

Placement and Care of your Aspira Drainage Catheter (Interventional Radiology)

This handout tells you how to prepare for placement of an Aspira Drainage Catheter. This procedure is done in the Interventional Radiology Department.

What is an Aspira Drainage Catheter?

This catheter is a soft silicone tube with many holes on one end which is placed where fluid collects in your peritoneal cavity (belly) or pleura (lungs). It allows the fluid to drain out of your body and into a drainage bag which will help to relieve symptoms of shortness of breath, cough, and stomach ache. A valve at the end of the catheter stops fluid from leaking out and stops air from getting in when you are not using it. A portion of the catheter is tunneled under your skin to cut the risk of infection. This drain allows you to remove the fluid at home instead of coming into the hospital for paracentesis (take out fluid from the belly) or thoracentesis (take out fluid from the lung).

How to prepare for the placement of your Aspira Drainage catheter

1. If you are taking any type of blood thinner (such as aspirin or Coumadin), you may be told to stop taking them before the catheter is placed.
2. You should have nothing by mouth after midnight on the night before the drain placement.
3. If there is a chance you may be pregnant, please tell your doctor.
4. Be sure to tell the doctor if you have any allergies to iodine, latex, contrast or medicines.

What are the risks and potential complications?

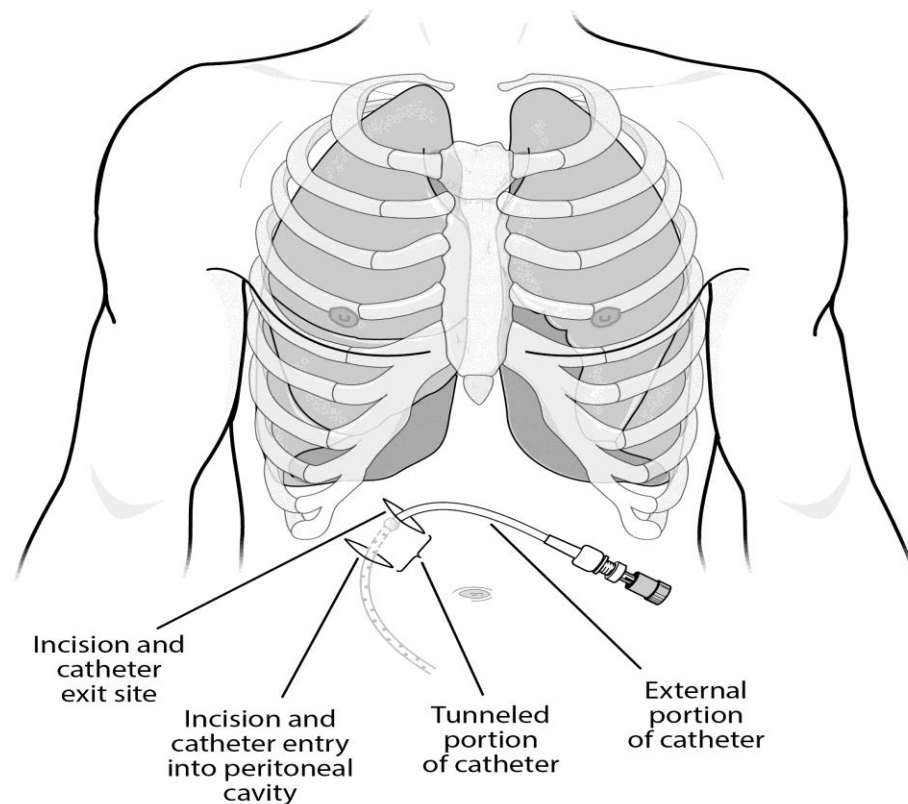
1. Infection (watch for fever, redness, and oozing at your tube site)
2. Pneumothorax (collapsed lung)
3. A leak around the drain
4. Catheter has changed position
5. Bleeding
6. Injury to other organs such as your lung, bowel, and liver
7. Low blood pressure if too much fluid is removed
8. Re-expansion pulmonary edema (too much fluid is removed too fast from your lung and your lung fills with more fluid).
9. Pain around the drain

What is the procedure like?

