

Port Access for IVIG: Another Option

By Dan Bennett

This is the third and final story in a series featuring the three methods of immune globulin administration. IVIG administration was detailed in the February-March issue while subcutaneous administration (SCIG) was profiled in the April-May issue. In this series, patients and physicians with varying experiences and opinions share their viewpoints with readers. No particular method of administration is recommended in this series, as patients should consult their physicians to determine what is best for their individual needs.

Administration of immune globulin using the port method may not be the most popular of the three infusion choices, but for some people, ports work best.

Although Kelliann Conner and one of her two daughters recently switched to subcutaneous administration (SCIG or SubQ), for the two years before that, ports—the long-term placement of an infusion entry point—served the family's needs.

"Our oldest daughter and I were having a lot of negative side effects from intravenous infusion," said Conner, a Washington state resident. "Ports were the best choice for us at the time."

Two years ago, Conner's youngest daughter, Abigail, then 5, was diagnosed with an immune deficiency. Older sister Madison, then 7, was diagnosed soon after, and then Conner herself was diagnosed, at age 37.

"I was very sick as a child but nobody could figure out why," Conner said. "I went through 47 hospitalizations before I was in high school. Doctors tended to blame my parents for me getting sick all the time. Then my daughters were getting sick, and just like with my parents, doctors kind of blamed me in different ways for their illnesses. It took an allergist to deliver the proper diagnosis; then we were all diagnosed."

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A few tries with IVIG administration convinced Conner to try ports.

"We put Abigail on a port pretty much right away, because an IV can be very traumatic at age 5," Conner said. "The port was much easier. She didn't feel anything. She could play video games and do other things with her hands. When her older sister was diagnosed, she wanted to stay with IV at first, but when she saw how her sister liked the port, she asked to change, also."

Conner experienced problems with IVIG, which ultimately led her to opt for a port.

"It took the nurse 14 tries to get the IV in me, and I knew I needed to try a port," Conner said. "I already

had knowledge of ports, because I had used a port earlier when I had a bone infection. It wasn't that difficult of a decision for me."

Conner, now 39, and Madison, now 9, recently switched to subcutaneous infusion.

"Our levels stay more consistent with subcutaneous," Conner said. "We went to a conference in June 2005 [where they learned about SCIG], then decided to try subcutaneous that October. But Abigail has kept her port. When she goes to the hospital for anything, she often needs an IV. If she didn't have the port, there would be a problem. It's a safety and security thing for her, and for things like blood draws, it's easier. She really wants to hang on to the port, because it's a lot less stressful for her when she goes to the hospital."

Dr. Richard Schiff, Global Medical Director for Immune Therapy at Baxter Bioscience, and a leading authority on IG infusions, says multiple factors play a role in deciding what administration method to use.

"Certainly the use of the port has its critics, and certainly the port has proven beneficial to many patients," Schiff said. "This is another example of how the many varying needs of immune globulin patients help dictate a method."

Problems with veins are the most common reasons patients use ports: Ports go directly into a central vein, allowing easier access. However, the central vein connection poses a greater risk of life-threatening infection than a peripheral needle stick,

so ports require extra attention to proper technique. Schiff recommends careful consideration and frequent consultation with doctors.

"The needs of the patients can change, and the best choice for administration can change along with that," Schiff said. "This is absolutely an ongoing process."

Rachel Kraft, a 16-year-old Kent, Wash., resident, began IG treatments at age 3.

"We began with an IV, but there were difficulties," said Rachel's mother, Lorri Kraft. "We put a port in and that method has been wonderful for Rachel. She is on her second port now."

Lorri Kraft keeps on top of new developments, and has listened carefully to discussion on the SCIG administration method.

"We decided against it, because for one thing, we have established a routine that doesn't take as long for the infusion as SubQ would take," Kraft said. "We were having problems with the portacath four months ago, and our doctor suggested we switch to subcutaneous, but we told her we didn't agree. I made appointments with different surgeons, and we figured out that the needle wasn't reaching the port. Nobody had

thought of that, so that shows the importance of consulting different types of doctors. That said, we are very happy with our primary doctor, because she will back me up once I make a decision. I'm my daughter's advocate, and she respects that."

In the long term, Kraft says, there will be more challenges.

"Rachel is two years away from college, so when she goes, she will need to have a plan in place for her treatments," Kraft said. "One of her options is staying close to home for college, where she can continue her treatments at the same hospital. But certainly there are issues that will come up that someday might make subcutaneous a practical option."

Kris McFalls, an IG specialist for a homecare company, is familiar with all three methods of immune globulin administration, having two sons with PIDD who've tried them all.

"The pros of using a port include easy access, meaning there is no need to dig around for a vein," said McFalls. "They can be used for blood draws and are easy for family members to use. In some cases a port can eliminate the need for a nurse—patients can learn to use it themselves."

The negatives of ports, McFalls

says, include the fact it takes a surgical procedure to install and remove the port, and the resulting scar can be large.

"And not all medical professionals can access them, meaning there could be a wait for someone on the IV team with experience in accessing ports," McFalls said. "Also, whoever accesses ports needs to be trained in and carry out very good sterile techniques. This is not just a clean procedure, it is a sterile procedure. Also, if the port gets hit in sports, it can hurt. It really should be protected with padding if playing contact sports. Not all doctors will support the desire for a port, especially with the availability of SCIG; some doctors will never support the desire for a port."

Despite frequent talk in the IG community that other options may be more viable, some patients and their families continue to opt for the port method.

"We were amazed at how many people are anti-port," Kelliann Conner said. "They talked about things like the risk of infection. But every family and every person is different. Watching my kids suffer every few weeks was worse than the infusion itself. The benefits outweighed the risks for us." ■



Cleansing the port site, using sterile technique, is essential before accessing the port.

Recap of Port Pros and Cons

Advantages

- Easy venous access
- Immediate accessibility for blood draws
- Simple for family members to help
- Shorter administration time

Disadvantages

- Involves a surgical procedure
- May result in scarring
- Poses a risk of infection
- Requires sterile technique
- Necessitates frequent consultation with doctors