

## INFORMATION FOR PATIENTS

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# Gallbladder drain (cholecystostomy)

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**Other formats.** If you need this leaflet in large print, easy read, braille, audio, or another language, please ask a member of staff or contact the specialist nurse using the details in this leaflet.

This leaflet explains what a gallbladder drain is, why it may be recommended, what the procedure involves and how to look after the drain afterwards. Please keep it somewhere safe so that you can refer back to it. If anything is unclear, your nurse or surgical team will be happy to talk it through with you.

### What is a gallbladder drain?

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A gallbladder drain is a thin, soft tube that is placed through the skin into your gallbladder. It allows infected or trapped bile to drain out into a bag outside your body. This relieves pressure and helps to clear infection when the gallbladder is inflamed or blocked. The medical name for the procedure is a percutaneous cholecystostomy. 'Percutaneous' simply means 'through the skin'.

The gallbladder is a small pouch that sits under the liver. It stores bile, a green-brown fluid that helps you to digest fat. When the gallbladder becomes inflamed or blocked, often by gallstones, it can become very painful and infected.

### Why might I need a gallbladder drain?

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A gallbladder drain may be recommended when your gallbladder is badly inflamed or infected, and it is not safe to remove it straight away. Draining the gallbladder treats the infection and helps you to recover. Surgery can then be carried out later if it is needed or avoided altogether.

You may be offered a drain if you have:

- Acute cholecystitis, which is a suddenly inflamed or infected gallbladder.
- An empyema, which is a build-up of pus inside the gallbladder.
- A perforation, which is a hole or leak in the gallbladder wall.
- A gallbladder that is blocked by gallstones or sludge.
- Sepsis, which is a serious reaction to infection, caused by gallbladder disease.

You may also be offered a drain if you are currently too unwell for an operation, or if other health conditions mean that surgery would carry a higher risk for you at this time.

## Getting ready for the procedure

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The drain is usually put in by an interventional radiologist. This is a doctor who uses scan pictures, such as ultrasound or x-ray, to guide the tube into exactly the right place.

### Before the procedure you may have:

- Blood tests.
- A scan, such as an ultrasound or CT scan.
- Antibiotics through a vein.
- A small tube (cannula) placed in your arm or the back of your hand.

You may be asked not to eat or drink for a few hours beforehand. The team will tell you when to stop.

### Please tell the team if you:

- Take any blood-thinning medicine, for example warfarin, apixaban, rivaroxaban or clopidogrel, as this may need to be paused or adjusted.
- Have any allergies, including to medicines, dressings, or contrast dye.
- think you could be pregnant.

## What happens during the procedure?

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The procedure usually takes about 30 to 60 minutes. It can take longer if your gallbladder is in a position that is difficult to reach.

### Step by step:

- You lie on a scan or X-ray table.
- The skin over the area is cleaned.
- Local anaesthetic is injected to numb the skin, which may sting briefly.
- You may be given sedation to help you relax, through your cannula, although you will usually stay awake.
- Using the scan pictures as a guide, the tube is passed through your skin into the gallbladder.
- The tube is held in place with a stitch, a dressing, or both.
- The tube is connected to a drainage bag.

## Will it hurt?

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Most people find the procedure uncomfortable rather than painful. You may feel:

- A sting as the local anaesthetic goes in.
- Pushing or pressure as the tube is placed.
- Some soreness around the site afterwards.

Pain relief is available, so please tell the staff if you are uncomfortable at any point.

## What are the risks?

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A gallbladder drain is generally a safe procedure, and for many people it is the safest way to treat a serious gallbladder infection. As with any procedure, there are some risks.

Because a drain is often used when people are already very unwell, some of the risks relate to the underlying illness as well as to the drain itself. Your team will talk through the risks that apply to you before you agree to go ahead.

#### **Common (usually minor):**

- Pain or discomfort around the drain site.
- Bruising or a small amount of bleeding.
- The drain becoming blocked.
- Bile leaking around the tube.
- The drain moving or accidentally coming out.
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#### **Less common:**

- Infection of the skin around the drain.
- Bleeding that needs treatment.
- A bile leak inside the abdomen (tummy).
- Injury to a nearby organ, such as the bowel or liver.
- The drain not working well, so that it needs to be repositioned or replaced.

Serious complications are uncommon. The team carrying out your procedure are experienced in managing any problems that may arise.

#### **What happens afterwards?**

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After the procedure you will be looked after on the ward. Staff will:

- Check your blood pressure, pulse, and temperature regularly.
- Check the drain and the amount of fluid draining.
- Give you antibiotics if needed.
- Flush the drain with a small amount of sterile fluid, if this is part of your plan.
- Arrange follow-up scans if needed, to check the gallbladder and the position of the drain.

Many people start to feel better, with less pain and fewer signs of infection, within a few days.

#### **Looking after your drain at home**

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Many people go home with the drain still in place. The specialist nurse will show you and your family how to look after it before you leave hospital. The main things are to keep the tube secure, keep the site clean and dry, and watch for any problems.

#### **Keeping the drain safe:**

- Keep the dressing clean, dry, and secure.
- Take care not to pull, kink, or twist the tube.
- Support the tube and bag so that they are not dragging or pulling on the skin.
- Empty the bag before it becomes too full and heavy.

