



For more information please visit us online at: <http://www.osmh.on.ca/diagnostics/>

**If you or your support person do not clearly understand the procedure, please ask for clarification**



## TUBE CHECK / CHANGE

### What is it?

A tube check or tube change is a procedure used to examine or replace a medical tube that has been placed inside the body. These tubes may be used for drainage, feeding, or medication delivery, depending on the patient's condition. During the procedure, fluoroscopy is used to confirm the tube's position and function. If necessary, the tube may be adjusted or replaced to ensure it continues to work properly. This is a routine procedure performed by a radiologist to help maintain the tube's effectiveness and prevent complications.

### Why do I need it?

Your doctor may order a tube check or tube change in order to:

- Verify tube positioning to ensure proper function.
- Assess for tube blockage, leakage, or displacement.
- Evaluate tube performance if drainage or feeding is inadequate.
- Replace an old or damaged tube to maintain function.
- Address patient discomfort or complications related to the tube.
- Prevent infection by exchanging long-term tubes at recommended intervals.
- Ensure continued access for medication delivery or fluid drainage.



## HOW IS THE PROCEDURE PERFORMED?

### Before

For specific questions regarding the clinical need for this procedure, please contact your ordering provider.

#### Patient Preparation:

You should wear loose-fitting clothing that is easy to change out of. **You will need to arrange for someone to drive you home after you have recovered from the procedure.** One support person (spouse, friend, caregiver, family member) may accompany you on the day of your appointment, but not into the procedure room.

Please bring a list of the medications you are currently taking and a list of any drug/medication allergies you may have.

You can eat and drink normally before the procedure. You may take your usual medications prior to the procedure. See next page if you take blood thinners.

Please phone the Diagnostic Imaging booking line at **705-325-2201 ext. 3505** for cancellations or rebooking if you are unable to attend your appointment.



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### Bloodwork<sup>1</sup>

Bloodwork is **usually not needed** for this procedure.

However, it is required if you:

- Take Warfarin (Coumadin®)
- Have **prolonged bleeding**, risk of **thrombocytopenia** or **known thrombocytopenia**

If the above applies to you then your doctor will order:

- INR (must be  $\leq 2.5$ ,  $\leq 2.0$  for ports or tunneled catheters)
- PTT
- CBC (platelets must be  $\geq 20 \times 10^9/L$  or greater)

The bloodwork results must be current within **4 weeks of the procedure**.

**If you take Warfarin (Coumadin)**, you'll need a new INR drawn **the day before** your procedure.

**Important:** Missing bloodwork may delay or reschedule your appointment.

### Blood Thinners / Anticoagulants / Antiplatelets Medications<sup>1</sup>

Stop the listed medications as per the below schedule before your procedure unless instructed otherwise. If unsure, then consult your doctor or healthcare provider about which medications to pause, for how long, when to restart them, and any concerns you may have.

Medication	Withholding	When to Stop	Restart After
Coumadin® (Warfarin)*/**	Based on INR	Based on INR	NA or same day re-initiation for bridged patients
Cangrelor (Kengreal)	Yes	Defer procedure until off medication; if procedure is emergent, withhold 1 h before procedure	multidisciplinary decision making
Abciximab (ReoPro)	Yes	Withhold 24 h before procedure	multidisciplinary decision making
eptifibatide (Integrilin) tirofiban (Aggrastat)	Yes	4–8 h before procedure	multidisciplinary decision making
* consider bridging with heparin (need admission) for high thrombosis risk cases			
** consider using reversal agent if emergent or STAT			

### Important Notes

- Patients on Warfarin (Coumadin®) need an **INR** test the **day before** the procedure.
- Those with **prosthetic valves**, **prior clots**, or **stroke-related atrial fibrillation** may need bridging therapy to prevent thrombosis.
- **Do not** stop blood thinners if you have **coronary or brain stents**—consult your doctor first.
- If anticoagulation is stopped, your doctor must provide instructions.
- Applies only to elective procedures, not emergencies.



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#### Coming To The Hospital

You must first sign-in with **Centralized Patient Scheduling & Registration (CPSR)**, which is located immediately to your left when you enter the hospital from the main entrance (off Dunlop Street, across from the gift shop). You will receive a patient wristband and be directed to the **Diagnostic Imaging department**.

**Please bring to the hospital your OHIP card and a list of current medications you are taking.**

#### During

Tube checks or changes are done in the Interventional Radiology Department of Diagnostic Imaging.

**The duration of your appointment time will vary from 30 minutes – 1 hour.**

1. You will be asked to remove your clothing from above or below the waist and put on a hospital gown.
2. A Medical Radiation and Imaging Technologist (MRIT) will explain the procedure and answer any questions you have before the procedure.
3. You will lay on a procedure table and your tube will be prepared to assessment (i.e. cleaned, dressing removed, bag detached).
4. A sterile field may or may not be applied, depending on the type of tube.
5. The radiologist will inject IV contrast through your tube to better visualize it under fluoroscopy.
6. If indicated, your tube may be replaced. You are awake for this. The radiologist may inject some Lidocaine in or around the tube to assist with your comfort.
7. A securement device and dressing will be applied after the procedure to secure the tube.

