

ASCENSION ST VINCENTS

DRAIN EXCHANGE & REMOVAL PATIENT HANDOUT

Radiologist who performed your procedure:

Drain Exchange Procedure Description:

- An image-guided drain exchange is performed to replace an existing drainage tube that is no longer working properly, has become clogged or displaced, or needs to be enlarged or repositioned to improve drainage.
- During the procedure, a radiologist uses imaging (such as X-ray, ultrasound, or CT) to precisely guide removal of the old drainage tube and placement of a new drainage tube. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A guidewire is typically placed through the existing drainage tube, allowing the radiologist to remove the old drainage tube and insert a new drainage tube along the same path. The new drainage tube is secured to the skin with a suture and connected to a drainage bag or bulb.
- The procedure usually takes 15–30 minutes.

Drain Removal Procedure Description:

- Drain removal is performed when a drainage tube is no longer needed because the fluid collection has resolved or drainage has decreased to an acceptable level.
- During the procedure, a radiologist or other trained provider will clean the skin around the drainage tube with antiseptic. Any sutures securing the drainage tube are removed. The drainage tube is gently pulled out. Pressure is applied to the site, and a bandage is placed.
- The procedure usually takes less than 10 minutes.

Benefits:

- Imaging allows the radiologist to precisely guide drainage tube replacement or confirm proper position before removal.
- Helps restore or improve drainage when a drainage tube becomes clogged, displaced, or ineffective.
- Allows safe removal of the drainage tube once it is no longer needed.
- Can relieve discomfort, pressure, or symptoms related to fluid buildup.
- Uses small drainage tube and usually does not require surgery.
- May prevent infection or other complications associated with a malfunctioning drainage tube.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment can occur but is uncommon.

- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- The drainage tube may become dislodged or blocked after exchange and may require adjustment or replacement.
- Leakage of fluid around the drainage tube site can occur.
- Incomplete drainage or recurrence of fluid can occur and may require placement of a new drainage tube.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Continued observation with the existing drainage tube in place, depending on drainage output and symptoms.
- Surgical drainage or removal, which is more invasive and involves a longer recovery.
- Medical management alone (such as antibiotics or pain medication) in select cases.
- Some patients choose no further intervention; however, this carries the risk of persistent fluid buildup, infection, or delayed healing and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site.
- If a drainage tube was not left in place:
 - You may remove the bandaging after 24 hours.
 - You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the site has healed.
- If a drainage tube was left in place:
 - Change the bandaging as needed and anytime the bandaging gets wet.
 - You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the drain has been removed, and the site has healed.
 - You may receive instructions to inject 10 mL of sterile saline into the catheter every 12 hours to keep the catheter from clogging up.
 - Record the volume of fluid draining from the catheter (output) every 24 hours. Contact your ordering provider once the output drops to less than 10 mL per 24 hours to determine if it is time for the catheter to be removed.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 24 hours after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience mild pain and bruising after your procedure. You may take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin), or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen, or naproxen soon after your procedure; however, you may experience increased bruising if you do so.

- Contact Radiology, your ordering provider or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications, significant pain or swelling at the procedure site, signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever), shortness of breath and/or chest pain worse than normal for you, dizziness or lightheadedness when standing, a faster-than-normal heart rate, or drainage from around the catheter. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.