Port / Huber Needle Removal

**Equipment:**
- 10 ml syringe
- Green needle
- 5 ml Heparin sodium 100 units/ml (Canusal ®)
- Sterile gloves
- 2 Alcowipes
- 2 Sterets
- 1 Sharps bin

**Procedure**


2. Clean around the neck of the heparin sodium 100 units/ml ampoules with a steret and break open. Stand on a nearby surface.

3. Alcowipe the injectable cap and ask assistant or child to hold it or leave resting on the Alcowipe.

4. Loosen dressing gently, so as not to dislodge the needle.

5. Wash hands and put on gloves.

6. Draw up 5ml heparin sodium 100 units/ml.

7. Insert needle of the heparin sodium 100 units/ml syringe into the centre of the injectable bung.

8. Assistant to stabilise Port during removal of needle.

9. Inject 5 ml heparin sodium 100 units/ml and remove the Port / Huber needle while injecting the final 0.5 ml of heparin sodium 100 units/ml.

10. Apply small plaster if necessary to needle site. Remove after 24 hours.

**Potential problems**

**Infection:**

As the Port is fully implanted, the risk of infection is less than with an external device, such as a Hickman catheter. It is imperative to use a full aseptic procedure whenever accessing the device in order to minimise the chances of introducing infection. If an infection does occur, antibiotics can be used to treat it, often with good results. If unsuccessful, removal of the device is necessary.

**Blockage:**

Although this is uncommon, the catheter may become blocked. If a blockage does occur, Urokinase can be injected, which helps dissolve any blood clots and unblock the catheter.

To prevent blockage, the Port needs to be flushed with 5 ml of heparin sodium 100 units/ml monthly when not in use and when the needle is removed. Heparin sodium 10 units/ml may be used when the Port is being used frequently e.g. after giving antibiotics.