

A116: Catheter-induced complications and intervention strategies in fully implantable infusion port

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Abstract

Objective To investigate and summarize the complications and intervention measures of totally implantable access port catheter origin.

Methods The clinical data of 54 patients admitted to our center from November 2016 to November 2023 with catheter totally implantable access port complications were retrospectively analyzed. All 54 patients received ultrasound-guided port placement due to malignant tumors requiring intravenous chemotherapy. Port placement sites were right internal jugular vein in 15 cases, right subclavian vein in 4 cases, right basilic vein in 22 cases, left subclavian vein in 10 cases, left basilic vein in 2 cases, and left subclavian vein in 1 case. Catheter-derived complications and their management were recorded in 54 patients.

Results Complications included catheter heterotopia in 29 cases, catheter loop formation in 10 cases, catheter mural thrombus in 10 cases, catheter rupture in 3 cases, superior vena cava stenosis in 1 case, and catheter-derived infection in 1 case. All patients were given corresponding treatment under DSA, including 31 cases of pigtail catheter adjustment catheter, 14 cases of port removal, 2 cases of capture device adjustment catheter, 3 cases of capture device removal catheter, 2 cases of guide wire adjustment catheter, 1 case of biopsy forceps adjustment catheter, and 1 case of stent placement and port removal. The complications of all patients were properly handled.

Conclusion DSA is safe and effective in the treatment of totally implantable access port catheter-related complications.