Intellectual property rights remain within NHS Institutions. Guidelines do not replace clinical judgement

Title	Procedure for Unblocking an Occluded Implantable Vascular Access Device
Version	3 .0

Implemented	V2 07.12.2022, V3 16.07.2026
Review Date	16.07.2029

Appendix 4: Standard Operating Procedure Template

Standard Operating Procedure (SOP)

Procedure; for unblocking an occluded implantable port.

University Hospitals of North Midlands NHS Trust

Scope:

Trust-Wide SOP ☒ Local Directorate / Divisional SOP ☐

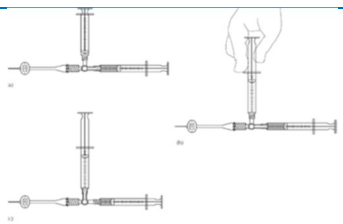
Version:	2
Summary of Changes:	Change of layout
Date Approved and by which Group(s): *(delete if SOP is contained within a policy document)*	
Date Issued: *(delete if SOP is contained within a policy document)*	
Date to be reviewed:	*New SOPs - the review should be completed one year post ratification, unless changes in national legislation override this.* *Existing SOPs – should be reviewed within 3 years of ratification, unless there has been a specific request to review sooner.*
Purpose of this SOP:	To ensure safe use and access to a Portacath.
Which Trust Policy does this SOP link to? *(delete if not applicable)*	C78 Central Venous Access Devices (CVAD) Care and Management
Trust Contact:	

Part A: Preparation

No.	Description of Procedural Steps
1	Only healthcare professionals involved directly with accessing a Portacath, with appropriate training and completed competencies. Only experienced staff and those competent in ANTT are to attempt this procedure.
2	Implanted ports may become occluded for a few reasons: • Kinking due to movement of the port, • Lodging of the distal end of the catheter against the wall of a blood vessel/ right atrium • Inadequately or using the incorrect flushing technique • Running infusions too slowly • Precipitation formation due to inadequate flushing between solutions/drugs.

No.	Description of Procedural Steps
3	Prepare the following equipment - 1 x Wipe containing CHG 2% and 70% alcohol. - Luer lock syringes 10ml - 3-way tap - Needles - 0.9% Sodium Chloride/medication - ANTT blue IV tray - Heparin (if required) - Urokinase or equivalent (if required)
4	Discuss with medical team, x-ray may be advised prior to procedure.

Part B: Procedure

No.	Description of Procedural Steps	
1	Prime and attach new needle free access device. Attempt to flush the sodium chloride 0.9% into the line using a pulsatile flush technique; this will create turbulence inside the catheter lumen aiding the removal of fibrin and drug precipitation.	
2	If blockage persists: Ask the patient to cough, change position, raise their arm and check if occlusion has corrected.	
3	If blockage persists: attach a three-way tap and to this add an empty 10ml syringe and a 10ml syringe containing 5mls of heparin 10 IU/ml and attempt to unblock the catheter using the negative pressure Technique. (Step 5)	
4	If blockage persists: a fibrinolytic agent can be used, e.g. Urokinase. Use negative pressure technique for administration. (step 5)	
5	(a) Turn tap to close off syringe with fibrinolytic agent in and open it to empty syringe. (b) Aspirate on empty syringe, which creates a negative pressure. (c) Turn tap to close off empty syringe and open to filled syringe. The medication will automatically be aspirated into the catheter. Repeat as necessary.(The Royal Marsden Hospital Manual)	
6		

No.	Description of Procedural Steps	
	Leave in situ for 2- 4 hours. Or overnight when possible.	
7	Attach an empty syringe to catheter and attempt to aspirate any clots and solution. If blood returns, withdraw at least 10ml and discard.	
8	Flush catheter with 20ml 0.9% sodium chloride using a pulsatile flush and then lock the line with 4mls heparin 100units/ml. Heparin must be prescribed.