Initial Experience with Healthport miniMax® and Other Peripheral Arm Ports in Patients with Advanced Gastrointestinal Malignancy

Abstract:
While central ports are located at the chest, peripheral ports (PP) are inserted at the patients’ forearms. Two new PPs (Healthport miniMax® and Bard Titan Low Profile Port) and two well-established types (Port-A-Cath® P.A.S. Port and PeriPortTM peripheral access system) were tested. 125 patients were given the choice between PP and chest ports, and 100 of them chose PP. PP were inserted in patients suffering from gastrointestinal malignancies (n = 95), AIDS (n = 3) or Crohn's disease (n = 2). The first 30 patients were prospectively monitored by repeated color-coded duplex sonography examinations in order to evaluate clinically inapparent thromboses. Easy percutaneous needle puncture as early as 1 day after surgery was possible using innovative ports with large septa. The following complications arose during 12,688 catheter placement days: difficult implantation (n = 5), intolerable pain at the insertion site (n = 1), port erosion of the skin (n = 1), catheter leaks (n = 4), disconnection of the catheter from the port (n = 1), systemic infections (n = 4), local infections (n = 6) and symptomatic deep vein thrombosis (n = 8) despite anticoagulation in 1 of these. Only systemic infections and intolerable pain resulted in PP explantation (n = 5); other complications were easily dealt with. No serious or life-threatening complications occurred.