

# ASCENSION ST VINCENTS

## GALLBLADDER & BILIARY PATIENT HANDOUT

### **Radiologist who performed your procedure:**

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### **Procedure Description:**

- Image-guided gallbladder and biliary drain placement procedures are performed to relieve blockage or infection in the gallbladder or bile ducts. These procedures are commonly used when bile cannot drain normally due to inflammation, infection, stones, or tumors.
- During the procedure, a radiologist uses imaging (such as ultrasound, fluoroscopy, or CT) to precisely target the gallbladder or bile ducts. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For gallbladder drain placement (cholecystostomy), a thin drainage tube is placed through the skin into the gallbladder to allow bile to drain. The tube is secured to the skin with a suture and covered with a dressing.
- For biliary drain placement, a thin drainage tube is placed into the bile ducts to relieve blockage and allow bile to drain either externally into a drainage bag, internally into the intestine, or both, depending on the type of drainage tube placed. The tube is secured to the skin with a suture and covered with a dressing.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- A gallbladder drain usually stays in place for at least 4–6 weeks before removal to allow for proper healing, unless the gallbladder is surgically removed sooner.
- A biliary drain usually stays in place for at least 4–6 weeks before removal to allow for proper healing.
- Gallbladder and biliary drains that are needed long term should be exchanged every 8–12 weeks to help prevent clogging or infection.

### **Benefits:**

- Relieves blockage and allows bile or infected fluid to drain.
- Helps treat infection and reduce inflammation in the gallbladder or bile ducts.
- Can improve symptoms such as abdominal pain, fever, nausea, or jaundice.
- Imaging allows the radiologist to precisely place the drain.
- Provides a minimally invasive way to restore bile flow.
- May avoid the need for emergency surgery in some patients.
- Allows stabilization of patients who are not immediate surgical candidates.
- Most patients tolerate the procedure well.

### **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 (such as hospital admission, blood transfusion, or an additional procedure or surgery) 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.
- Leakage of bile or fluid around the catheter site can occur.
- The drain can become clogged, displaced, or stop working properly and may require adjustment or replacement.
- Incomplete drainage or recurrence of blockage or infection can occur.
- 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:**

- Medical management alone (such as antibiotics or supportive care), depending on the cause of the blockage or infection.
- Endoscopic procedures (such as ERCP with stent placement) in select cases.
- Surgical gallbladder removal or biliary surgery in appropriate patients.
- Temporary observation with close clinical follow-up in select cases.
- Some patients choose no further treatment; however, this carries the risk of worsening infection, persistent blockage, or serious complications and is generally not recommended.

### **Aftercare:**

- A bandage will be applied over the procedure site. Change the bandage as needed and anytime it becomes 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.
- 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 pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- 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.