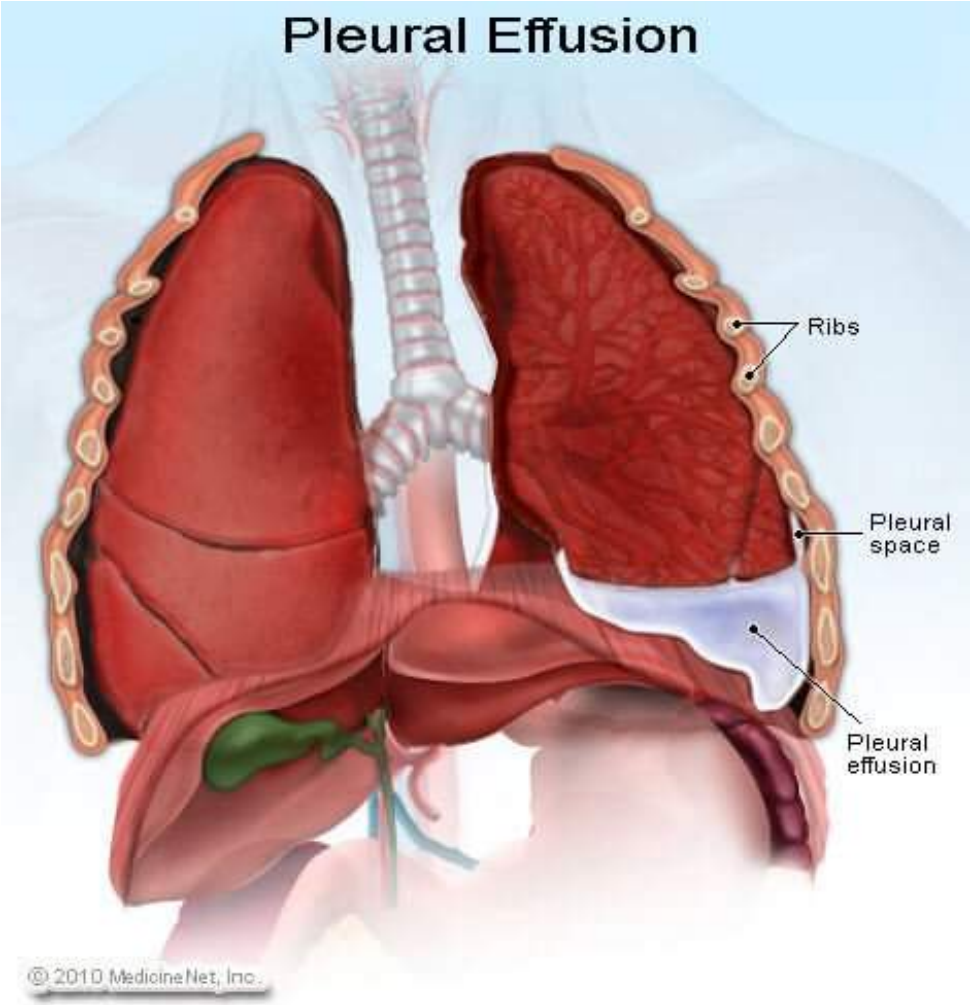
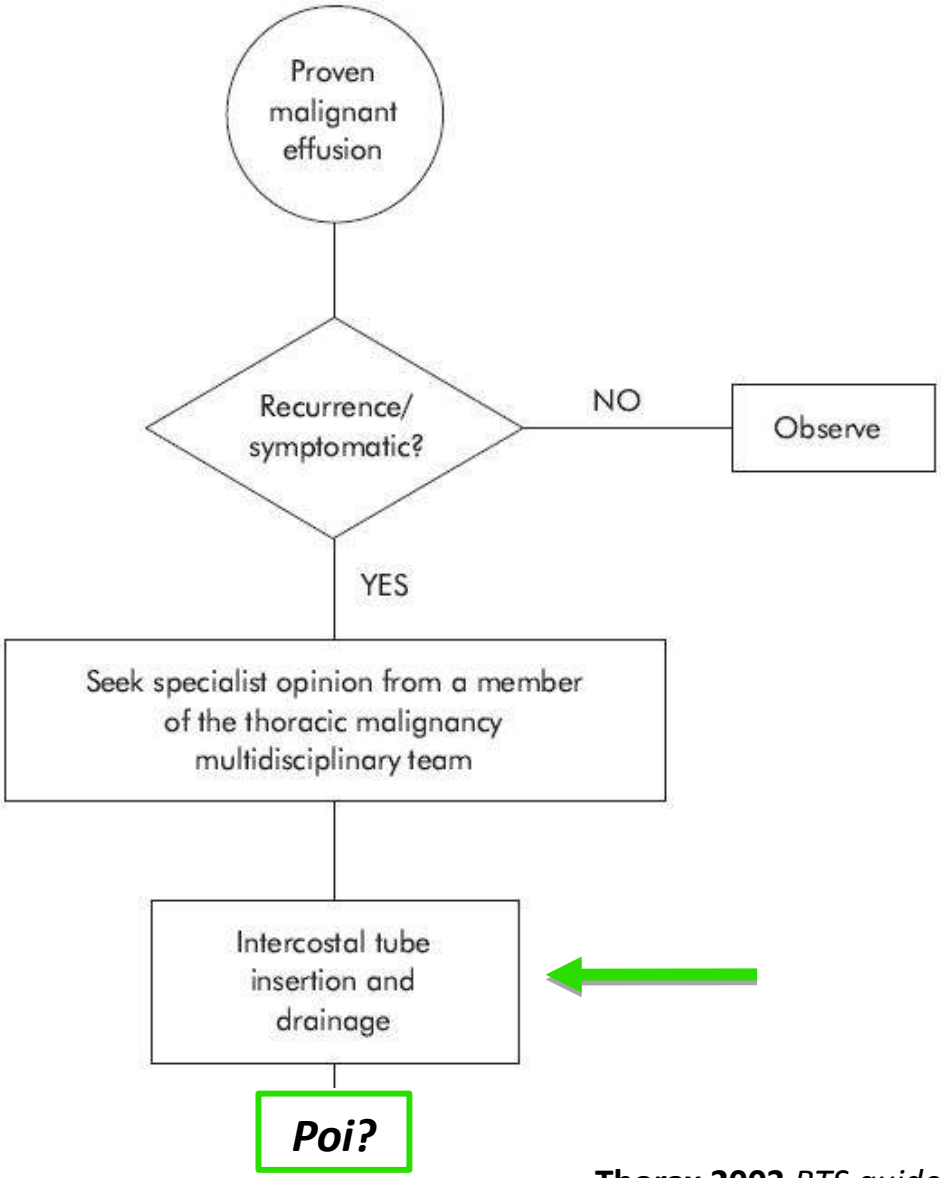
UNIVERSITÀ DEGLI STUDI DI TORINO
S.C.D.U. CHIRURGIA TORACICA