#### **Washing and dressing:**

- You can usually shower if you keep the dressing and site dry, for example by covering them with a waterproof dressing, but please check with your nurse first.
- Avoid baths, swimming and soaking the area until the drain has been removed.
- Wear loose, comfortable clothing that does not press on the tube.

## Emptying the drainage bag:

Your nurse will show you exactly how to empty your type of bag. In general:

1. Wash and dry your hands.
2. Open the tap or outlet at the bottom of the bag.
3. Let the fluid drain into the toilet or a container.
4. Close the tap and wipe it clean.
5. Wash your hands again.

## Keeping a record:

- You may be asked to write down how much fluid drains each day and what colour it is.
- Please bring this record, and your supplies, to each clinic appointment.

## What should the drainage look like?

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Bile can be many different colours, and the amount can vary from day to day. This is normal. Drainage is usually:

- Yellow or golden.
- Green.
- Brown.
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The colour may change over time as the infection settles. The box below explains when a change in the drainage means you should get help.

### When to get help

Contact your team straight away if you notice any of the following:

- A high temperature, shivering, or feeling hot and cold.
- New or increasing tummy (abdominal) pain.
- Redness, swelling, warmth, or pus where the tube enters the skin.
- The drainage suddenly stops, or there is much more or much less than usual.
- Bright red blood, or a large amount of fresh blood, in the drain.
- Drainage that becomes thick, cloudy, or smells unpleasant.
- A lot of leaking around the tube.
- Feeling generally much more unwell.

#### **If your drain falls out or is pulled out:**

- Cover the site with a clean, dry dressing or a clean cloth.
- Do not try to push the tube back in.
- Keep the tube if you can, so you can show it to the team.
- Contact the specialist nurse straight away or ward 33 out of hours.

The opening can begin to close quickly, so it is important to get advice without delay.

#### **Who to contact:**

- In hours, 7am to 3pm: Emergency Biliary Specialist Nurse (Lee-Anne) on 07387 524970.
- Out of hours: Ward 33 on 01623 622515, extension 2303.
- For urgent advice when the lines above are closed: call NHS 111.
- If you become very unwell, for example heavy bleeding, severe pain, difficulty breathing, or you collapse: call 999 or go to your nearest Emergency Department.

## How long will the drain stay in?

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This is different for each person. The drain often stays in for around six weeks, and sometimes longer, depending on how you heal and on your general health. One reason for leaving the drain in for several weeks is to allow a track to form along the tube. This track seals the area, so that bile cannot leak inside when the tube is removed. This is why it is important not to let the drain come out early.

The drain usually stays in until:

- The infection has settled.
- The gallbladder has recovered.
- A tube check (see below) confirms that it is safe to remove.
- A longer-term plan is in place, such as surgery or a procedure called cystic duct stenting.

Your team will advise what is right for you.

## Your follow-up appointments

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After you go home, you will usually be seen once a week in clinic on Ward 33 by the Emergency Biliary Specialist Nurse.

At these appointments, the nurse may:

- Check the skin around the drain site.
- Change the drainage bag.
- Flush the drain with 10 ml of sterile saline if this is part of your care plan.
- Check that the drain is working properly.
- Review how much is draining, discuss any concerns, and pass these on to your surgical team.

## Home visits

Home visits may be possible in certain circumstances. You can discuss this with the specialist nurse.

## Supplies

Drain care supplies will be ordered and delivered to your home. Please bring your supplies with you to each clinic visit.

## How is the drain removed?

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Before the drain is removed you may have:

- A drain study, also called a cholangiogram or tube check. A small amount of dye is put down the tube and an x-ray is taken, to check that the area has healed and that bile is flowing normally.
- A review by your specialist team.

## Removing the drain:

- It is usually a quick procedure, often done by the specialist nurse in clinic.
- The stitch holding the tube is removed.
- The tube is gently slid out.

- A dressing is placed over the site.

Removal is usually brief, and most people feel only mild discomfort. The small opening normally closes on its own over the following days.

## Common questions

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### Will I still need my gallbladder removed?

Some people go on to have their gallbladder removed once they have recovered. Others do not need surgery. Some people are not suitable for surgery because of frailty or other health conditions, or because the risks of an operation would outweigh the benefits. In these cases, the drain may be used as a longer-term treatment, or a procedure called cystic duct stenting may be considered instead. Your team will discuss the best option for you.

### Can I drive?

Do not drive for at least 24 hours after sedation. After that, you may drive when you feel comfortable and can wear a seatbelt and perform an emergency stop without the tube causing pain. If you are unsure, check with your nurse.

### Can I go to work or exercise?

This depends on how you feel and on the type of work or activity. Avoid heavy lifting, vigorous exercise and anything that could pull on the tube. Your specialist nurse can advise you.

### Can I travel or go away with the drain?

Please talk to your specialist nurse before planning any trips, so that they can advise you on managing the drain and on arranging supplies and appointments.

## Questions or concerns?

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If you have any questions or concerns about your drain, please contact:

### Contact details

#### Emergency Biliary Specialist Nurse (Lee-Anne):

- Telephone: 07387 524970, available 7am to 3pm.

#### Out of hours:

- Ward 33: 01623 622515, extension 2303.
- Urgent advice: NHS 111.
- Life-threatening emergency: 999 or your nearest Emergency Department.

## Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns, or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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