Preventing Pinch-Off

The risk of pinch-off syndrome can be avoided by inserting the catheter via the internal jugular vein (IJ). Subclavian vein catheterization of the interclavicular space to the border of the first rib may cause catheter pinch-off, which in turn results in occlusion causing port system failure during power injection. If you choose to insert the catheter into the subclavian vein, it should be inserted lateral to the border of the first rib or at the junction with the axillary vein because such insertion will avoid compression of the catheter, which can cause damage and even severance of the catheter. The use of image guidance upon insertion is strongly recommended. A radiographic confirmation of catheter insertion should be made to ensure that the catheter is not being pinched.

NEW IMPORTANT INFORMATION:

• For power injecting contrast media, a PowerLoc* catheter is not being pinched. A radiographic confirmation of catheter. The use of image guidance upon insertion is strongly recommended. A radiographic confirmation of catheter insertion should be made to ensure that the catheter is not being pinched.

Connect Catheter to Port:

1. Flush all air from the port body using a 10 ml syringe with a non-coring needle fitted with heparinized saline (100 USP units). Insure the needle through the septum and inject the fluid while pointing the stem up. Remember that some patients may be hypersensitive to heparin and these patients must be monitored with heparinized saline.

2. Close all system components with asepsis solution.

3. Connect system components in the following order of insertion in the system to be effective. Determination of proper positioning should be made by performing this part of the procedure with the patient performing the VALVular maneu-

4. Advancing the pusher an additional 2 cm may damage the catheter. Do not hold the catheter or cath-lock with any force, as this can damage the catheter. Do not pull the catheter back along the stem away from the port.

Repairing Lumen Procedure:

• To help prevent clot formation and catheter blockage, implanted ports with open-ended catheters should be filled with sterile heparinized saline after each use. If the port remains unused for long periods of time, the heparin lock should be changed at least once every four weeks. Caution: Remember that some patients may be hypersensitive to heparin and these patients must not have their port locked with heparinized saline.

Determination Port Volumes:

For future reference, it will be helpful to record this information as the patient’s chart and patient ID card.

For PowerLoc® implanted ports, you will need to check the patient’s chart to determine the length of catheter suitable for each individual patient. For PowerLoc® catheters, multiply the catheter length (in cm) by 0.02 ml/cm. For PowerPort® catheters, multiply the catheter length in cm by 0.02 ml/cm. The maximum length should be 22 G. PowerPort® catheters, multiply the catheter length (in cm) by 0.02 ml/cm. For PowerPort® catheters, multiply the catheter length in cm by 0.02 ml/cm. The maximum length should be 22 G.

Example:

Catheter length: ____________ cm x 0.02 ml/cm

Recommended Flushing Volumes:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Volume (ml)</th>
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</thead>
<tbody>
<tr>
<td>Flush port with heparinized saline</td>
<td>3 ml heparinized saline</td>
</tr>
<tr>
<td>After each infusion of medication or TPN saline</td>
<td>10 ml normal saline, then 3 ml heparinized saline</td>
</tr>
<tr>
<td>After blood withdrawal</td>
<td>20 ml normal saline, then 3 ml heparinized saline</td>
</tr>
<tr>
<td>After power injection of contrast media</td>
<td>5 ml heparinized saline</td>
</tr>
</tbody>
</table>

Equipment:

• Non-corning needle
• 10 ml syringe filled with sterile saline
• 10 ml syringe filled with 5 ml heparinized saline (100 USP units)
• 5 ml heparinized saline
• 10 ml sterile normal saline
• 5 ml heparinized saline
• 20 ml sterile normal saline, then 5 ml heparinized saline
• 5 ml normal saline
• 100 ml sterile normal saline, or with volume calculated above. Close clamp while injecting last 0.5-1 ml of flush solution.

To discharge PowerLoc® safety infusion set from the port, activate safety mechanism while withdrawing needle until you feel a “click” at which time the needle should be captured within the safety mechanism of the PowerLoc® safety infusion set.

Note: Alarmed should not be used to swirl or deflect polyurethane catheters because alcohol is known to degrade the polyurethane catheters over time with repeated and prolonged exposure.