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Technique for Port Access Not Yet Supported by the Evidence

I read with great interest the recent article "Port Navigation: Let the Journey Begin" (*Clinical Journal of Oncology Nursing,* volume 11, issue 4, pp. 485–488). I have a concern regarding the statements about using sterile technique for port access (pp. 486 and 488) and about port deaccess (p. 486). Clinical evidence does not support the statement about sterile glove use during dressing change or implantable port access. The Oncology Nursing Society (ONS) access device guidelines recognize the controversy and recommend aseptic technique.

Current procedures used in clinical practice often are not based on evidence but rather on manufacturer recommendations. To date, no randomized studies have provided substantial evidence to incorporate sterile technique into practice. Much research continues on the care of vascular access devices (VADs); to date, study results have not conclusively resolved clinical practice issues. Clinical evidence does support strict hand washing, consistent dressing change procedure, routine surveillance of infection rates, patient and caregiver education, and adherence to strict aseptic technique in an attempt to prevent catheter-related infections.

In 2003 and 2006, the American Society of Clinical Oncology (ASCO) convened an expert panel to develop guidelines for VAD maintenance and care (including port access and deaccess) and management of complications. To date, the panel has not been able to develop guidelines based on current data. Thus, ASCO has not recommended sterile technique.

Regarding the table on page 487, if skin breakdown occurs over the portal body, the port must be removed. An increased risk of infection is present with an opened area over the port body and port pocket.

VADs are indispensable in the management of patients with cancer. Limited evidence-based guidelines are available in the literature and current research on VAD maintenance. Care protocols can be revised as new research becomes available.

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The Author Responds

Thank you for your letter. I appreciate that you have been deeply involved in guideline development for ONS and maintain a passion for excellence in nursing care. As noted, the routine use of sterile technique is an important and often controversial point. VADs have become an integral part of care for cancer survivors. Infections are a significant cause of morbidity and excess costs of care. For the insertion of catheters, whether peripherally or centrally inserted, sterile technique is recommended (O'Grady et al., 2002). The controversy arises in sterile versus aseptic technique when accessing a VAD. As you noted, ONS guidelines recommend aseptic technique. Two of my references site the use of sterile gloves and technique when accessing an implanted port (Larouere, 1999; Masoorli & Angeles, 2002). The article by O'Grady et al. recommends the use of sterile gauze or sterile, transparent, semipermeable dressing to cover the insertion site. Of concern is, if aseptic technique and nonsterile gloves are used, then the dressing used to cover the site would be contaminated. Further research is needed to definitively show whether sterile or aseptic technique should be used for access of an implanted port with a noncoring needle.

Nurses should be aware of institutional policy and procedure recommendations and follow individual institutional guidelines. At Ohio State University Medical Center, one reference for nursing procedures is *Mosby's Nursing Skills* (2004). The policy from *Mosby's Nursing Skills* for implanted port access recommends the use of sterile gloves and drape to prevent infection. The policy is adapted from *Emergency Nursing Procedures* (Proehl, 2004).

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