Azienda Ospedaliero-Universitaria
San Luigi Gonzaga
di Orbassano

IL PORT PLEURICO



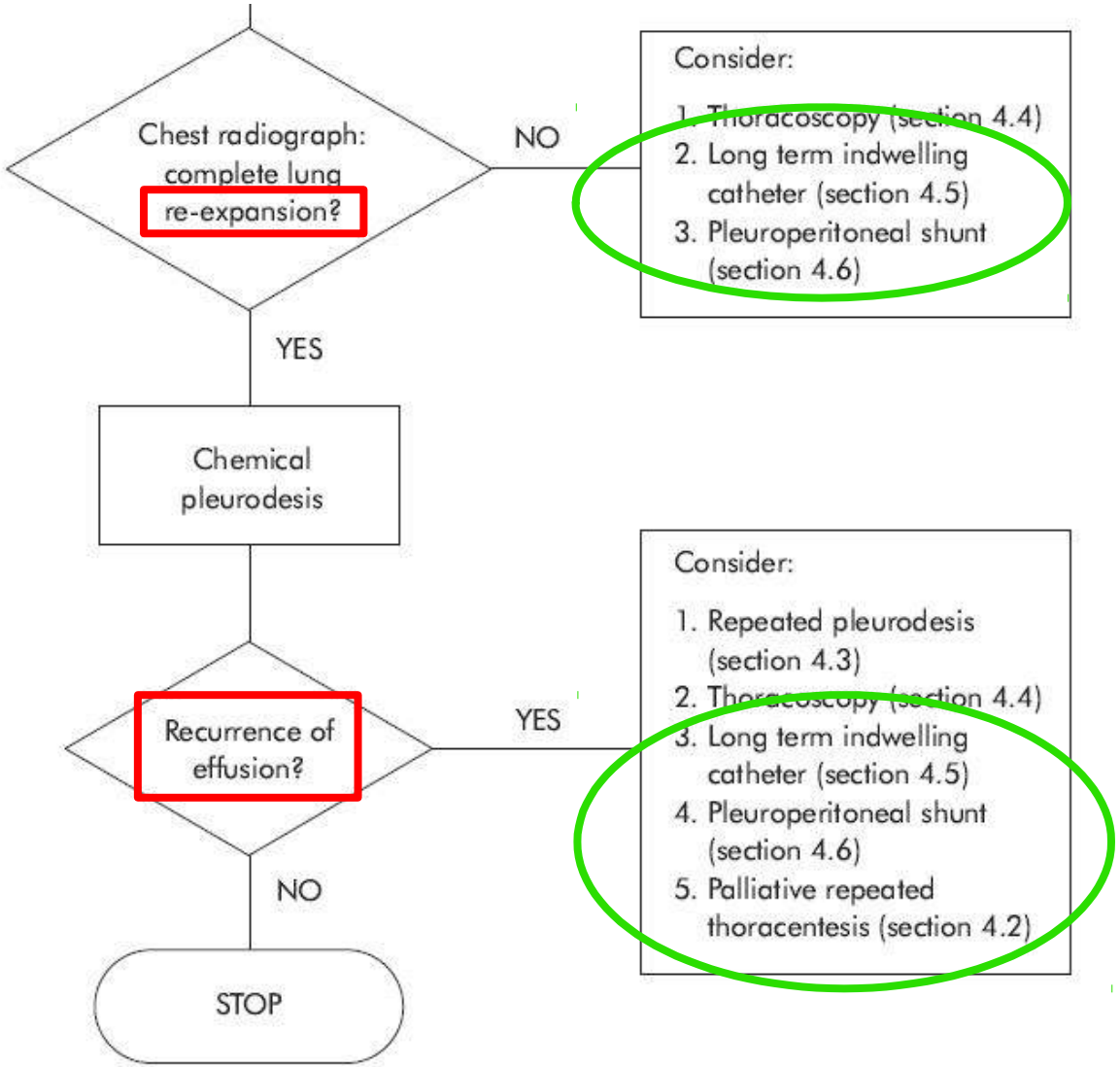
Il versamento pleurico secondario



L'importanza del problema…

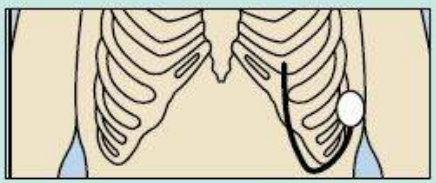
Il versamento pleurico secondario coinvolge fino al 15% dei pazienti portatori di patologia neoplastica, portando a grave discomfort con comparsa di dispnea, limitazioni della vita quotidiana, mobilizzazione ed aderenza (fit) a trattamenti comlementari.

Thorax 2003 *BTS guidelines for the management of malignant pleural effusions*
EJCTS 2019 *ERS/EACTS statement on the management of malignant pleural effusions*



Palliazione

Thorax 2003 *BTS guidelines for the management of malignant pleural effusions*
EJCTS 2019 *ERS/EACTS statement on the management of malignant pleural effusions*



Pleural access for drainage of malignant pleural effusion (MPE)

