

Radiology department

# Wide bore mucinous drainage procedure

## What is wide bore mucinous drainage?

For most abdominal drainages of ascites fluid, a small drain is inserted under local anaesthetic using ultrasound guidance. The fluid is then drained over several hours until no fluid remains. For mucinous drainage, the mucin fluid is much thicker. It also cannot drain freely as opposed to standard abdominal fluid. The interventional radiologist who performs the drainage will use a combination of drainage/suction for the thick mucinous ascites to be drained, where a standard drain size is not beneficial.

## Why do I need a mucin drainage?

Some patients can develop thick, mucinous abdominal fluid which builds up, causing swelling of the abdomen (tummy). This can cause discomfort/pain, and sometimes difficulty with eating or breathing. The drain can reduce some of the swelling and improve some of the other symptoms. This enables relief for the patient of abdominal discomfort and pain.

## What to tell the doctor

- If you have any allergies.
- If you are taking medication to prevent blood clots.

Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots:

- aspirin
- apixaban
- clopidogrel
- clexane
- dabigatran
- dalteparin
- enoxaparin
- fragmin
- heparin
- rivaroxaban
- warfarin
- ticagrelor

If you are currently taking any of these medications, please contact your referring doctor or the radiology department on 0161 918 2346 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed.



## **Who has made the decision for you to undergo the mucin drainage?**

Your doctor and the interventional radiologist (specialist doctor) who will do the procedure, will have carefully considered your case, and would only offer this procedure if it was felt to provide significant benefits to you. However, if following discussion with your doctors you do not wish to have the procedure, you can decide against it.

## **Who will be doing the mucin drainage?**

An interventional radiologist will carry out the procedure. They have special expertise in undertaking large bore drain insertions using ultrasound guidance.

## **Where will the procedure take place?**

In the procedure room in the radiology department on the integrated procedures unit (IPU). This room is adapted for specialised procedures.

## **How do I prepare for a mucin drainage?**

You can eat and drink as normal. Take all your medications as you normally would (except anticoagulants/antiplatelets as listed above, please seek guidance on when to stop these). Please bring a list of your normal medications with you.

You will require a blood test prior to the procedure to check your full blood count and your clotting. When you arrive at the department you will be seen by the admissions team who will ask about your medical history and any allergies you may have. They will also put a cannula into one of your veins in case any medications are required during or after your procedure. Please inform the team if you have any allergies to medicines.

The procedure is performed by an interventional radiologist, and you will have an opportunity to speak with them about the mucin drainage before proceeding.

## **What happens during the mucin drainage?**

You will be asked to lie on a stretcher on your back as this is the easiest route of access for the drainage tube. The radiologist will use an ultrasound machine to visualise the mucinous fluid in your abdomen. They will mark the identified entry point with a marker pen.

The radiologist needs to keep everything sterile and will wear a theatre gown and gloves. The skin around the site will be swabbed with antiseptic and theatre towels will be placed around this site where the drain will be inserted.

The radiologist will inject local anaesthetic to numb the area on your abdomen where the drainage will be performed. A small needle will be inserted under ultrasound guidance, a guide wire will then be placed through the needle into the abdomen where the mucinous fluid is situated.

The needle is removed, and a small dilator tube is placed over the wire and then removed. A small number of dilators (increasing in size) are placed and removed until the drainage catheter is placed within the mucinous fluid. This tube is a large tube as the mucinous fluid is usually very thick.

A suction tube is attached to the drainage catheter and the radiologist will then indicate to the nursing staff to commence drainage using wall suction.

The radiologist will stop and start this process depending on patient comfort and amount of mucinous fluid being removed.

The radiologist will likely move the drainage catheter within the mucinous fluid several times until drainage is safely completed.

The radiologist will remove the drainage catheter and press on your abdomen to help stop any oozing. They will then stitch the insertion site and place a small dressing over the site (the stitch will need to be removed after 2 weeks by either your GP or local walk-in clinic).

You will then be taken to the IPU recovery area for 1-2 hours to ensure that there is no oozing of the site before you are discharged.

### **Will it hurt?**

A mucin drainage is usually a relatively pain-free procedure. It is normally performed with local anaesthetic. However, if you experience discomfort, it may be possible for the interventional radiologist to give local anaesthetic and/or the nurse to give you a painkiller.

### **How long will it take?**

Patients are normally in the department for approximately 4 hours in total. This includes 2 hours of pre-procedure time. The IPU nurse will ask some safety questions and will take some blood to test for the clotting time. This is standard for most interventional procedures on the IPU.

The procedure itself, takes around 1 hour after which you will be taken to the IPU recovery area for approximately 1 hour whilst the recovery staff ensure that the drainage site (where the drain was inserted) has stopped any oozing and that you are pain free before planning your discharge.

### **What will happen after my procedure?**

When your procedure is finished the doctor will assess you and you will be required to stay in the recovery area of the IPU for a short period to monitor your observations and ensure your drainage site has no problems. The nursing team will prepare you for discharge soon after.

### **What are the benefits of the procedure?**

The aim of the mucin drainage is to reduce abdominal distension, discomfort and pain the patient is suffering with. The mucinous fluid can return after a few weeks or months – with pain and discomfort symptoms returning. If this occurs, your specialist team may refer you back to radiology for this procedure.

### **Are there any risks or complications?**

The main risks of the procedure are pain from the drain insertion site and infection following the drainage. In rare situations the bowel may be punctured which results in severe pain, nausea, and a temperature.

**If you have severe post procedure pain, redness, swelling and a temperature and/or excessive leakage around the drain insertion site, then please call The Christie Hotline on 0161 446 3658 immediately for advice.**

If there is a problem with your drain site post procedure, you may need to be admitted to hospital for further assessment.

## Further information

This is available from the radiology department on the phone numbers below or from the following websites:

Macmillan Cancer Support: [www.macmillan.org.uk](http://www.macmillan.org.uk)

British Society of Interventional Radiology: [www.bsir.org](http://www.bsir.org)

If you have any problems or worries, please contact:

Monday to Friday, 9:00am - 5:00pm - Radiology nurse on **0161 918 2346**

The Christie Hotline: **0161 446 3658** (24 hours a day, 7 days a week)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **[the-christie.patient.information@nhs.net](mailto:the-christie.patient.information@nhs.net)**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for  
urgent support and specialist advice  
**The Christie Hotline: 0161 446 3658**  
Open 24 hours a day, 7 days a week