



## **PATIENT INFORMATION**

### Going home with an abdominal drain and/or T-Tube

#### **What is a drain?**

A drain is a tube with many holes at the end, which is placed in a cavity or close to a site of surgery. The drain is added to remove fluid that may collect following an operation. The end of the tubing that comes out of the body will be attached to a bag which can either be secured to your leg with straps or it may be shortened and the end placed inside a bag attached to your abdomen.

#### **Why do I need a drain?**

Body tissues cut during an operation leak fluid after surgery, if this leakage is thought to be a significant amount or of a type which can cause further problems to your health (i.e. bile) it is helpful to drain this outside of the abdominal cavity.

This will help with healing, reduce pain/discomfort and internal infections (a collection of fluid in a closed cavity can cause pain and be a potential site for infection).

#### **How long will I need the drain for?**

This will depend on the type of surgery you have had and individual circumstances. It will also depend on the amounts of fluid draining and the type of fluid (it is important to note the colour of the output and discuss this with the nurse who will call you at home).

#### **Will I feel any pain from the drain?**

You may feel discomfort around the drain site. You may also get discomfort/pain internally where it rubs against tissues and organs i.e. following gallbladder surgery the drain may sit under the liver and cause pain/discomfort, particularly on movement. Please take painkillers to ease this. It is important to continue moving to avoid other post-operative complications such as chest infections and deep vein thrombosis (blood clots).

## **Going home with the drain;**

If you are clinically well and do not need to be in hospital but still need a drain, you may be discharged with the drain still in. This is not unusual and there is no need to worry.

The nurse looking after you will show you how to care for the drain and give you the supplies needed.

If you are unable to get out of the house after discharge a district nurse may visit you at home to support you with the drain and monitor the skin around the drain. If you are able to leave the house then the practice nurse at your GP surgery can offer this support. If you feel confident in doing so you are welcome to monitor the drain site and change the bags yourself. You can discuss this with the nurse on your discharge from hospital.

## **What do I need to do at home?**

- At any time you need to check the drain site, change the bag or dressings you should ensure you wash your hands thoroughly before and after with soap and water and a clean towel. You will be shown how to attach clean bags before discharge.
- Be careful not to get the drain caught on any furniture to prevent it being pulled out.
- Keep the drain lower than the wound to allow drainage to continue.

## **Measuring the drainage;**

You should measure the drainage at roughly the same time each day or when the bag is 2/3 full (whichever is sooner).

Empty the bag into the jug supplied (the nurse will show you how before discharge). Note the amount in mls and the colour and write this on the chart supplied.

## **T Tubes;**

A T-Tube is inserted into the bile duct sometimes after surgery that includes a cut to the bile duct. These are usually in place for around 2-6 weeks and will help control the flow of bile whilst the bile duct recovers. At first they will be attached to a drain bag and you will need to care for them the same as the information above. After a while you may be asked to raise the tube up and pin it at shoulder height. It is usual for the output to be quite high initially and then slow down (the colour is usually green). You may also be asked to attend radiology where they will introduce a fluid down the tube which shows up on x-ray. If this x-ray shows that everything is normal a nurse may wish to see you to clamp the tube soon afterwards. The tube will then be removed once your consultant decides it is safe to do so.

**Possible problems;**

If you have a problem, **please do not worry, contact the number supplied:**

- If the stitch holding the drain in place comes loose, secure with a dressing if possible.
- If the drain falls out, place a piece of gauze or clean dressing over the site. If the output via the drain was bile (dark yellow or green) or a T-Tube and it falls out please come to A&E if you are unable to contact us (i.e. out of hours).
- If you feel unwell or have a high temperature, call the nurse, your GP or if severe come to A&E.
- If you have excess leakage from the area where the drain comes out, cover with gauze or a fresh dressing.
- If you notice any signs of infection around the drain site i.e. increased swelling, redness or yellow/green pus, a bad smell or increased pain around the drain site please ring us or see your GP as you may need antibiotics.

**How will the drain be removed?**

The drain will be removed after consultation with the surgical team. The nurse will discuss the plan with you. It is advisable to take some simple painkillers i.e. paracetamol before you attend for your appointment.

The stitch holding the drain in place will be cut and the drain slowly pulled out. The area will then be dressed or a small wound bag applied over the site. This may continue to leak a small amount of fluid afterwards. You will be supplied with some spare dressings or bags to apply at home.

**Contact details:**

**Your specialist nurse (if you have one) .....**

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**Your consultant’s secretary via switchboard 01803 614567**

**You could ring the ward you were discharged from for advice or out of hours can also call 01803 614567 and ask for bleep 110 where you can speak to an on-call nurse.**