IL PORT PLEURICO

Trapped lung Syndrome

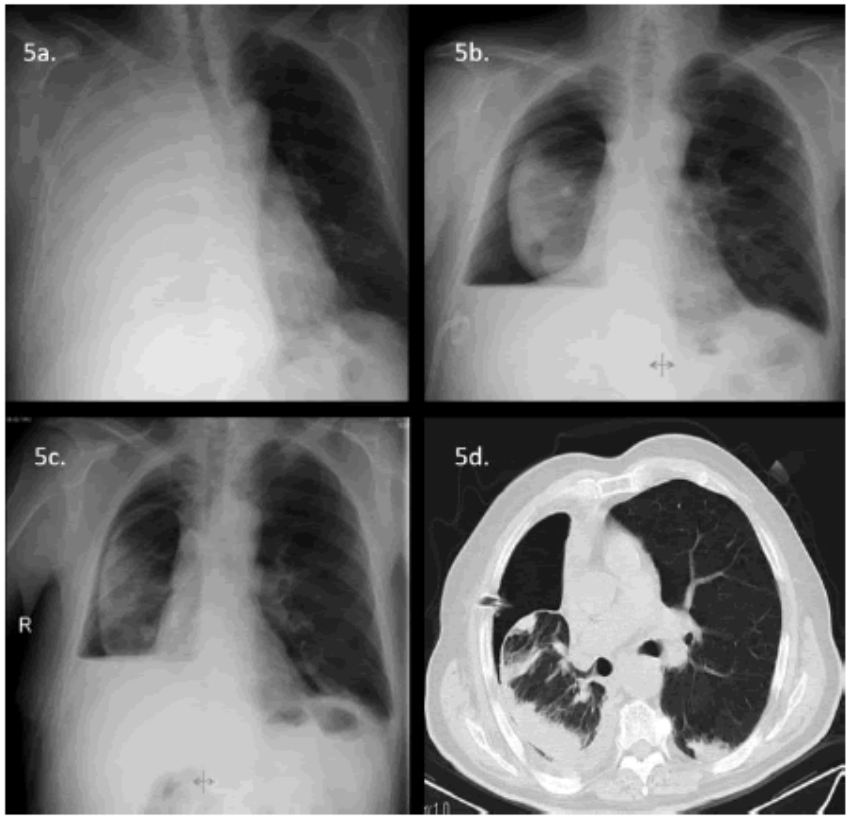
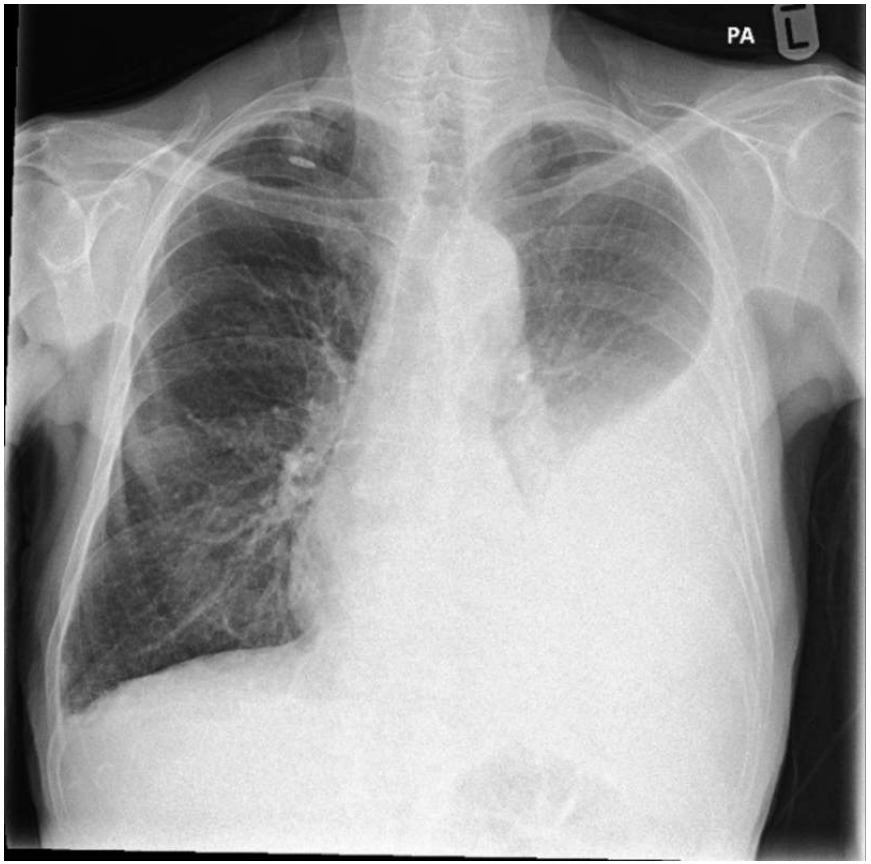


Figure 5: Chest X-ray and CT images of the patient with lung cancer. (a) Before the procedure. (b) Trapped lung syndrome occurred after catheter placement. (c) Pigtail catheter was removed

