

GETTING READY FOR YOUR TRANSPLANT

CARE FOR PTC DRAIN



A PTC drain (percutaneous transp hepatic catheter or percutaneous transp hepatic cholangiogram) is placed after an X-ray of the bile ducts or biliary ducts that allows your doctor to determine if bile is passing into the intestine. If the ducts are blocked or underdeveloped, bile accumulates and cannot reach the intestine for the proper digestion of fatty foods. The doctor may temporarily place a PTC drain through the blocked bile duct to drain the biliary fluid. Sometimes, this procedure is performed at the same time as a liver biopsy.

Note: To change PTC dressing, gather supplies: Dressing change kit and a transparent dressing. Prepare supplies on sterile field by removing from packaging. Some kits may appear different from what we are using. Include 2 chloraprep swabs, mastisol or any sticky adhesive, and skin prep to protect your child's skin.

PTC Dressing Change

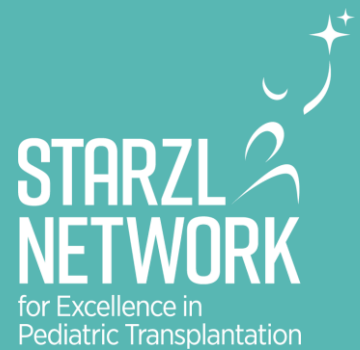
1. Perform hand hygiene.
2. Clean area with an antibacterial/antimicrobial wipe to disinfect the surface.
3. Place mask on patient, self, second person, and anyone within 3 feet of the patient during dressing change.
4. Open removal pack of dressing kit.
5. Perform hand hygiene with hand sanitizer.
6. Apply sterile gloves for dressing removal. Place first sterile glove on dominant hand, touching only the outer cuff (non-sterile portion) with your non dominant hand. Place second sterile glove on non-dominant hand, ensuring to only touch the sterile portion of the glove with your dominant sterile hand.
7. Remove dressing from skin using an adhesive remover starting at the catheter lumens, or bottom of dressing, then pulling away from the insertion site in an upward motion.
8. Remove gloves, perform hand hygiene, and perform sterile dressing change from this point.
9. Discard used supplies and remove gloves.
10. Open application pack in dressing kit.
11. Open and drop new sterile dressing onto sterile field. Make sure not to touch any part of the dressing until you are sterile.



This information should not replace medical advice from your doctors or medical team. We encourage our readers to follow their transplant team's medical advice and reach out to their doctors and medical team for further recommendations.

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PTC Dressing Change Continued

12. Perform hand hygiene
13. Put on sterile gloves. Place first sterile glove on dominant hand, touching only the outer cuff (non-sterile portion) with your non-dominant hand. Place second sterile glove on non-dominant hand, ensuring to only touch the sterile portion of the glove with your dominant sterile hand.
14. Prepare supplies on sterile field by removing from packaging. Some kits may appear different from what we are using. Include 2 chloraprep swabs, mastisol or any sticky adhesive, and skin prep to protect your child's skin.
15. Disinfect insertion site, any part of catheter that will be under the dressing, and any area that extend beyond the dressing in a basket weave motion (back and forth/up and down).
16. Scrub for 30 seconds using friction to disinfect area.
17. Allow to air dry for a minimum of 30 seconds without fanning or blotting. This ensure if any bacteria present, the skin will be properly disinfected.
18. Apply sticky or adhesive in a border outside the insertion site where the dressing will be.
19. Position dressing over insertion site using sterile technique as demonstrated. Do not touch adhesive or sticky portion of dressing to gloves.
20. Record date and initials directly on dressing.

Emptying the PTC Drain

Note: Empty the drain at least two times a day. If you should have any questions or concerns, please contact your doctor.

1. Wash your hands
2. Remove the rubber cap
3. Pour out the fluid, measure it, and flush it down the toilet
4. Replace the rubber cap
5. Wash your hands
6. Record the amount of fluid and color in your drainage log



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Flushing the PTC Drain

Note: Flush the drain only if instructed by your doctor and amount given to flush the catheter

1. Wash your hands
2. Wipe the stopcock cap with wipes
3. Attach a normal saline solution syringe to the stopcock and turn clockwise to attach the syringe
4. Turn the stopcock off, or away from the patient
5. Flush with 3-5 milliliters of sterile saline solution
6. DO NOT pull back on the syringe after flushing
7. Remove the syringe and discard
8. Wash your hands

When to Call Your Doctor

- If your child has a fever
- If your child has abdominal (belly) pain that is not helped by Tylenol
- For any changes in the amount or color of drainage
- If your child's drain is leaking at the insertion site or increasing redness around the site
- If the drainage tube is out of place or dislodged
- Any bleeding in the tube or at the site
- Any new or increasing yellow color on the whites of your child's eyes



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