

*When fighting cancer, it helps to know you're not in it alone.*

With the help of patients who have gone through chemotherapy, as well as input from medical experts, the VEINS FOR LIFE\* awareness program will help you to be more informed about the ways in which you can receive your chemotherapy treatment.

Choosing a method of chemotherapy delivery is an important decision for you and your doctor or nurse. That's because the decisions you and your doctor or nurse make today go far beyond chemotherapy—it may help to positively impact your lifestyle and comfort during chemotherapy delivery, as well as the long-term health of the peripheral veins in your hands and arms. Depending on your treatment regimen, you may have the option to choose a chemotherapy delivery method that fits your lifestyle.

A port is a vascular access device that is implanted underneath the skin in patients who need intermittent to long-term I.V. therapy. An implanted port allows the doctor or nurse to deliver medications and fluids or withdraw blood samples without having to stick your arm veins directly with a needle.

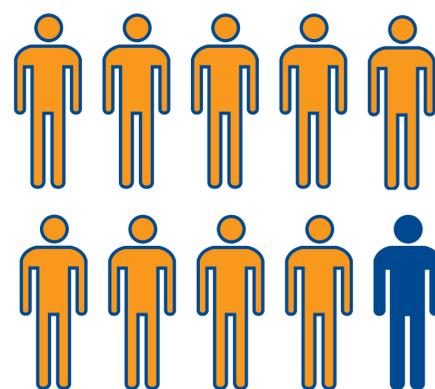
[www.VEINS4LIFE.com](http://www.VEINS4LIFE.com)



## Chemotherapy Treatment

### Have you considered a *Port*?

**9** OUT OF 10 PATIENTS



Nine out of ten patients surveyed in one study stated that a *port* improved their quality of life due to decreased pain, need for fewer needlesticks, and quicker blood withdrawals.<sup>1</sup>



Talk to your doctor or nurse about *ports* to determine if a *port* is right for you—the decision to use a *port* or other vascular access device is between you and your healthcare provider.

An implanted *port* can offer certain benefits<sup>2</sup>:

- **Lifestyle.** Implanted *ports*, compared to other centrally placed vascular access devices, are more likely to permit you to go about your normal day-to-day activities, like showering, swimming, jogging, and playing with your children. Ask your doctor or nurse about specific activities and the appropriate time to resume them.
- **Comfort.** Once placed, a *port* can remain for as long your doctor determines you need it. While the *port* itself will still need to be accessed with a special needle, there will be a decreased need for the sometimes painful poking and prodding to find a peripheral vein in the arms or hands with an I.V. every time you receive chemotherapy or have your blood drawn.
- **Increased Privacy and Appearance.** Implanted *ports* are small and can be hidden from view. With an implanted *port*, there is no exposed device and, because *ports* are typically placed in the chest, there's no potential for bruised arms. No one needs to know about your treatment unless you want them to.
- **Long-term Health.** Since *ports* are typically placed in the chest, *port* usage can reduce the likelihood of damage to the peripheral veins in your arm or hand. This may benefit a patient who needs blood work or I.V.s down the road.

A *port*, however, is not for everyone. You should not consider a *port* if you:

- Have or are suspected of having an infection
- Have a history of forming blood clots
- Have a body size that will not allow for proper *port* placement or *port* access
- Have had the *port* insertion site exposed to radiation
- Are not emotionally prepared to have an implanted medical device

Like any vascular access procedure, there is always a risk of complications, including venous blood clots, skin erosion, infection, a collapsed lung, or clotting of the *port* catheter. Talk to your physician or nurse about these and other risks, and whether a *port* or other treatments are right for you. For important patient safety information, visit [www.veins4life.com](http://www.veins4life.com).

References: 1. Chernecky C. Satisfaction versus dissatisfaction with venous access devices in outpatient oncology: a pilot study. *Oncology Nursing Forum* 2001;28(10):1613-1616. 2. Lamont JP, McCarty TM, Stephens JS, et al. A randomized trial of valved vs nonvalved implantable ports for vascular access. *Baylor University Medical Center Proceedings* 2003;16(4):384-387.