

Patient information

Interventional Tunnelled Drain

Your doctor would like you to have a Tunnelled Drain and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

- Conquest Hospital Appointments – Tel: 0300 131 4500 Ext: 147422
- Eastbourne DGH Appointments – Tel: (01323) 414917

What is a Tunnelled Drain?

Other tests that you probably have had performed, such as an ultrasound scan or a CT scan, will have shown that you have an abnormal collection of fluid, usually either in the chest or the abdomen. In the chest, this can make breathing difficult, and in the abdomen this can be uncomfortable. The fluid collection can be drained by inserting a fine plastic tube, called a drainage catheter, into it through the skin with only a tiny incision. This procedure is called Percutaneous (through the skin) drainage.

If the fluid rapidly re-accumulates after the drain is removed, to avoid repeated drainage procedures, a tunnelled or semi-permanent drain can be inserted. This is a drainage tube which is inserted once and remains inserted, with the end of the drain outside of the body, hidden under a bandage when not in use. When the fluid re-accumulates, a special drainage bottle is temporarily attached to withdraw the fluid.

Who will be doing the tunnelled drain?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the X-ray department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

How do I prepare for a Tunnelled Drain?

You will need to be admitted to hospital either as a day case or for an overnight stay.

- For **morning admissions**, please do not eat or drink anything from midnight – you can drink water for up to four hours before the procedure.
- For **afternoon admissions**, you may eat a light breakfast but **please do not eat anything after 6.00am** – you can drink water for up to four hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

If you have any allergies, you must let your doctor know.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

What actually happens during a Tunnelled Drain?

Before the procedure, the interventional radiologist will explain the procedure and related risks and ask you to sign a consent form. Please feel free to ask any questions that you may have, and remember that even at this stage you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative or painkiller should this be necessary. Once in place this will not cause any pain.

You will also have leads attached to your chest to monitor your heart, a blood pressure cuff on your arm and a clip on a finger to record the oxygen levels in your blood. Oxygen may be given through a small tube in your nose.

The Radiologist will keep everything as sterile as possible. Your skin at the insertion site will be cleaned with antiseptic, and then the area covered with a theatre towel.

The doctor will inject a local anaesthetic into your skin over the point of insertion. You might feel some pressure on your abdomen during the procedure, but you shouldn't feel any pain. The doctor will then insert a needle into the fluid to be drained. The tube itself will be tunneled under the skin. The tube then reaches the exit site. This is where it comes out of your body. The position of the exit site will vary. You can ask your specialist doctor or nurse to show you where the drain is likely to exit on the chest or abdomen. When the drain has been inserted, it will usually be sutured in position, these will be removed after 10-14 days. There will be dressings covering the drain however the end of it will be free so the fluid can be drained.

If there is possibility you could be pregnant, please inform the radiology department before the procedure.

Are there any risks?

A tunnelled drain is a safe medical procedure, but there is always a small risk of complication.

- It is normal to have some pain at the site over and around the line once the local anaesthetic has worn off. This should not require any treatment but you may take over the counter painkillers to help with the pain.
- There is a small risk that an infection may occur around the drain. If an infection develops, you will be given antibiotics. If the infection doesn't get better, the drain may need to be removed.
- There is a small risk of bleeding around the insertion site at the time of insertion. This does not usually require any treatment but may cause some bruising.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon wears off, and the skin and deeper tissues should then feel numb.

There will be a nurse looking after you. If the procedure does become uncomfortable for you, then they will be able to arrange for you to have some painkillers through the needle in your arm.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be however most tunnelled drain insertions take about 15 minutes. As a guide, expect to be in the X-ray department for about an hour altogether.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours, until you have recovered.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- It is recommended that someone stays with you overnight, particularly if you had sedation.
- Continue with your normal medication as prescribed, and pain relief if necessary. If you take anticoagulants, restarting these will be discussed with you before you are discharged.

What do you do if I have a problem at home?

If you have severe pain or are concerned please go to your nearest emergency department.

Sources of information

British Society of Interventional Radiologists

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 135860 or by email: esh-tr.patientexperience@nhs.net.

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Mo Faris, Consultant Interventional Radiologist, ESHT

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Dr Ben Salt, Consultant Interventional Radiologist, ESHT

The directorate group that have agreed this patient information leaflet:

Diagnostics, Anaesthetics and Surgery Division

Next review date: March 2023

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