

# THRIVER

## Living With a Chemo Port

A real-life perspective from someone who has had one for more than five years

A practical patient-and-nurse guide to what a chemo port can feel like, how it changes over time, and the emotional reality of living with one.

**Straight talk, plain language, and lived experience.**

Prepared as part of the Thriver resource library

© 2026 Thriver. All rights reserved.

## Intro

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 many other patients who have ports as well. When you spend enough time in infusion centers, these conversations happen naturally. People 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

1. **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.
2. **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.
3. **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.
4. **Will I always notice the port?** At first most people are very aware of it. Over time many patients barely notice it anymore.
5. **How long can a port stay in place?** Ports can stay in for months or even years depending on 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.

## 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.

## 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.

## 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.

## 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.

For many early-stage cancer patients, having the port removed later can feel like closing a chapter.

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.