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# Mediport Troubleshooting Fact Sheet

Though having a mediport is very helpful and useful, it is important to know about potential complications and how to troubleshoot if such complications should arise.

## Potential complications of a mediport and what to do:

- 1. Problem:** Infection. Systemic or pocket infections are potential complications when using an implanted Port.

**What to do:** Aseptic technique should be maintained when accessing the port, for dressing changes and with any line manipulation. An occlusive dressing should be maintained when the port is accessed. The port site should be inspected on a regular basis for signs of infection including tenderness, warmth, redness, discharge, or the presence of fever and chills. If any of these signs are noticed, you should contact BCDI right away.
- 2. Problem:** Resistance to flow or no blood return. Resistance to flow may occur as a result of occlusion of the catheter due to a clot in the catheter tubing, platelet buildup, medication buildup or a malpositioned, kinked catheter. A fibrin sheath (buildup of blood cells and medication) may form at the tip of the catheter, preventing aspiration of blood. The catheter tip may become lodged against the wall of a blood vessel, preventing blood return.

**What to do:** If the occlusion is due to a clot in the catheter tubing, a fibrinolytic agent may be indicated. **Never** attempt to forcefully inject fluid into the port. If you notice resistance to flow or absent blood return, you should contact BCDI.
- 3. Problem:** Venous Thrombus. A thrombus, or blood clot, may form in the vessel around the catheter and result in reduced or absent blood flow through the area. A person with a port may experience pain or discomfort in the shoulder, neck or arm, or have a headache. Facial, supraclavicular, neck, or arm swelling may be evident. Venous thrombus is confirmed by radiologic evaluation such as ultrasound, venography, MRI, etc.

**What to do:** Contact BCDI right away if you notice new swelling. The thrombus may need to be treated with blood thinners but in some cases, the mediport may need to be taken out.

4. **Problem:** Extravasation or infiltration. Extravasation (leaking of fluid outside of the mediport) or infiltration (leaking of fluid into the surrounding tissue) can occur secondary to inadvertent needle dislodgement, malposition of the needle, tear in the reservoir septum, or catheter dislodgment.  
**What to do:** Care should be taken to verify correct needle position with blood aspiration. The needle and tubing should be secured with the dressing, and the tubing should be taped in place to prevent tension on the line. If you notice any of the above problems and are not able to infuse, contact BCDI.
  
5. **Problem:** A break or hole in the external catheter. This may lead to an external fluid leak.  
**What to do:** If your port is accessed for a while, clamp the tubing in different places each time so that the catheter is not weakened in specific areas. Additionally, do not use too much force when flushing as this may cause leakage as well. If you notice a hole or leak in the external catheter, clamp the tubing between your body and the leak and call BCDI right away.

**If you should experience any unexpected symptoms that are not mentioned above or have any additional questions or concerns, do not hesitate to contact BCDI.**