

PATIENT INFORMATION

Going home with a Cholecystostomy (Pigtail Drain)

What is Cholecystostomy (Pigtail drain)?

A Cholecystostomy is a procedure to place a drain into your gallbladder. You might have this procedure if your gallbladder is blocked by a stone which causes inflammation and infection giving you pain.

Why do I need a Cholecystostomy drain?

If your gallbladder is severely inflamed or infected, you may have this procedure to relieve the symptoms. It may be followed by an operation after few weeks to remove your gallbladder. If your general health means you are not fit enough for an operation, a drain may be the best option to treat your gallstone symptoms.

How long will I have the drain in?

Your drain will usually be in place for at least 6 weeks. This will help to prevent any bile leaking from your gallbladder once the drain is removed. In some cases it may be necessary to have the drain for a longer period or until the date of surgery to remove the gallbladder. You do not need to stay in hospital for this length of time as the drain can be cared for at home. Usually, before removing the drain, you will be asked to attend the radiology department to have an x-ray taken whilst they inject some contrast down the tube. This will give us a good image to check for stones in your bile duct and help plan any future treatment.

Will I feel any pain from the drain?

You may feel some discomfort from the drain site; general pain killers such as Paracetamol should help to control this. If the pain becomes severe please discuss with your GP or Specialist Nurses.

Going home with the drain.

Once the doctor is happy with your condition and feels you are well enough to go home. You will be discharged with the drain in place.

Sometimes the drain will be capped off and coiled underneath a dressing securely on your abdomen where it will remain until it is safe to be removed. If you run into further problems with infection this can then be re-opened, if necessary, to allow infected fluid to drain out again.

Sometimes the drain will be left open and draining into a bag which is attached to your leg. If this is the case, you will be asked to empty and measure the fluid daily and record it on the chart supplied. If you feel you are worried about this we may be able to arrange for the community nurse team to visit and support you.

The bag and any dressings that are securing the drain will need changing weekly, depending on your circumstances you may be able to visit the specialist Nurses at the hospital to have this done or again your community nurse team may be able to support you with this.

Sometimes the plan will include once or twice daily drain flushes with 10mls of normal saline. This will help to stop the drain blocking. It is possible to teach you or a family member/friend to do this if you prefer not to stay in waiting for the community nurse team every day. Please discuss this with the nurse on the ward or your community nurse team after discharge. Instructions on how to flush a drain are included in this leaflet. Please show the community nurse team the instructions when they arrive in case the drain differs slightly from ones they have seen before.

You can shower with the drain in place. We can cover the dressing with a waterproof layer to keep the dressing dry.

The area around the drain can show signs of redness but if this begins to spread or you are getting pus from around the drain please contact your GP as you may have an infection of the drain site.

If the drain falls out please inform the specialist nurses urgently. If it happens out of hours, and you begin to feel pain soon afterwards, please come to A&E.

How is the drain removed?

When the surgical team decide it is safe to remove the drain, you will be asked to attend Hutchings outpatient ward on level 8 of Torbay Hospital. It will be removed by one of the specialist nurses. This should not be painful but a pulling sensation may be experienced. The drain is unlocked by turning a dial or cutting the drain and then gently pulled out. You will have a dressing applied over the hole. There may be some bile leakage initially onto the dressing but this should not be excessive and shouldn't last long. The hole will close fairly quickly but you will need to keep it covered with a dressing until there is no leakage and the hole appears closed or

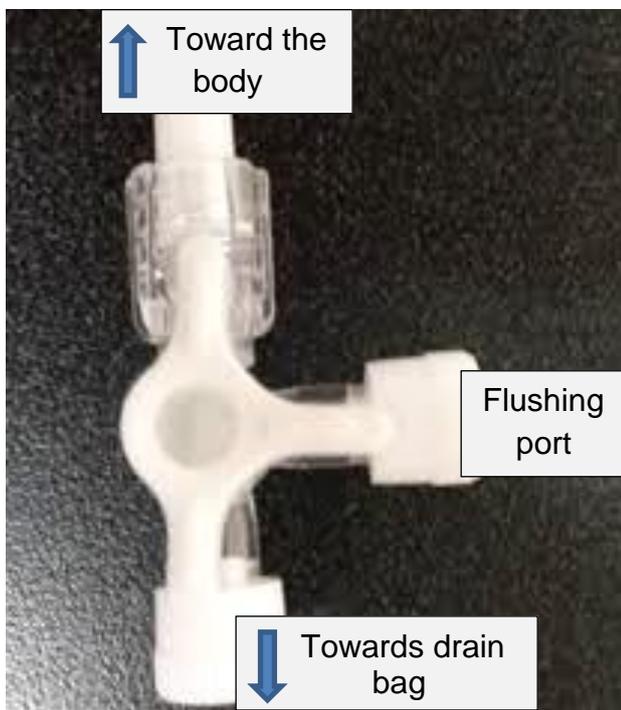
scabbed over. This is a quick procedure, and you should be able to go home very soon after.

If you are at all concerned, contact **Rosa, Maxine or Louise, Laparoscopic Nurse Practitioners between the hours of 08.00-17.00 Monday to Friday. Tel 01803 654792** or bleep us through the hospital switchboard (01803 614567), ask for bleep 414.

If it is out of hours please call 111 or if it is an emergency attend A&E.

Flushing the drain

1. Use an aseptic technique.
2. Turn the arrows to the position explained below.
3. Unscrew the cap from the flushing port and save to reuse.
4. Wipe the flushing port with an alcohol wipe.
5. Attach a 10ml luer lock syringe containing 10ml of normal saline and flush slowly but firmly.
6. Gently aspirate before removing the syringe (sometimes it may not be possible to aspirate as much as you have inserted).
7. Remove the syringe and re-attach the cap.
8. **IMPORTANT:** Remember to return the dial so that the arrows are back in the original position when you have finished.



In the picture on the left, the arrows indicate that the drain is open and fluid is able to drain towards the drain bag.

To flush the drain, firstly turn the dial so that the arrows point as shown below. This will stop the irrigation fluid escaping towards the drain bag.

