



Protocol for Maintenance of the Celsite® Pleural and Peritoneal Ports

Puncture and drainage of a pleural access port should be performed under medical supervision and after chest X-ray control.

General information

Pleural puncture and drainage is performed when clinically indicated according to the degree of discomfort, dyspnea and tolerance of the effusion.

A nurse should be present during the drainage.

The patient should be placed in a semi-recumbent position on a bed. Oxygen may be prescribed according to patient needs.

The maximum quantity drained should not exceed 1500 mL. At the completion of drainage the drained fluid should be sent to the laboratory for cytology studies if needed.

Drainage should be stopped if the patient complains of thoracic or dorsal pain, has difficulty in breathing or starts to cough.

Following drainage the patient should rest for a minimum of 30 minutes and the general condition evaluated before departure.

Strict aseptic conditions should be observed during puncture of the access port.

Equipment required:

- 1 sterile drape for the preparation table
- 1 sterile drape with hole to be placed over the puncture site
- 1 packet of sterile gauze pads
- Betadine, chlorhexidine or other antiseptic product according to local protocols
- A 19G or 20G Surecan® Safety II, Winged Surecan® or Cytocan® access port needle
- A sterile dressing

- 1 Pleuracan® double anti-reflux valve (REF: 4462556)
- 1 Secretion bag 2.0 l (REF: 4423208)
- 1 Extension line, Heidelberger type (75 cm or 100 cm) optional (REF: 4097173 or 4097267)
- 1 Combifix® male/male adapter (REF: 4090705) or, for small volume drainage

- 1 Omnifix® 50/60 mL syringe
- 1 Discofix®-1, one way stopcock (REF: 4099117)
- Sterile bowl or recipient for drainage liquid

- Sterile gloves
- Mask
- Cap

Preparation for puncture:

Note: the technique for preparation of the port site and skin for puncture is identical to that used for venous port access.

Rigorous aseptic rules must be followed, according to the protocol of the hospital, before any manipulation of the access port.

Failure to respect these rules may lead to infection, dysfunction of the access port and other complications. To avoid any contamination of the injection site, make sure the head of the patient remains turned away from the site during the manipulation and placement of the dressing.

It is of primary importance that the nursing staff:

- put on a surgical mask
- wash hands with an antiseptic soap
- put sterile gloves on before starting any manipulation.

Preparation of the injection site

Always:

- Inspect the skin over the injection site and along the catheter to make sure there is no redness, oedema, ulceration or discharge.
- Disinfect the area around the port (the choice of the antiseptic is left to the operator's discretion, making sure however that the contact time of the chosen antiseptic is respected).
- Prepare the appropriate dressing components (or existing set) using an aseptic technique.
- Disinfect the area for a second time and allow to dry.
- Prime the access port needle with saline solution (NaCl) 0.9 % and close the clamp.

Accessing the port

- Firmly hold the access port between your fingers and insert the access port needle into the septum, at right-angles to the skin surface, until the back of the chamber is felt.
- Caution: Excessive pressure during the puncture could damage the needle tip and may result in leakage of the septum and incur pain to the patient on removal of the needle
- To preserve the septum's life, it is recommended to always vary the puncture site.
- Local anaesthetic can be applied so as to avoid pain to the patient during puncture.

Connecting the needle to the drainage system

Drainage into a secretion bag:

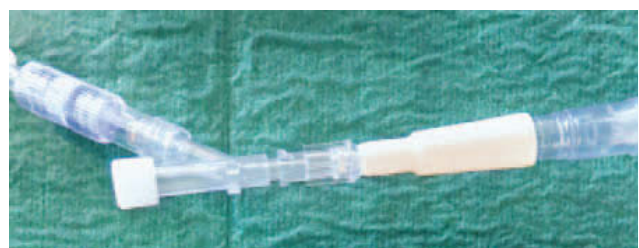
- Connect the Combifix® female-to-female adapter to the access port needle on one side and to the Pleuracan® double anti-reflux valve on the other.
- Access port needle hub
- Combifix® adapter
- Pleuracan® anti-reflux valve



- Remove the blue protection cap from the secretion bag tubing



and insert into the double anti-reflux valve.



- Place the bag beside the patient and release the clamp on the needle

Note: it is recommended that the negative pressure used for drainage is between -0.02 to -0.06 bars, which corresponds to -20 cm to -60 cm H_2O . Negative pressures greater than this may cause damage to delicate thoracic organs.