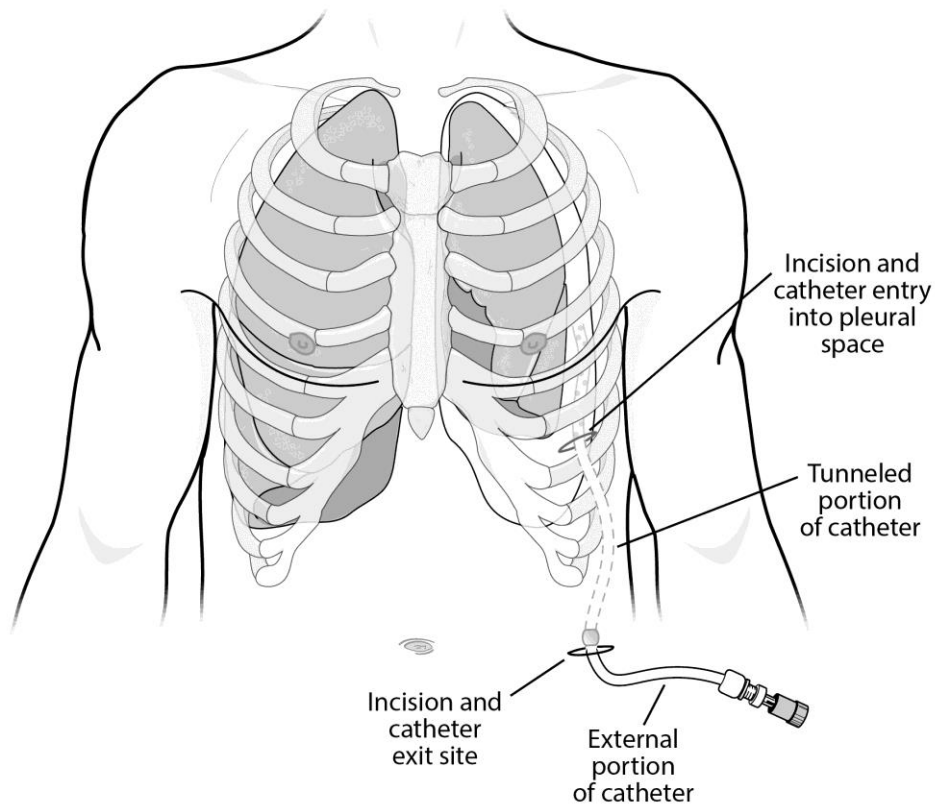
- This procedure will be done in Interventional Radiology and often takes about 1 hour.
- An IV will be started to give you medicine to help you relax.
- The nurse will be checking your blood pressure and pulse during the placement.
- Ultrasound and X-ray will be used to help locate the correct place for the drain.
- Once the location is determined, we will inject lidocaine (a numbing medicine) into the skin around the area where we will be working.
- A small cut (insertion site) in your chest or abdominal wall will be made.

- A needle will go through that cut and into the fluid. The needle will be exchanged for the flexible drain.
- The doctor will then tunnel the catheter under your skin and will make another cut where the catheter will exit your body (See figures 1 and 2). You may feel some pressure during the placement of the tube.
- Fluid from your belly or chest will be removed after the placement of the drain.
- The tube will be secured in place with a skin suture.

Aspira Drainage of Fluid in the Belly



Aspira Drainage Catheter in the Lungs



After the procedure

- You will spend 1-2 hours on bed rest.
- A nurse will teach you how to use your new Aspira catheter while you are in the hospital, you should practice draining the fluid from your chest or belly before you leave so you feel at ease using it.
- Most often, if Hospice is involved with your care they know how to use this drain but if they have questions they are to call Interventional Radiology.

Care and Maintenance:

Refer to the Aspira drainage kit step by step instructions, as well as, a DVD for the dressing care and how to use the drain.

When to call your doctor:

- If you have signs of infection at the puncture site on your belly or lung, such as:
 - Redness or warmth
 - Pus-like drainage or bleeding
 - Excess swelling
 - Temperature (by mouth) greater than 100.4°F for 2 readings taken four hours apart
- Pain after draining the catheter that doesn't go away
- Shortness of breath after you drain
- The fluid you are draining changes in color

- If Aspira stops draining or unable to drain. Your valve may need to be exchanged which can be fixed in the clinic.

Phone numbers:

**If you have questions after reading this
handout call the** Interventional Radiology
Dept, 8:00-4:00, M-F **(608)-263-9729**

Prompt #3. Ask to be connected to “IR
Nurse Coordinator” during normal business
hours or connected to “IR resident on-call”
on weekends.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 11/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7651.