or when clothes rubbed against it. Also, some WhatNexters did not like having a visual reminder of their cancer. Others did not want to have an additional surgery.

"The only con I had was some bruising at the port site for about a week after it was implanted." -[Nancebeth](#)

“I had enough surgery after a lumpectomy and did not want a chemo port surgery or another operation. Since I only had four treatments and had good veins my oncologist said I would be fine without a port.” -[Loafer](#)

“It is a bit of an annoyance at times. Mine is lower than I'd like, so wearing a seatbelt when it was tender was difficult.” -[GypsyJule](#)

I didn't want a daily reminder sticking out of my chest and I didn't like the idea of having another scar on my chest.” -[Julie99](#)

It might b a love/hate relationship

If you're on the fence about deciding for or against a port, it might be comforting to know that some WhatNexters admit to having a love/hate relationship with their port. This means that even if it wasn't their favorite thing about chemotherapy, they appreciated it and saw value in having one. Below are two examples of how WhatNexters describe their love/hate relationship with their chemo port.

“I had a love/hate relationship with my port. I'm glad I had it because my arm veins were then NOT used for chemo treatments. This means I still have good veins. Also, the “stabber” never has to hunt for your vein. The needle is simply popped into the port, and voila! You're ready to go. The downside was that it was on my left side, which was the side I use for my messenger bag and it was perfectly positioned to get irritated by the seatbelt on the driver's side of our car. And I always felt this pulling sensation...and I couldn't happily sleep on my tummy...So, yes, love/hate.” -[leepenn](#)

“My port was sore for about a week after each chemotherapy. I can't wait to have it removed. But hold on, with that being said, it was worth it for me to have a port! My main advice is that you should get a team that does implantation constantly to do the procedure to limit any mishaps. Try for someone who "does this procedure all day every day!" (if possible).” -[Ivy](#)

Ultimately, if you decide to get a port or have already done so, try to make the best of it by focusing on the good things. If you are “not to port,” that's okay too, everyone is different. Either way be sure to discuss this stuff with your doctor!

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