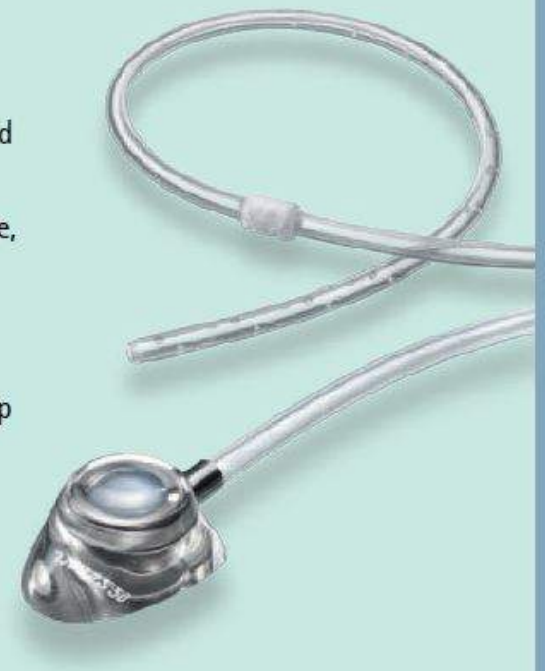
Recidiva dopo pleurodesi chimica (talcaggio)



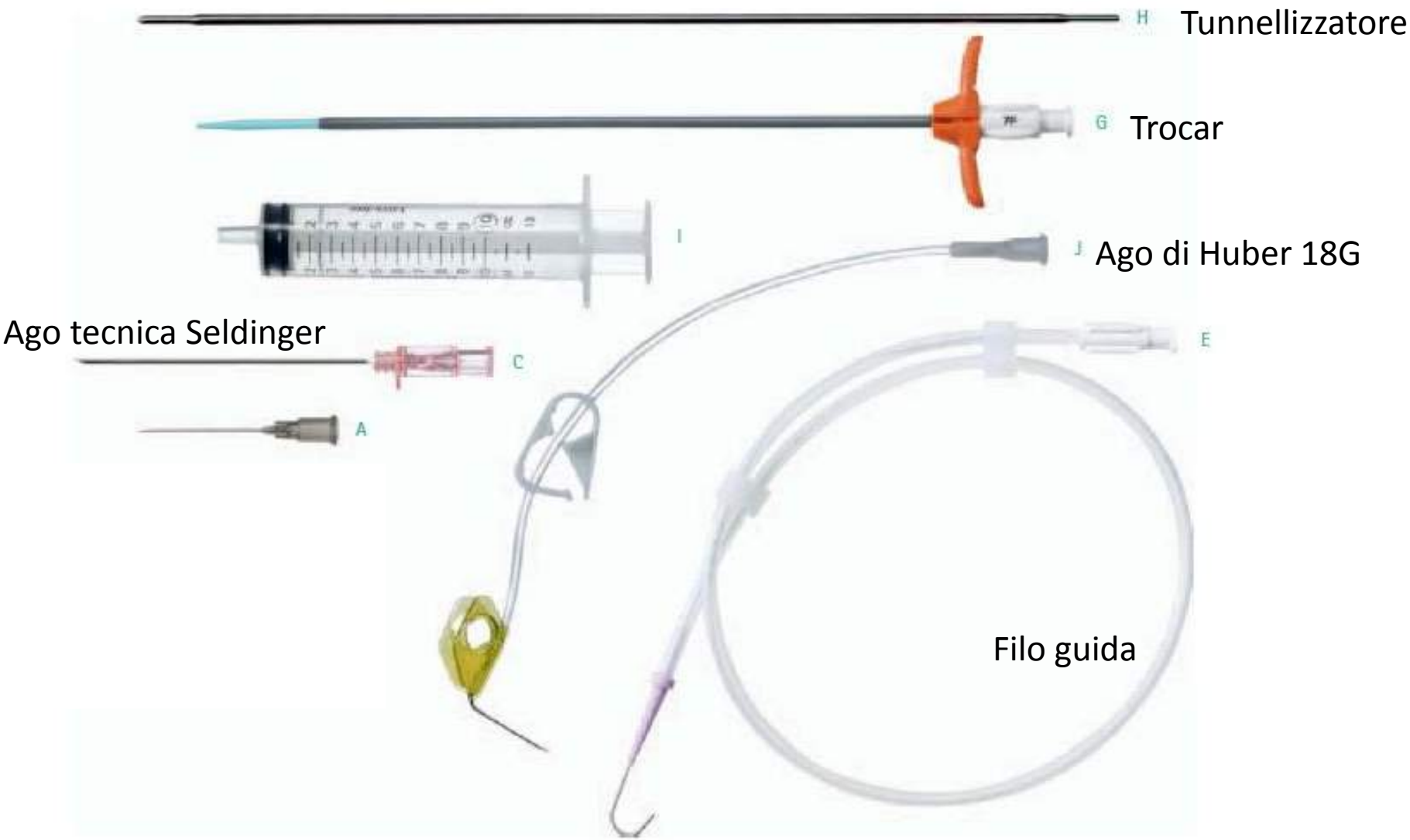
IL PORT PLEURICO

- For intra-peritoneal administration of chemotherapy, hydration, drainage of malignant ascites, or drainage of malignant pleural effusion
- Avoids repeated, painful puncture for drainage
- Improves quality of life and is an easy and effective solution for home care treatment
- Celsite® DRAINAPORT can be implanted percutaneously or by surgical cut-down technique
- **Catheter cuff** promotes tissue ingrowth to reduce infection risk and holds the catheter securely in place

- **Connection** is secured with the radiopaque titanium connection ring
- **Silicone septum** for reliable puncture and easy port location
- **Anatomic design** with delta shape profile, light weight and easy to suture
- Smooth, large and flexible **multiperforated silicone catheter** with 49 oval holes (Ø 1.1 x 1.6 mm) from the tip up to 20 cm to prevent blockage of the catheter and ensure optimal efficiency



Pleural Access


H
Tunnellizzatore
G
Trocar
I
J
Ago di Huber 18G
Ago tecnica Seldinger
C
A
E
Filo guida

SIZE
6

COMPLICANZE

Precoci

Infezione e sanguinamento del sito chirurgico
Deiscenza di ferita
Emotorace
Pneumotorace
Errato posizionamento
Allergia ai componenti

Tardive

Dislocazione/rottura
Ostruzione