Connecting the access port needle to a syringe

It is possible to perform drainage using a syringe, connected to the access port needle.

- Attach 1 Discofix®-1, one way stopcock to the access port needle
- Attach a 50/60 mL syringe to the other side of the stopcock
- Release the clamp on the needle
- Gently aspirate the fluid into the syringe

If the quantity of aspirate exceeds the size of the syringe, close the tap on the stopcock and empty the contents into the sterile bowl and re-connect the syringe.



Note: it is recommended that the negative pressure used for drainage is between -0.02 to -0.06 bars, which corresponds to -20 cm to -60 cm H_2O . Negative pressures greater than this may cause damage to delicate thoracic organs.

The maximum quantity drained should not exceed 1500 mL.

Removal of the needle

- Flush the port with normal saline solution (NaCl) 0.9 % (followed by heparinised saline for pleural ports according to local protocols)
- Clamp the needle tubing and remove the needle from the access port
- After withdrawal of the needle, disinfect the puncture site and cover with a small dressing if desired.

If necessary the needle may be left in the access port, however, long term needles may be used from 24 hours for up to 7 days, in the absence of infection, redness, swelling or pain and in accordance with local, country or professional guidelines.

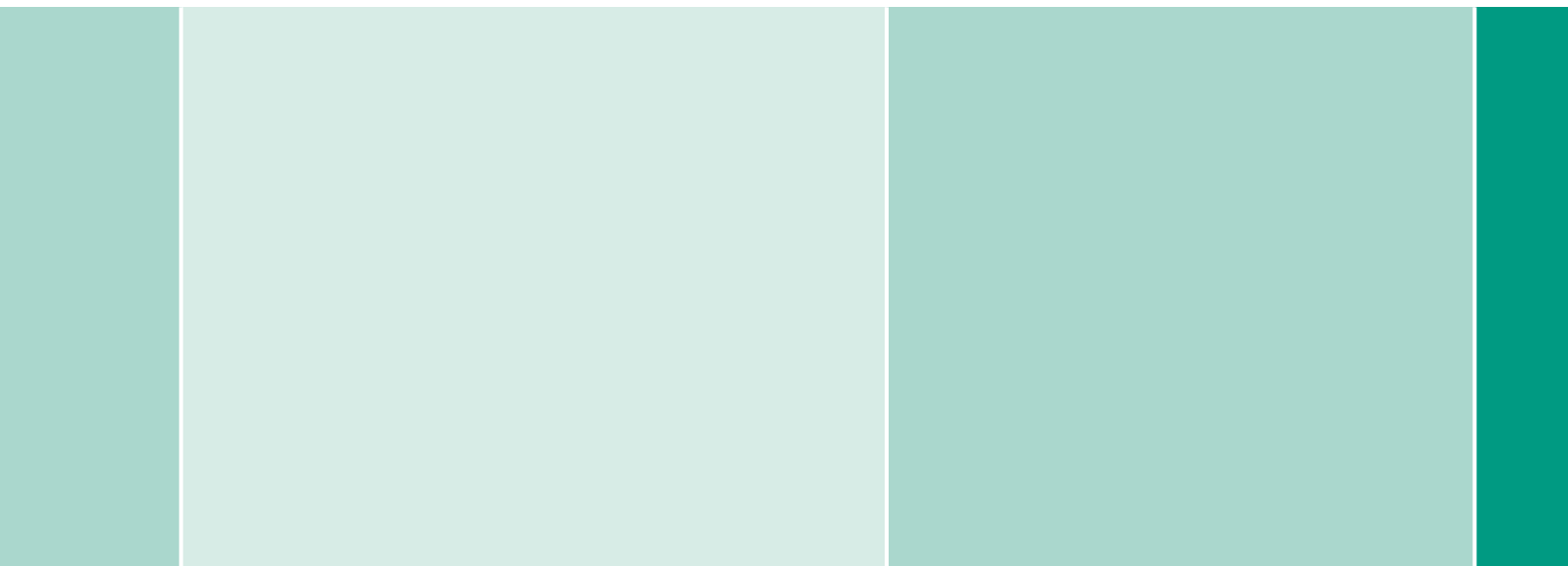
Maintenance of the port

Pleural catheters

These catheters should be rinsed with 20 mL of heparinised saline solution (NaCl) 0.9 %, initially this should occur weekly. The interval between rinsing may be extended according to clinical needs.

Peritoneal catheters

Rinse with 20 mL of normal saline solution (NaCl) 0.9 % and follow local protocols.



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