**Notes / Questions** *(write down any notes or questions you may have for your doctor, healthcare practitioner, or the care team in Diagnostic Imaging on the day of your appointment. You can also use this space to write down a list of your current medications):*




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## WHAT TO EXPECT AFTER



### Recovery & Going Home

You may leave once the procedure is completed, as long as you are feeling well.

**We recommend having someone drive you home after the procedure.**

Don't drive if you are taking strong pain medicine. If you were given medication to help you relax or manage pain during the procedure (not common), then you cannot drive for the next 24 hours.



### Diet & Activity

- Eat a balanced diet to support healing and overall health.
- Drink plenty of fluids unless advised otherwise by your healthcare provider.
- Resume normal activities as tolerated, but avoid strenuous exercise or heavy lifting if you have a drain or tube in place.
- Walk daily to maintain circulation and prevent complications, such as blood clots or constipation.
- Rest when needed—fatigue is common after a procedure, so listen to your body.
- Follow any specific activity restrictions provided by your doctor based on the type of tube or drain you have.



### Wound Care

- Keep the procedure site clean and dry to prevent infection.
- Avoid using hydrogen peroxide or alcohol, as they may delay healing.
- Leave the bandage on as instructed by your healthcare provider.
- Change the bandage if it becomes soaked or dirty, following your provider's guidelines.
- Monitor for signs of infection, such as increased pain, redness, swelling, or pus, and contact your doctor or other healthcare provider if these occur.



### Bathing

- You can shower normally with the tube, but avoid baths or hot tubs to reduce infection risk. If you must have a bath, keep the water at least 2 inches below the insertion site.
- Keep the area around the tube dry to prevent infection.
- Before showering, cover the dressing with a waterproof material, such as plastic wrap or a purchased product (such as *AquaGuard*, *Leukomed T Plus*, *Sealtight Shield Dressing Protector*, *Shower Shield*, etc.) to prevent it from getting wet.
- You should discuss best practice options with your Ontario Health atHome (Home Care) nurse. These types of covers are available online through sites such as **Amazon Canada** or at home healthcare stores, such as **WellWise by Shoppers Drugmart**.
- Follow any specific bathing instructions given by your healthcare provider based on the type of tube you have.



### Medication

- **If your doctor or healthcare provider advised you to stop any medications for this procedure then consult with them first about the safety of when you can start your medications again;**
- Otherwise, resume your normal medication schedule.



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## WHEN TO SEEK HELP



### Call 911:

If you believe you require emergency care – **call 911**. Reasons to call 911 include:

- You have passed out (lose consciousness), or become very dizzy, weak, or less alert
- You experience sudden chest pain and shortness of breath; you cough up blood, and/or
- You have severe trouble breathing
- Significant bleeding from the procedure site (i.e. bright red blood that won't stop)
- You have a fast or uneven pulse



### Call your doctor, healthcare provider, or Health Connect Ontario immediately if you experience:

- Shortness of breath that is new or getting worse.
- New or worsening pain in your chest, especially when taking a deep breath.
- Nausea or inability to keep fluids down.
- Fever over 38°C.
- Bright red blood soaking through the bandage over your procedure site or around the tube.
- Signs of infection, such as:
  - Increased pain, swelling, warmth, or redness.
  - Pus draining from the procedure site or around the tube.
  - Swollen lymph nodes in your neck, armpits, or groin.
  - A fever.
- The tube stops draining or has a significant decrease in output.
- The tube is accidentally pulled out or becomes dislodged.
- Any other concerns.

### Note:

If your tube becomes pulled out (partially or fully) or is cracked, blocked or not draining properly (i.e. leaking around the tube), then contact the **Diagnostic Imaging Department at OSMH by phoning 705-325-2201 ext. 3505** to have your follow up appointment expedited.

**Health Connect Ontario may be reached 24-hours a day, including weekends, by:**

- Calling 811
- Calling 1-866-797-0007 (TTY – *teletypewriter service*)
- Visiting <https://healthconnectontario.health.gov.on.ca/> and selecting “Chat with us”

**BRING THIS INFORMATION PACKAGE WITH YOU SHOULD YOU URGENTLY NEED TO SEE YOUR DOCTOR OR GO TO THE EMERGENCY DEPARTMENT OF YOUR NEAREST HOSPITAL.**

*Use this material for your information only. It does not replace advice from your doctor or other health care professionals. Do not use this information for diagnosis or treatment. Consult with your health care provider about a specific medical condition.*

### References:

1. Patel et al. Society of Interventional Radiology Consensus Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions—Part II: Recommendations. JVIR 2019; 30:1168–1184.

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