THRIVER

Living With a Chemo Port

A Real-Life Perspective

"You don't have to do this alone."

What a chemo port can feel like, how it changes over time,
and the emotional reality of living with one.
Written by a nurse who has also been a cancer patient for nearly six years.

ONE PERSPECTIVE. BOTH SIDES OF THE BED.

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Why This Guide Exists

If you've just been told you need a chemo port, chances are you're trying to picture what that actually means. Doctors will explain the procedure, but what they don't always explain is what it actually feels like to live with one day to day.

I've had a port for more than five years. I'm also a nurse, and over that time I've spoken with so many others who have ports as well. When you spend enough time in infusion centers, these conversations happen naturally. We compare experiences.

What I've found is that most of us describe very similar things — the awareness at first, the sensitivity early on, the adjustment period, and eventually the point where you almost forget it's there.

This guide is simply the practical side of what many of us have learned along the way.

Quick Answers About Chemo Ports

Does getting a port placed hurt?

Most ports are placed under twilight sedation, which means you're relaxed and often remember very little of the procedure itself. Afterward, it's normal to feel soreness around the neck and chest for about a week or two.

Does it hurt when they access the port?

Ports are accessed with a Huber needle. Most oncology teams prescribe lidocaine (EMLA) cream to apply about 30–60 minutes beforehand so the skin is numb when the needle goes in.

Why do doctors recommend ports?

Ports protect the veins in your arms. Many chemotherapy medications are hard on smaller veins, so delivering medication through a large central vein is much safer for long-term treatment.

Will I always notice the port?

At first, most people are very aware of it. Over time, many of us barely notice it anymore.

How long can a port stay in place?

Ports can stay in for months or even years depending on your treatment needs.

Getting the Port Placed

My port was actually placed the same day I started treatment, which is a little unusual. Normally it's placed about a week beforehand, but scheduling didn't work out that way for me.

The procedure takes place in interventional radiology using fluoroscopy imaging so the physician can guide the catheter into the correct vein. The placement typically involves two small incisions — one where the port sits under the skin of the chest and one where the catheter enters a vein in the neck.

The catheter is then advanced into a central vein leading toward the heart, most commonly the superior vena cava.

> *If you're nervous about the procedure, that is completely normal. Most people tell me afterward that the anticipation was worse than the actual experience. You will likely be sedated enough that you won't remember much of it.*

The First Few Weeks

The first day after placement I wasn't in severe pain, but I was very aware that something had been placed in my chest.

Turning my head felt tight and unnatural for about two weeks while everything healed. My port sits fairly close to the surface, so early on it was extremely sensitive to touch.

At the time I was around a lot of little kids, and if one of them accidentally hit it, the pain could be intense. There were times I would quietly step into another room because it hurt enough that I honestly wanted to cry.

> *If the area around your port is red, warm, swollen, or oozing, or if you develop a fever, contact your oncology team right away. These can be signs of infection and should never be ignored.*

Caring for Your Port in the Early Days

In the first couple of weeks after placement, there are a few practical things that can make the healing process easier:

- ✓ **Keep the incision sites clean and dry** until your care team tells you it's okay to get them wet. Follow their specific instructions about dressing changes.
- ✓ **Avoid heavy lifting or raising your arm** above your head on the port side for the first week or so. This gives the area time to heal without unnecessary strain.
- ✓ **Wear soft, loose clothing.** Anything that presses against the port site — bra straps, seatbelts, crossbody bags — can be uncomfortable in those early weeks. Button-down or zip-up tops are easier than pulling things over your head.
- ✓ **Sleep on your back or opposite side** if the port side is tender. A small pillow tucked against your chest can help cushion the area.

The Adjustment Period

Around five or six months in, something changed.

I realized I had gone most of the day without thinking about the port at all. What once felt like a foreign object started to feel like just another part of my body.

As I'm writing this, I can tap on it and it doesn't feel strange anymore. It simply feels like part of me.

