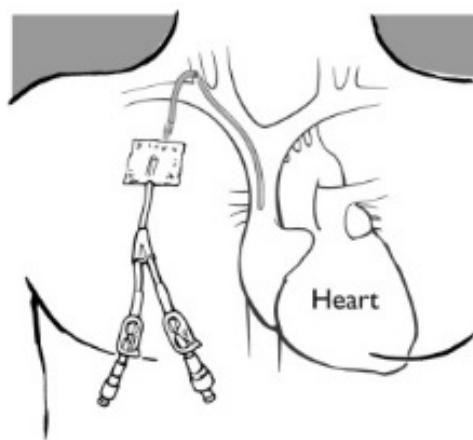


### **Broviac/Port Placement**

With some medical conditions providers recommend placement of a central line. The idea behind a central line is they act like a more permanent IV while your child goes through treatment. IV fluids, IV nutrition, medications and even blood draws can all happen through these devices. This will decrease the number of painful blood draws and/or IV starts your child will have to endure. When treatment is completed, it can be removed similar to the way it was placed.

There are two types of central lines: A **Broviac catheter** and a **port**.

#### **Broviac catheter:**



Broviac catheters can be placed on either the right or left side. We usually place them on the LEFT.

#### **Port:**



Ports can be placed on either the right or left side. We usually place them on the LEFT.

Differences:

A Broviac catheter will come out of your child's skin and be seen. If your child is wearing a normal shirt the catheter will not be noticeable. The catheter will be kept under a clean dressing when not in use. When it is time to use it the dressing is removed and the ends are hooked up to the medicine or syringe for a blood draw.

A port is COMPLETELY under the skin. When it is time to use the port, a needle will be placed through the skin and into the septum (Pictured above). A lotion with medication is usually placed over the port prior to accessing it to help numb the skin.

### **Questions You May Have**

It's normal to have concerns about your child's surgery. Here are answers to some common questions:

**Will my child be in pain during surgery?** No. Your child will be given medications that make him or her sleep during surgery. The Anesthesiologist will speak with you and your family on the day of surgery regarding the plan for your child. Some mild discomfort after the operation is normal.

**Is surgery always needed?** No, you were referred to the Pediatric Surgery clinic because your medical provider thought that a central line (either a broviac catheter or a port) would make treatment easier for your child and family. If you are not completely comfortable with this, please discuss it with your treatment team. Repeat IVs and blood draws are a reasonable choice as well.

### **Preparing Your Child for Surgery**

Follow your doctor's advice to help get your child ready for surgery. You may be asked to:

Tell the doctor about any medications your child takes, including children's pain relievers.

Accompany your child during tests. These may include urine and blood tests.

In general, guidelines for eating prior to surgery are as follows:

8 hours before surgery: no more solid food – clear fluids only

6 hours before surgery: no more formula – clear fluids only

4 hours before surgery: nothing by mouth – no more breast milk or clear fluids

Our office will call and let you know the specific directions for your child.

### **The Day of Surgery**

A health care provider will give your child an intravenous (IV) to provide fluids and medications. You'll then meet with the anesthesiologist. He or she will talk with you about the anesthesia used to prevent pain during surgery.

## **Removing a central line**

The procedure usually takes about 30 - 45 minutes. Central line will be removed and dressing will be placed over the site.

## **Your Child's Recovery**

Your child can likely go home the same day as surgery. Don't worry if you notice some swelling or bruising. This is normal and should go away in a short time. To help speed recovery, encourage your child to move around. But children should avoid rough play for about a week. After that, it's okay to let them get back to doing things they enjoy. If you have questions or concerns, be sure to talk with the doctor during follow-up visits. You will be closely followed by your treatment team. The Pediatric Surgery Clinic is also available for any questions you have regarding the central line or its removal.

## **Risks and Complications:**

Central line removals for children are safe, but with every procedure there are some risks. These include:

- Bleeding
- Infection
- Need for repeat or additional procedures
- Risk of damage to surrounding tissue
- Risks associated with anesthesia

## **When to call our office:**

After surgery, call our office if your child has any of the following:

A large amount of swelling or bruising. A small amount is normal, but if you are concerned please call us.

- Fever over 100.4°F (38.0° C)
- Increasing redness of drainage of the incision or catheter site
- Bleeding
- Increasing pain
- Nausea or vomiting
- With any concerns you have

**\*\*Call Alaska Pediatric Surgery with questions or concerns 929-7337\*\***