

**Interventional Radiology
Patient Discharge Education
Abscess/Seroma Drain Care**

You have had a drain placed because your doctor feels that you would benefit from external drainage of an abnormal fluid collection under the skin. Here is some information to help you care for your drain.

Tube Care

- Inspect tube frequently for kinks especially if the dressing is wet and leaking
- Record the amount and color of the fluid every time you empty the bag. Empty the drainage bag at the same time each day or when it is 2/3 full. It may be emptied into the toilet.
- Empty the drainage bag through the spout at the bottom of the bag. DO NOT disconnect the tube from the bag to drain it.
- Record the total amount of drainage every 24 hours.
- Keep bag below the insertion site to allow for free flow of drainage by gravity
- You need to flush your tube with 10ml sterile saline three times a day (unless instructed differently). We will give you a prescription for prefilled flushes and they can be purchased at the Stanford pharmacy (1st floor of Advanced Medicine Center). They may or may not be covered by insurance and other pharmacies may or may not carry them.

How to flush your tube:

****If you were not given a prescription for flushes before discharge, please call 650-736-9081****

1. Place paper towel or clean washable towel under the tube
2. Hold the end of the tube stable and disconnect drainage bag from the tube by gently turning drainage bag tubing to the left. There is no need to clamp off the tube. DO NOT turn the locking device at the end of the tube. It should stay in the locked position. If it does not, the tube may fall out.
3. Once disconnected, connect the flush syringe by screwing on to the end of the tube and flush saline into the tube.
4. Disconnect the flush syringe and reconnect the drainage bag.

Bathing

- You may shower while your drain is in place beginning 24 hours after placement
- Remove the dressing before showering and recover following.
- **Do not** soak in the bath tub, use a spa or go swimming.

Dressing Changes

- The dressing should be changed at least every two days and after every shower
- Wash hands thoroughly with soap and water
- Take off the old dressing and discard
- Inspect the site for redness, swelling, tenderness or foul/bloody drainage
- Clean the insertion area (where the tube goes into the skin) with soap and water (may be done in the shower). Dry gently and thoroughly.
- Cover the site with gauze and tape to skin

Activity

- You may resume your normal activities as tolerated
- Keep the tube secure at all times (you may tape it to your skin) and avoid tugging on it.

Follow-up

- Contact the IR nurse coordinator at 650-736-9081 to schedule your tube evaluation when the drainage output decreases to 20ml or less for 2 days or the amount directed by the doctor that placed your tube.
- Other directions: Call when output is less than _____ for _____ days

Please Contact Us

- If the skin around the catheter becomes red and sore, you likely have a superficial skin infection and need to clean the site and change the dressing more frequently. Apply some over the counter antibiotic ointment to the skin when you change the bandage. If the symptoms do not clear in 2 days call the IR nurse at 650-736-9081.
- If you show signs of tube obstruction: worsening of pain, fever, or chills
- If your catheter begins to leak around the skin insertion site onto the dressing, the catheter needs to be changed. If your catheter has been capped, and you have a drainage bag, reconnect the catheter to the bag. Call the IR nurse line for an appointment to change the bag.
- If your catheter falls out it can easily be replaced by the doctor if done so within 24 hours call the IR nurse line for an appointment to have the tube reinserted. **Do not attempt to reinsert the tube yourself.**

If You Received Conscious (Moderate) Sedation and are being discharged same-day:

- You must have someone drive you home when you leave the hospital. It is also good to have a responsible adult stay with you the first night.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- If you are taking pain medications:
 - take them as directed
 - do not drink alcohol while taking narcotic pain medication
 - do not drive until you know how your pain medication affects you mentally
 - If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

Interventional Radiology Contact Information

Office Hours 8:00 am - 4:30 pm

Post procedure questions and RN Triage:

Phone: **650-736-9081**

Fax: 650-736-7734

Email: irprocedure@stanfordmed.org – non urgent concerns only

For all After Hours Urgent/Emergent issues:

Call the Stanford Page Operator: **650-723-6661**

Ask for the IR MD ON Call (pager # 27237)