

Procedures/Diagnostic Tests: Interventional Radiology

Drainage tube placement

You are scheduled for a drainage tube placement. This procedure removes fluid, infection, or air from your body. This procedure is called “minimally invasive” because the doctor will use small, spaghetti-like tubes (catheters) and wires—it is not surgery. However, potential complications may include bleeding, infection or pain. If you are scheduled for a “**chest tube**” placement to remove air or fluid from around your lung, you may have a chest x-ray done before you return to your room.

Preparation

What your doctor or health care provider will need to do or place orders for:

- A History and Physical (“H&P”) to be written no more than 30 days before the procedure
- Blood work including a “CBC,” “Acute Care Panel” and “Coags” within 7 days of the procedure

What you will need to do

- If you take aspirin, ibuprofen (Motrin), naproxen (Aleve) or blood-thinning medicines, ask your doctor at least a week before the procedure if you should continue taking them.
- Please do not eat anything after midnight on the day of the procedure.
- **Please ask your doctor** if you may drink a sip of clear liquids such as water, clear tea, or black coffee up to 2 hours before your procedure,
- **Please ask your doctor** if you should take your regular medications, at their usual time, with a sip of water before your procedure.

During the procedure, the radiologist may give you contrast dye through an intravenous catheter. This dye helps the radiologist see your blood vessels on x-rays so that he or she can place the catheter.

If you are allergic to I.V. contrast, you may need to take some medications before the procedure. These medications will enable you to receive the I.V. contrast safely. Your doctor will probably ask you to take these medications several times during the day before the procedure, often starting 13 hours before the procedure.

You may be asked to take these medications on one of these schedules:

- Prednisone by mouth, 13 hours before the procedure
- Prednisone by mouth, 7 hours before the procedure plus prednisone and benadryl (diphenhydramine) by mouth 1 hour before the procedure
- Prednisone and Benadryl (diphenhydramine) by mouth 1 hour before the procedure.

Note for patients with diabetes: If you take a medication for diabetes made with metformin, you must stop this medication for 48 hours **after** the procedure, and have a BUN/creatinine

(blood work) to assess your kidney function BEFORE restarting this medicine. Your doctor will talk to you about the need to take other diabetes medications.

Immediately before the procedure

- When you arrive in Interventional Radiology, the radiologist and nurse will discuss the procedure with you and answer your questions.
- You will be asked to sign a consent form giving us permission to perform the procedure. Then, you will change into a hospital gown, if you are not already in one.

During the procedure

- Any procedure where the skin is broken has a risk of infection or bleeding. To reduce these problems, we check your blood work to ensure your clotting function is adequate and cleanse your skin with antiseptic soap to decrease the risk of infection.
- An I.V. may be started, unless you already have one.
- Your nurse and/or interventional radiology technologist applies monitors to assess your “vital signs” (heart rhythm, breathing and blood pressure).
- Your skin is cleansed and draped with sterile towels. Do not touch the cleansed site or towels.
- You receive local anesthesia (numbing medicine) at the catheter insertion site. You may receive moderate sedation, medications given IV to keep you comfortable and relaxed. Your nurse monitors you throughout the procedure.
- The radiologist uses ultrasound and fluoroscopy (real-time X-Ray) to assist in visualizing the catheter placement for the procedure.
- The procedure generally lasts 1-2 hours or slightly more, depending upon the complexity of the procedure.
- The radiologist places a small spaghetti-like tube (catheter) into the area that needs to be drained.
- After the drainage tube is placed and secured with a stitch and a dressing is applied over the site.

After the procedure

- You will return to your room on a stretcher or in a wheelchair, depending on the drainage catheter insertion site and how you feel.
- You should remain on bed rest or chair-rest, generally for 2 to 4 hours.
- Your nurse will check the site for bleeding, swelling and pain frequently while you are resting.
- Slowly resume your diet.
- Rest today and limit your physical activity.
- If you received sedation or anesthesia, do not drive a car, operate machinery, make legal/important decisions, or drink alcoholic beverages for at least 24 hours.
- Discuss with your physician when you should resume taking aspirin, ibuprofen (Motrin), naproxen (Aleve) or blood thinners.
- If you had a **chest tube** placed, the tube will be placed to a special container which may be attached to a suction tube on the wall of your room.
- If you had a **chest tube** placed, **do not fly** for several days (generally 2 to 3 days) **after** the tube is removed. Please discuss this with your doctor or primary care team.

Special instructions

Notify your nurse or physician if you have any of these symptoms.

- Increasing redness, bleeding or swelling at the site
- Increasing or severe pain
- Weakness or dizziness
- Shortness of breath
- Difficulty breathing
- Fever/chills

If you have symptoms that you feel are significant or severe, and you cannot contact your primary care team, call 911 or go to your nearest Emergency Room. If possible, bring this sheet with you and give it to the Emergency Room staff.

Primary care team _____ Phone _____

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