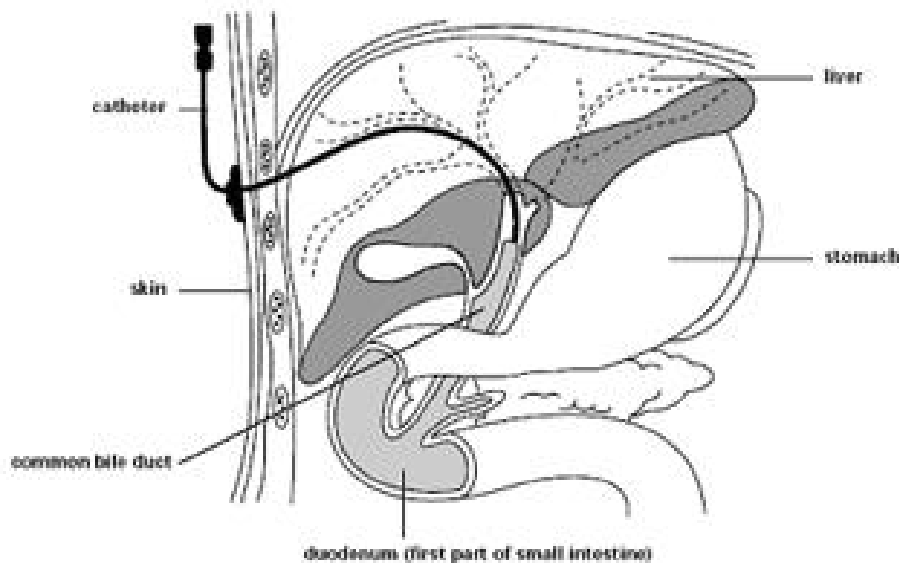


## MCRG Interventional Radiology Patient Discharge Education Biliary Drain/Stent Placement or Exchange

Biliary drainage is a thin to thick, golden yellow, brown, green or occasionally clear to white fluid. It flows from the gallbladder and liver, through the common bile duct, to the small intestine.

Types of Biliary Drainage Devices:

1. External Biliary Drain: Catheter from the outside of the body to the bile duct (see picture).
2. Internal/External Biliary Drain: Catheter from outside of the body to the bile duct and extending into the small intestine.
3. Biliary stent: Metal mesh tube that is placed from the bile duct to the small intestine.



### Tube Care

- Inspect the external tube often for kinks, especially if the dressing is wet and leaking bile.
- Write down the color of the bile and how much is in the bag every time you empty the drainage bag. Empty the bag at the same time each day, or when it is 2/3 full.
- Empty the drainage bag through the spout at the bottom of the bag. DO NOT disconnect the tube from the bag.
- Keep the bile bag below the insertion site so it will drain easily.
- You need to flush your tube with 5-10ml sterile saline once a day or as directed by your doctor. We will give you a prescription for prefilled flushes and they can be purchased at the hospital pharmacy. They may or may not be covered by insurance and other pharmacies may or may not carry them.
- If you have been instructed to “cap” your drain. Please continue to flush the drain every 2-3 days.

### How to flush your tube:

**\*\*If you were not given a prescription for flush syringes before discharge, please call (407) 649-6823\*\***

1. Wash hands thoroughly with soap and water then place paper towel or clean washable towel under the tube,

2. Hold the end of the tube stable and disconnect drainage bag from the tube by gently turning drainage bag tubing to the left. There is no need to clamp off the tube. **DO NOT turn the locking device at the end of the tube.**
3. Once disconnected, clean the connecting point with an alcohol wipe then connect the flush syringe by attaching it to the end of the tube turning clockwise and push plunger slowly.
4. Disconnect the flush syringe and reconnect the drainage bag.

### **Cleaning your bag:**

If your tube is draining to a drainage bag then, clean the bag twice weekly as follows:

1. Temporarily clamp or cap the drain and disconnect the bag.
2. Open the drain spout found at the bottom of the bag by turning counterclockwise and soak/swish the bag in a ratio of 2 cups of warm water for every teaspoon of bleach.
3. Let the bag dry completely before reconnecting to the drain tube. We can provide an extra bag for you.

### **Bathing**

- You may shower 24 hours after your drain has been placed.
- Remove the dressing before showering and reapply a new dressing after you've finished.
- **Do not** soak in the bath tub, use a spa or go swimming for the duration of your tube being in place.

### **Dressing Changes**

- The dressing should be changed at least every two days and after every shower
  - Wash hands thoroughly with soap and water.
  - Take off the old dressing and discard.
  - Inspect the site for redness, swelling, tenderness or foul/bloody drainage
  - Clean the insertion area (where the tube goes into the skin) with soap and water (may be done in the shower). Dry gently and thoroughly.
  - Cover the site with gauze and tape to skin.

### **Activity**

- You may resume your normal activities as tolerated
- Keep the tube secure at all times (you may tape it to your skin) and avoid tugging on it.

### **Patients Who Have Received Conscious (Moderate) Sedation (IV sedation) and/or Anesthesia and are discharged same-day:**

- You must have someone drive you home when you leave the hospital. It is also good to have a responsible adult stay with you the first night.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- If you are taking pain medications:
  - Take as directed.
  - Do not drink alcohol while taking narcotic pain medication.
  - Do not drive until you know how your pain medication affects you mentally.
  - If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

### Follow-up

- External biliary tubes are usually changed every 2 to 3 months to keep them open and prevent infection. Your treatment plan may differ from this, so don't be alarmed if you are called sooner to schedule.
- Contact IR scheduling to schedule your tube change appointment or if you have any questions about when you should be seen.

### Tube Problems

- If the skin around the catheter becomes red and sore, you may have a skin infection. This means you need to clean the site and change the dressing more often. Put some antibiotic ointment on the skin when you change the bandage. If the symptoms do not go away in 2 days, call the IR non-emergent number listed at the end of this document.
- If you experience any of the below symptoms and your tube is connected to a bag, attempt to flush the tube and call the IR non-emergent number listed at the end of this document:
  - Right upper abdominal pain,
  - Nausea and vomiting,
  - Fever and chills,
  - Jaundice (yellow skin and eyes),
  - Tube leakage at insertion site.
- If you experience any of the above symptoms and your catheter is capped, connect the catheter to the spare drainage bag given to you at discharge and call IR scheduling.
- If your catheter falls out it can easily be put back in by the doctor if done within 24 hours. Call IR scheduling for an appointment to have the tube reinserted. **Do not attempt to reinsert the tube yourself.**
- If you experience no drainage from the tube and there are no symptoms of Right upper abdominal pain, nausea and vomiting, fever and chills, jaundice (yellow skin and eyes), or tube leakage at insertion site, pain or leakage with flushing of the tube then this is an indication that the tube is draining internally and nothing to be concerned about.

### Interventional Radiology Contact Information

Office Hours 8:00 am - 5:00 pm

#### Non-emergent questions:

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: [IRSupport@MCRG.com](mailto:IRSupport@MCRG.com) – *non urgent concerns only*

#### IR Clinic Scheduling:

Phone: (321) 841-8104 Fax: (407) 649-7873

Email: [IRSupport@MCRG.com](mailto:IRSupport@MCRG.com) – *non urgent appointment requests only*

#### For all Urgent issues:

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

**(321) 841-8122**

Or call your Doctor.