

Percutaneous Drain Care: Nephrostomy, Biliary or Abscess

Type of Drain: Nephrostomy Biliary Abscess

Discharge Instructions for Percutaneous Drainage

1. You will be sore for one to two weeks after the catheter is put in. This may limit what you can do. After that, you should not do any activity that causes a pulling feeling or pain around the catheter or kinking of the catheter. You may take a shower, but cover the dressing with plastic wrap so that it doesn't get wet. It may be easier to take a sponge bath. You may not take a tub bath and do not get the dressing under water.
2. Flush your drainage catheter with 10 ml of sterile saline 2-3 times a day (or as directed by your doctor). Flushing the catheter helps to prevent it from getting clogged.
3. Measure and write down daily output.
4. Your primary doctor can arrange for a visiting nurse to come to your house to take care of the dressings. If you are not to have a nurse, make sure you and your family know how to change the dressing around the tube and where to get supplies before you leave the hospital.
5. Call your doctor right away if you notice any of the following:
 - increasing pain
 - chills
 - catheter becomes dislodged or broken
 - leaking from the catheter
 - blood in or around the catheter
 - fever of 101 degrees or higher
 - output decreases by 1/2 within 24 hours

If you cannot reach your doctor during the week, please call:

(501) 686-6124
Interventional Radiology Nurse
7:00 a.m. to 4:00 p.m. – Monday - Friday

If you have an urgent problem after 5:00 p.m. on a weekday or on the weekend, please call the radiologist on call at **(501) 688-6171 (pager)**.

Please make sure that you have a follow-up visit scheduled with your doctor.

How to Flush Your Drainage Tube

Flushing your drainage tube helps to keep it unblocked and clear. You should flush your tube 2-3 times a day (or as directed by your doctor) with 10 ml of normal saline.

Some tubes are attached to a drainage bag. Others have a cap on the end. Use the instructions that match the type of tube you have. If you are not sure which instructions to use, please ask your nurse.

Gather your supplies:

- Alcohol wipes
- 10 ml syringe
- Bottle of saline

How to Flush a Tube that has a Stopcock and a Drainage Bag

The tube that comes out of your body is connected to a device called a stopcock. The stopcock has three openings, or “ports.” One port is connected to the tube in your body, one is connected to your drainage bag, and the third port leads to the outside air.

The stopcock is like a switch on a railroad track. It can be used to open and close various “routes” or pathways connected to your tube. A lever on the stopcock is used to change which route is open or closed. The lever always points to a pathway that is closed.



Flushing Your Tube:

1. Wash your hands with soap and water and dry well.
2. Wipe the port with an alcohol swab.
3. Remove the cap from the saline syringe and remove all air from the syringe.
4. Screw the syringe into the port.
5. Move the lever on the stopcock toward the bag. (This closes the pathway from the air to the bag.)
6. Push the syringe plunger gently but steadily, injecting 10 ml into the tube. (***Abscess Drains: Flush the saline in using short bursts of 2-3 ml of saline at a time until you have flushed in 10 ml total.***)
7. Turn the lever on the stopcock back to where it was. “Off” should be pointing to the syringe.
8. Unscrew the syringe.
9. Wash your hands again and dry well.

This information was created and reviewed through a partnership with the UAMS Patient and Family Advisory Councils and the UAMS Center for Health Literacy.

How to Flush a Tube that Ends in a Cap

Some tubes are not connected to drainage bags. They are closed off at the end with a cap. (In rare cases, a stopcock is attached to the cap. If you have a stopcock, refer to the material on page one that describes a stopcock. Make sure when you are flushing your tube that the path from the syringe to the tube is “open.” If you do not understand, or you don’t know if your tube has a stopcock or not, please ask your nurse.)

Flushing Your Tube:

1. Wash your hands with soap and water and dry well.
2. Take the cap off the syringe and remove all air from the syringe.
3. Screw the syringe into the cap.
4. Push the syringe plunger gently but steadily, injecting 10 ml into the tube. (*Abscess Drains: Flush the saline in using short bursts of 2-3 ml of saline at a time until you have flushed in 10 ml total.*)
5. Turn the lever on the stopcock back to where it was. “Off” should be pointing to the syringe.
6. Remove the syringe from the tube.
7. Wash your hands again and dry well.

If the Tube Stops Draining:

- Make sure the pathway from the tube to the bag is open. That is, the pathway to the air is closed. The stopcock lever should point to the air.
- Check for kinks in the tube. If a kink is present, re-tape the tube so that it lies smoothly.
- Inspect the tube to see if something is blocking the inside of the tube. Try flushing the tube to remove the blockage.
- If you are unable to flush the tube with the syringe, try pulling back on the syringe plunger lightly before pushing.
- Call your doctor if you cannot flush the tube.

Changing Your Dressing

Note: Your dressing must be changed every 7 days or more often as needed.

Procedure:

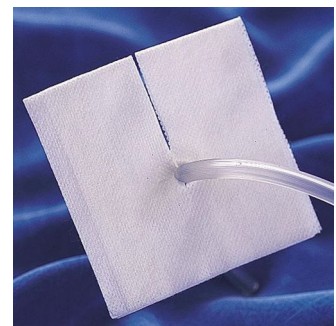
1. Gather supplies:
 - Wet cloth
 - Percutaneous Catheter Fastener or 4x4 Gauze and Paper Tape
 - Gloves (optional)
 - Scissors
2. Wash hands.
3. Remove old dressing while holding tube in place.
4. Inspect tube and skin. Look for redness, warmth, leakage, pus or breaks in the tube.
5. Clean the skin with a wet cloth using warm water only. Let dry.

For Percutaneous Fasteners (see below for 4x4 Gauze Dressing):

1. Feed the tube through the starter slit to the cross slit. Position the device so that the tube holder is below the tube exit site.
2. Take the backing off one side of the bandage and press it onto the skin removing all wrinkles. Then do the same for the other side of the bandage.
3. Place the drain tube into the blue holder on the bandage. Bring the bandage flap over the top of the holder to secure the tube.
4. Wrap the remaining small flap around the tube and attach to bandage.
5. Wash hands.

For 4x4 Gauze Dressing:

1. Cut a slit in the 4x4 gauze to the center of the gauze from one side.
2. Slide gauze dressing across skin so that the drain is now exiting out the center of the gauze.
3. Place tape along borders of gauze to keep dressing in place.
4. Wash hands.



Emptying and Cleaning the Collection Container

1. Empty collection container daily and write down the amount for the doctor to see at your next clinic appointment.
2. Disconnect tube from leg bag and place end of tube in plastic container while leg bag is being cleaned.
3. Clean the collection container daily with soap and water and weekly with one (1) tablespoon of vinegar in one (1) quart of water. this will help to prevent odor.
4. Reconnect leg bag.

Report any of the following:

Signs of Infection:

- Temperature over 101.5°
- Redness and warmth around the tube
- Foul smelling or thick yellow drainage

Tube Problems:

- Tube appears to be blocked
- Pain when you flush the tube
- Fluid leaking from the area where the tube enters the skin
- Difficulty flushing the tube (it is hard to push the fluid out of the syringe)
- You are unable to flush the tube

With Nephrostomy Tubes Only...Watch for Urinary Drainage that:

- Increases around the tube
- Looks bloody (*Urine will be bloody for the first 48-72 hours after procedure. This is normal.*)
- Decreases by 1/2 in 24 hours

Drain Care, continued

Please bring this record with you for your appointment.

Drainage Record			
Name:			
Date	Time	Amount	Problems (pain/swelling/drain not working correctly, etc.)

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