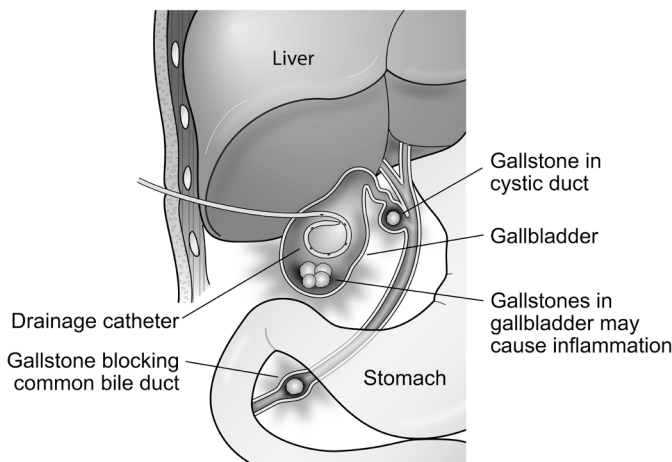


**Percutaneous Cholecystostomy (Gallbladder) Drainage  
Interventional Radiology**

Your doctor has scheduled a percutaneous cholecystostomy tube placement. This is completed in Interventional Radiology (IR). This handout explains the procedure. It also explains what you need to do before and after it is done.

**What is a gallbladder and cholecystitis?**

The gallbladder sits next to or under the liver. It is in the right upper abdomen. It is a little sac that stores bile. This helps digest food. When you eat, the gallbladder releases bile through a small duct that goes into the gut. When the gallbladder is blocked (from gallbladder stones or inflammation) and can't release the bile, the gallbladder may get swollen or infected. This causes, what is called "cholecystitis." You may have some abdominal pain. You may have a cholecystostomy tube placed. This occurs if surgery to remove your gallbladder is unsafe.



**What is a cholecystostomy tube?**

This is a minimally invasive procedure. It is performed under x-ray or ultrasound. A thin tube is placed into the gallbladder. This will drain blocked and infected gallbladder fluid. The gallbladder fluid will drain outside your body into a collection bag. This helps your infection get better and will help make surgery safer if it is needed. The tube may be left in until you have surgery. Sometimes the tube may be permanently left in. Patients who have gallbladder tubes placed need to have them changed every 6-8 weeks. This occurs in our department. We will make a follow-up visit for you when the tube needs to be changed.

**How do I prepare for this procedure?**

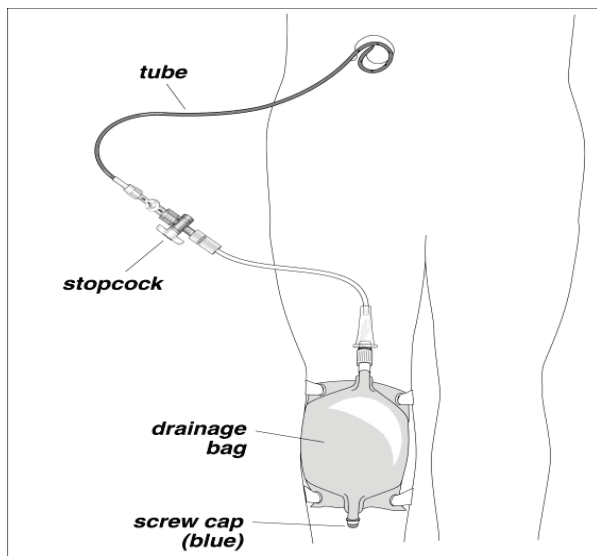
- If you take a blood thinner daily, please let us know. We will instruct you when you should stop taking it. We may need updated labs the day you are having your procedure.
- You should **not** eat anything for **6 hours** prior to your procedure. You will be getting sedation medicine. This makes you sleepy. You may take your normal morning medicines with a sip of water.
- Plan to stay in the hospital for at least 24 hours. We will watch you closely. Your doctors will decide your discharge date.
- Be sure to tell the Radiologist if you have any allergies to contrast dyes, antibiotics, anesthetic agents, iodine, latex or any other medicines.
- If you are pregnant or think you may be pregnant, please tell the Radiologist.

### **How is the procedure done?**

First, you will get an IV catheter to give you fluids and an antibiotic. Your procedure will be done under conscious sedation. This is often called “twilight sleep.” It consists of an IV sedative and IV pain medicine. You will feel relaxed. The procedure takes about one hour.

