Surgical services

Going home with an external drain in the bile duct

An advice sheet for healthcare professionals and patients

If you are to be discharged with a drain in place, your nurse will teach you how to care for the drain at home. You will learn how to change the dressings around the drain, how to do daily irrigations (flushing the drain with saline solution) and what to do about showering or bathing.

You should be sent home with the items needed to perform the dressing changes.

Dressing changes

If you are unable to take care of your drain, a district nurse may call to do this on a twice weekly basis. You may be asked to see the practice nurse at your GP surgery.

Instructions for the patient or healthcare worker:

The dressing around the drain will need to be changed twice a week or any time it becomes soiled or wet to prevent infection.

To change the dressing, first gather all the materials you will need and place them close by. To change the dressing, follow the following steps:

1. Wash your hands thoroughly with warm water and soap
2. Carefully remove the old dressing and dispose.
3. Soak a cotton swab in normal saline solution (sterile salted water provided by the hospital) and clean carefully around the disc that helps to secure the drain. Be careful not to put any pressure on the drain and not to pull on it at any time.
4. Inspect the skin around the drain for redness, tenderness or leakage of pus or bile from around the drain tube. Also check to see that the drain has not changed position and continues to drain green bile. Call your doctor if you notice any of these signs.
5. Slit a 4inch by 4inch gauze square from one side to the middle of the gauze and place it around the drain on top of the disc. Slit a second 4-inch-square gauze pad and place it around the drain on top of the first gauze pad making sure the slits are on opposite edges when the pads are on top of each other. Do not place a gauze pad under the disc; this could cause the drain to pull out.
6. Cover the gauze pad completely with strips of sterile tape or Tegaderm or an Opsite clear adhesive dressing.
7. Wash your hands thoroughly with warm water and soap.
How to flush the drain
If the drain should suddenly stop draining or become blocked it is possible for it to be flushed. You may flush the drain if you have been given the appropriate guidance. It is recommended that the drain is flushed with 10ml of saline and then aspirated.

If fluid will not go into the drain when you try to flush it, you should stop trying to flush and contact your GP or Addenbrooke’s Hospital.

Please contact us immediately if:
- The drain stops draining and does not open up on flushing.
- There is any leakage of bile around the drain
- You have a fever (with or without shiverring)
- You have pain in the abdomen, particularly around the drain
- The drain falls out

If you need any further information or clarification, please contact:

- **Monday – Friday 08:00-16:00**
  - HPB nurse specialists - 01223 256147
  - or Addenbrooke’s switchboard 01223 245151 pager 154-225
  - HPB Secretaries - 01223 256040 / 01223 257074

- **Out of hours**
  - Addenbrooke’s switchboard 01223 245151 and ask to speak to the on-call surgical registrar.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

**Authors:** HPB clinical nurse practitioners

**Department:** Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ [www.cuh.org.uk](http://www.cuh.org.uk)

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