> *If you're in the early weeks and it still feels strange, uncomfortable, or even upsetting — give it time. Almost everyone I've talked to describes the same progression. It does get easier.*

Types of Ports and Placement

Not all ports are exactly the same. Depending on your treatment plan and body, your team will recommend a specific type and location.

Port Types

Single Lumen: The most common type, featuring one access point (septum).

Double Lumen: Triangular-shaped with two access points. Used when you need multiple medications running at the same time.

Power-Injectable: Designed to handle high-pressure contrast dye injections for CT scans and MRIs.

Placement Locations

Chest Port: The most common location, usually placed on the right side under the collarbone.

Arm Port: Placed on the inner side of the upper arm. It functions like a chest port but is located further down the arm.

Accessing the Port: Huber Needles

Ports are accessed using a specialized needle called a **Huber needle**. Unlike regular needles, which would core out a tiny piece of the silicone septum and eventually destroy it, Huber needles have a deflected (bent) tip that parts the silicone rather than cutting it.

This design allows the port to seal itself back up when the needle is removed, which is why a single port can handle up to 2,000 needle sticks.

Living Day to Day With a Port

Once the initial healing is done, most people find that the port doesn't interfere much with daily life. But there are a few things worth knowing:

What You Can Do

Shower normally once the site is fully healed

Exercise — walking, light weights, yoga are generally fine

Travel — carry a port identification card in case of airport security or emergencies

Wear most clothing — the bump is small and usually not noticeable under clothes

What to Be Mindful Of

Contact sports — avoid direct impact to the chest area

Swimming — Swimming is generally fine once the incision is fully healed, but **you can never swim or submerge the port while it is accessed** (when the needle is in place).

MRI scans — always tell the technician you have a port; most are MRI-compatible but they need to know

Blood pressure cuffs & blood draws — request these on the opposite arm

What Happens Over Time

After about five and a half years, my port began having difficulty giving blood return. Many people assume this means a clot, but often the cause is something called a **fibrin sheath**.

A fibrin sheath forms when the body deposits proteins along the outside of the catheter as a protective response. Fluid may still go into the vein normally, but blood may not easily flow back through the catheter.

TPA and Why It's Used

When that happens, providers often use **TPA** (tissue plasminogen activator). This medication helps dissolve clots and break down fibrin buildup so blood flow through the port can be restored.

> *If your port stops drawing blood, don't panic. It doesn't always mean something is seriously wrong. Let your infusion team know, and they will work through the steps to figure out what's going on. This is something they handle regularly.*

The Emotional Side of Having a Port

For long stretches of time you may not think about the port at all. But occasionally it reminds you why it's there.

It might happen when you catch a glimpse of it in the mirror. Or when someone asks about the small bump on your chest. Or during those quiet moments when the reality of treatment settles in a little heavier than usual.

For many people with early-stage cancer, having the port removed later can feel like closing a chapter. There is something powerful about that moment — a physical sign that a difficult season is behind you.

For those of us living with metastatic disease, the experience can be different. The port may remain part of life for much longer. What once felt foreign eventually becomes something familiar — another thing we never imagined we could get used to, but over time we do.

> *However you feel about your port — whether it represents hope, frustration, resilience, or all of the above — those feelings are valid. There is no right way to feel about something that is keeping you alive.*

A Final Note

I wrote this guide because when I first got my port, I had questions that the pamphlets didn't answer. I wanted to know what it would actually feel like. Whether the discomfort would go away. Whether I'd ever stop being aware of it. I found those answers over time, through my own experience and through conversations with others walking the same path.

If anything in this guide feels confusing, or you need more guidance along any part of your journey, feel free to email us at thriversupport.com, or even better — reach out to the Nurse Navigator or Social Worker at your cancer center. They are there for exactly this.

There are people out there to help at every step of the way. You are not in this alone.

> *Your port is not who you are. It is simply one of the tools helping you get through this. And if you're reading this in those early days when it still feels strange and uncomfortable — it does get better. I promise.*

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