We will use ultrasound and x-ray to locate the correct place for the drain. The doctor will mark the area on your right side. Your skin will be cleaned with a sterile soap. You will be covered with sterile drapes to help prevent infection. The doctors will wear sterile gowns and masks.

Once we mark the area, we will inject a numbing medicine into the skin around the area where we will be working. We will insert a small needle into the gallbladder. A small guidewire is placed through the needle and into the gallbladder. The doctors will remove the needle. The flexible drain will slide over the guidewire and into the gallbladder and will be attached to a drainage bag (see picture below). The tube will be secured in place with a skin suture on the outside of your body.



### **What should I expect after the procedure?**

You will go back to your room. Your nurse will watch you closely as you recover from sedation. Nurses will check your vital signs. They will also check the amount and color of the bile that drains from the tube.

You should tell your nurses if you feel

- Nausea
- Fever or chills
- Pain at the entry site of the tube

Your nurse will teach you how to take care of your drain before you go home. Your nurse will show you how to flush a solution through the drain. You will need to flush the drain once daily when you go home. This will help keep the tube from clogging.

### **How do I care for myself at home?**

Most patients go home with the drainage tube in place. It is very important that you know how to care for the tube once you are home. The dressing should be changed every 3 days or as needed if the dressing becomes soiled. The tube site is cleaned when the dressing is changed. You will use soap and water to clean the site. A small sterile gauze should be placed over the site and covered with a Tegaderm dressing. If your skin is sensitive to the Tegaderm dressing, you will follow the same steps but the gauze can be taped in place. In this case, the dressing needs to be changed daily.

Once you are home, you will need to flush your drain daily to help prevent the drain from becoming clogged. Your nurse will show you how to do this before you leave the hospital.

### **How do I change the dressing?**

1. Gather all supplies needed:
  - Mild soap
  - Sterile 2x2 gauze dressings
  - Medium sized Tegaderm
  - Clear adhesive tape or paper tape (if sensitive to Tegaderm)
  - Leg bags-only change if needed
  - Extension tubing-only change if needed
  - Blue caps for flushing the drain
2. Wash hands well with soap and water for 30 seconds
3. Open the sterile 2x2 gauze and Tegaderm
4. Remove the old dressing
5. Check the tube site for signs of infection:
  - Increased tenderness or pain
  - Increased swelling or redness
  - Drainage that is green in color or has a bad smell
6. Check that the stitches at the skin site are still tight and not loose
7. Using a clean wash cloth, clean around the site with soap and water
  - Gently scrub the skin around the exit site
  - Rinse site with wet wash cloth
  - Allow the area to dry completely before putting the dressing on
8. Place sterile 2x2 gauze under the tube and then place another 2x2 gauze over the site
9. Cover the gauze with the Tegaderm dressing

### **How do I manage my tube and the drainage bag?**

The tube will be connected to a drainage bag. It will drain green/yellow/brown bile. The bag should be placed so that it is at waist level or lower. The extension tubing and drainage bag will be changed when you come to the hospital to have your tube changed every 6-8 weeks as an outpatient. Empty and measure the amount of drainage in the drain daily. Keep a record of the amount of drainage. Flush your drain toward your body with 10cc of normal saline daily. You will be given a sheet telling you how to flush your drain (*Health Facts for You* #5721).

### **When should I call the doctor?**

- Redness at the site
- Smelly drainage around the site
- A lot of swelling at the entry site
- Fever greater than 100.4 degrees F (take your temperature if you are not feeling well)
- Pain at the tube site or in your side where the tube has been placed that does not go away with pain medicine
- The stitch at the entry site breaks
- The tube pulls back or falls out
- If you are leaking around the site that requires more than 1-2 dressing changes a day
- If you can't flush your drain or if the tube becomes clogged

### **Phone numbers:**

If you have any questions or problems once you are home, call the UW Interventional Radiology Department at **608-263-9729**

### **Option #3.**

Evenings, weekends, and holidays-this number will give you the paging operator. Ask to speak with the Interventional Radiology Resident on call. Leave your name and phone number with the area code and a doctor will call you back

If you live out of the area, please call **1-800-323-8942.**

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 © 6/2018 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8038.