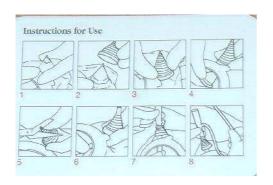
Critical Care Guidelines

Pancreatic Irrigation Set Up Using Universal Catheter Access Port (ref 9779)





Patients are generally admitted from theatre with irrigation in place. If irrigation or drainage fluid is leaking, access ports should be used to prevent skin maceration and breakdown.

Directions

- 1. Cut and apply stoma flange and bag around drain exit site.
- 2. Make a small cross incision through top layer of stoma bag at the point drain is to exit.
- 3. Push blue cone through stoma bag from inside
- 4. Attach clear plastic cone to the outside of stoma bag and push tightly together
- 5. Remove and discard sharp blue cone
- 6. Cut the top of clear cone to allow drainage tubing to be pushed through. The tighter the fit the less leakage likely so cut the hole as small as possible.
- 7. Push the drainage tubing through
- 8. Sleek join securely







Set up will differ depending on type of drains used and how they are secured.



The irrigation line and the Portex drainage tube can both be pushed through the cone. If they are separate, the Portex drain can be left loose inside a drainable stoma bag with a drainage bag attached.



The vygon leur/catheter connector (in store room by O₂ connectors) can be used to connect a drain to IV line rather than using a three-way tap.

The stoma bags should be left intact for as long as possible (suggested maximum seven days). Change irrigation lines every 48~72hours.