

DRAIN CLEANING INSTRUCTIONS



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MINIMALLY INVASIVE.

Please call **720.493.3406** for assistance scheduling a procedure.



There are several different types of drains that you may be discharged home with. These include: cholecystostomy (gallbladder), biliary (bile duct), nephrostomy (kidney) and abscess (infection). Management of each is similar in that they will either be connected to a drainage bag, bulb suction (frequently referred to as a 'grenade' because it looks similar to this) or capped and most require flushing.

GENERAL DRAIN CARES/FOLLOW-UP:

- Flush drain per instructions provided upon discharge
 - You will receive teaching on how to flush your drain while you are in the hospital
 - » See video demonstration for additional reference
 - You will be provided with a prescription for saline syringe flushes
 - » Please fill this prescription as soon as possible, as it can take several days to get them on site to your pharmacy as it is a specialty item and not commonly stocked
 - » Walgreen's is the primary pharmacy in the Denver area that regularly stocks this item; though, they may need to have it transferred from another location
 - Typically, you will flush drain(s) with 5-10mL saline once daily
 - » This may be modified/adjusted according to your particular drain/needs
 - » If your drain is capped, you often will still flush it daily
 - » You will be advised if you should *not* flush your drain
- Track drain net output and character of drainage daily
 - For example, if you empty 25mL from your drain but you instilled 8mL of saline flush, then your net output is 17mL (25-8)
 - Character of drainage is what it looks like, i.e., bile, blood, urine, pus. It is important for us to know if there is a sudden change in this.
- Keep drain insertion site clean, dry and covered and do not submerge in standing water (i.e., bath, pool, hot tub); showering is okay
 - Change dressing daily and as needed if becomes soiled or saturated
 - Any over-the-counter gauze and/or tape is generally acceptable
- Return to hospital where drain was placed for follow up imaging per instructions provided at time of discharge
- Call hospital IR department where drain was placed and ask to speak with a nurse, Nurse Practitioner or Physician Assistant if you have questions or concerns regarding your drain.
 - Medical Center of Aurora: **303-695-2804**
 - Sky Ridge Medical Center: **720-225-1808**
 - Swedish Medical Center: **303-788-4041**
 - Littleton Adventist Hospital: **303-734-2108**
 - Porter Adventist Hospital: **303-765-3843**
 - Lutheran Medical Center: **303-425-2090**
 - North Colorado Medical Center: **970-810-6860**

- o McKee Medical Center: 970-820-6178

DRAIN-SPECIFIC CARES/FOLLOW-UP:

• Cholecystostomy (Gallbladder)

- o You will follow up with Surgery after discharge to discuss if cholecystectomy (gallbladder removal) is appropriate
- o If surgery is pursued, drain will remain in place until that time and be removed intra-operatively
- o If surgery is not pursued, drain will need to remain in place at least 4-6 weeks to allow the drain tract to fully heal prior to removing the drain
- o Drain removal is performed in the IR suite and is typically an outpatient procedure
- o Your drain may be capped prior to removal. If this occurs, you will be given a drainage bag to take home. You should uncapped the drain and place it back to drainage, and call the hospital IR department at the number listed above, if the following occurs:
 - » Fever/chills
 - » Nausea/vomiting
 - » Increased abdominal pain, particularly in area of drain
 - » Significant leaking at drain insertion site

• Biliary

- o This drain facilitates both external (to bag) and internal (to bowel) drainage of bile.
- o This drain is often capped at some point due to high volume fluid and electrolyte loss while to external drainage.
 - » You will need to match fluid intake to fluid loss while to external drainage
 - For example, if you drain 1 liter of bile per day, you will need to drink at least 1 liter of extra fluids per day, beyond what you would normally drink.
- o If the drain is capped, you will be given a drainage bag to take home. You should uncapped the drain and place it back to drainage if the following occurs:
 - » Fever/chills
 - » Nausea/vomiting
 - » Increased abdominal pain, particularly in area of drain
 - » Significant leaking at drain insertion site
- o You will need to follow up with your specialist care team to determine next steps in treatment and discuss if/when drain removal is appropriate. Your specialist care team could be any of the following (depending on why drain is needed):
 - » Gastroenterology (GI)
 - » General or Transplant Surgery
 - » Hepatology (Liver)
 - » Oncology
- o If it is determined that the drain may be removed, it must remain in place at least 6-8 weeks to allow the drain tract to fully heal prior to removal



- o Drain removal is performed in the IR suite and is typically an outpatient procedure
- o If the drain is to remain in place long term, it is typically exchanged in the IR suite every 8 weeks to prevent infection.

• Nephrostomy (Kidney)

- o There is no need to flush this drain if it is draining clear, yellow urine without debris, blood or purulent material
- o You will need to follow up with Nephrology and/or Urology for ongoing management. They will refer you back to IR for drain removal and/or exchange, when appropriate.
- o If this drain is to remain in place long term, it is typically exchanged in the IR suite every 8-12 weeks to prevent infection

• Abscess

- o This drain is typically to bulb suction (aka grenade) and is utilized to drain a pocket of infected fluid in various areas – though, most commonly in the abdomen
- o These drains typically remain in place for at least 1 week but can often be longer
- o Timing of drain removal is based on multiple factors, including 24-hour drain output (typically wait until less than 10mL) and character of drainage (no longer purulent)
- o IR will typically arrange for once weekly CT scan +/- tube check in the IR suite while this drain is in place.