Pluriconcamerazione del cavo pleurico
Infezione

Toracentesi dal Port

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.

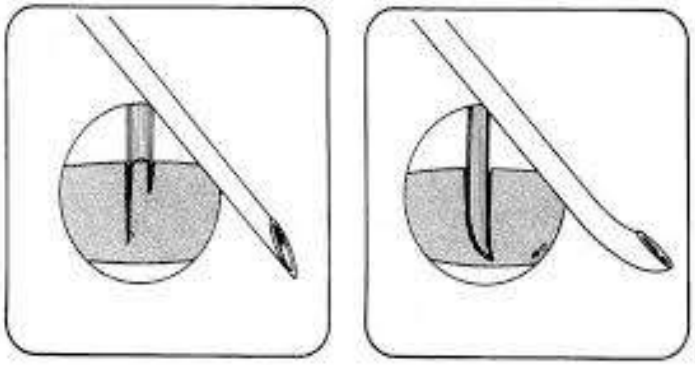
The patient should be placed in a semi-recumbent position on a bed. Oxygen may be prescribed according to patient needs.
The maximum quantity drained should not exceed 1500 mL.
At the completion of drainage the drained fluid should be sent to the laboratory for cytology studies if needed.

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.

Toracentesi dal Port

…Tips and tricks

- Ago non carotante di Huber 18G (19-20G) a retto



- Variare il decubito del paziente per facilitare parte del catetere in caso di versamento libero
- Eseguire lavaggi con SF (settimanali) ed eventualmente con soluzioni eparinate se ostruito.
- Analogo lavaggio con tecnica pulsante prima e dopo la toracentesi

Toracentesi dal Port

Obiettivi

- Pleurodesi spontanea fino al 50% casi
- Miglioramento della qualità di vita di questi pazienti terminali, dal punto di vista respiratorio, abbattendo rischio infettivo, discomfort di un drenaggio in sede con conseguente dolore da irritazione del fascio vascolo nervoso costale, diminuendo la mobilizzazione
- Domicilio
- Completa possibilità ad eseguire trattamenti chemioterapici poiché device totalmente impiantabile

KEEP CALM AND TRUST YOUR SURGEON