



MOLNAR DISC DRESSING CHANGE INSTRUCTIONS

HOW DO I CHANGE THE DRESSING?

Gather all the items you will need.

- Tegaderm (clear dressing- looks like sticky Saran Wrap)
- Telfa or non-adherent dressing (meaning it will not stick to skin)
- Scissors
- 4x4 Gauze
- Coverall (white, stretchy tape)- cut to cover the dressing.
- Bowl of warm water, soap, a clean washcloth and a clean hand towel
- Waterproof pad or bath towel
- Wastebasket or trashcan

Wash your hands with soap and water.

If your tube is connected to a bag- first empty the drainage bag.

Place the pad or towel under the tube to keep your clothes dry.

Remove the old bandage, taking care to not pull on the tube. Place the bandage in the trash.

Wash your hands with soap and water.

Gently clean around the catheter (tube) and molnar disc (blue circular piece).

- Begin washing the catheter and molnar disc using a clean damp washcloth and soap. Clean the skin around the tube (catheter) with a damp cloth. Do not let soap and water stand on skin. Do NOT pour water on the tube.
- Hold the tube and molnar disc to keep it from being pulled while cleaning.
- Rinse catheter, disc and skin around it using a damp cloth. Gently, pat dry.

Allow skin to dry thoroughly before putting on new dressing.

Check the skin around the catheter (tube) and under the molnar disc for redness or soreness. Check for green or yellow drainage, bad odor, bleeding or fluid leaking around tube. If you notice any of these things see the section titled “Problems You May Experience”

Cut the telfa in a circle approximately the same size as the blue molnar disc. The telfa should be large enough to cover all of the skin under the disc, but should not stick out past the edge of the disc. Cut a slit to the middle of the telfa to fit around the tube like a collar.

Place the telfa circle under the disc, carefully so that the disc is not pulled out from the skin.

Remove the outer package of the tegaderm (clear dressing, similar to Saran Wrap with a sticky side). Fold the tegaderm in half and cut out a small triangle ▲ from the center. This will be the hole that the tube will come through- it should be large enough to allow the catheter to fit through but should be smaller than the molnar disc.

Remove the backing from the tegaderm. Carefully thread tube through the hole in center of the tegaderm and place against skin. You will have to unscrew the drainage bag from the tube to get it through the tegaderm. You may need an extra person to assist with this step.

Fold 4x4 dressings in half and place on each side of the catheter.

Place an unfolded 4x4 on top.

Cover with tape or coverall.

The Tegaderm part of the dressing should be changed once a week or whenever it is soiled, wet or loose. The 4x4 gauze part of the dressing should be changed 2 times a week or whenever soiled, wet or loose.

HOW DO I CARE FOR THE DRAINAGE BAG?

Empty the external drainage bag when it is a little over half-full. Follow these steps to empty your bag:

- Hold the urine bag over the toilet or place a large container on the floor next to your chair.
- Turn the blue nozzle at the bottom of the bag.
- Let the fluid flow out of the bag in to the toilet or container.
- Turn nozzle in opposite direction to close. Clean the blue nozzle with soap and water when the bag is empty.

Change bag every other week.

- Wash your hands before removing the old dressing as well as before and after applying the new dressing. This will help prevent infection.
- Sponge baths are recommended to keep the dressing dry. You can take a shower, if you put a plastic covering such as Saran Wrap or Press and Seal over the area.
- You should not go swimming, or soak in the tub or whirlpool.
- Secure your drainage bag. Use a catheter leg strap (Velcro strap provided with drainage bag) to hold the bag to your thigh (upper leg). Leave some slack in the tube so that it will not be pulled out when you move your leg. You can also use safety pins to pin the bag to your clothes. Make sure the safety pin goes through the pre-cut holes in the bag- so that a hole is not punched into the bag. Securing the bag will prevent the tube from tugging and possibly being pulled out.

PROBLEMS YOU MAY EXPERIENCE

The Molnar Disc comes away from the skin.

- If it is slightly away from the skin, push it back so that it touches the skin. It should move in easily without much force.
- If it is more than 1inch away from the skin or it does not move back in easily, call Interventional Radiology (IR).

The catheter becomes kinked.

- If it is only slightly kinked- straighten it out and put on a new dressing. Tape so that the catheter will not kink again.
- If the kink is severe or there is a knot in the catheter, call IR.

The catheter stops draining into the bag.

- The catheter may be kinked. Change the dressing and look for a kink.
- Check all connections between the tube and the bag.
- If there is no kink and it still does not drain, the catheter may be blocked or it may have moved. Look for sediment (small sand-like flecks) in the bag. Call IR.

You notice a skin rash.

- If the skin under the tape becomes irritated, you may need to change the type of tape you are using. Or we may need to change the device holding your catheter in place. We can provide you with a different tape or change the retaining device at your next visit. Please let us know if you have had a rash and if you have done anything to make it better.

There is leakage around the catheter site or the blue plastic ring.

- Some drainage around the insertion site is expected for 1 to 3 days after you get a new catheter. If it soaks through the dressing, is bloody or contains pus, call IR.

You experience pain.

- Some discomfort is to be expected for the first week or so after you get a new catheter. Tylenol, Aspirin, or Ibuprofen (whatever your doctor has recommended for pain) may help ease the pain.
- If the pain comes on suddenly, call IR.

You develop a fever or chills and shaking.

- If you develop a fever for more than 12 hours, without another cause for it (for example, a cold or the flu), or your drainage becomes cloudy or more bloody, call IR.

You notice blood in the bag.

- A small amount of blood is to be expected the first few days after the tube is changed. If you notice bright red blood that does not stop, Call IR.

You notice the tube (catheter) is cut or broken.

- Secure the tube as well as possible. Call IR.

QUESTIONS

If you have other questions or concerns about care of your drainage catheter, write them down and call the UVa Interventional Radiology (IR) Department. One of the doctors or nurses will answer them for you.

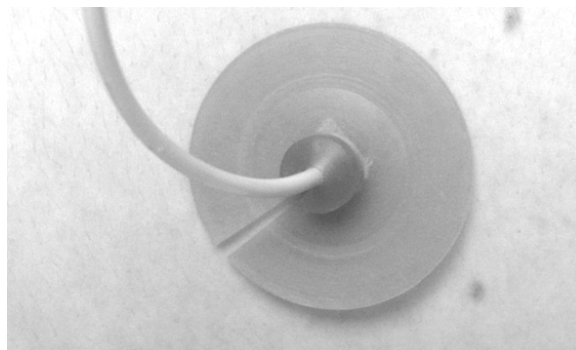
Please call the following numbers:

Daytime: Monday – Friday (7:00am -5:00pm): 434-924-9401

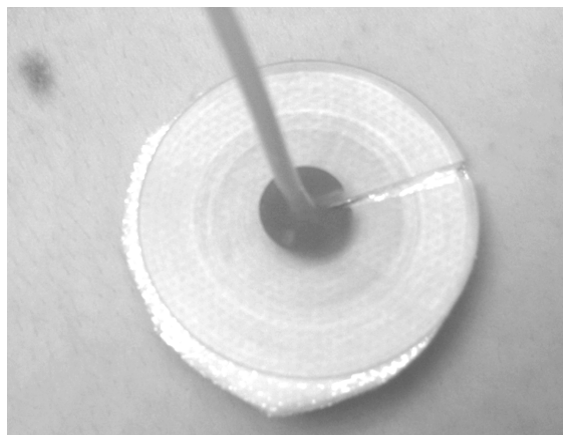
Other times or on weekends and holidays: 434-924-9400. Ask for the Interventional Radiology Fellow on call.



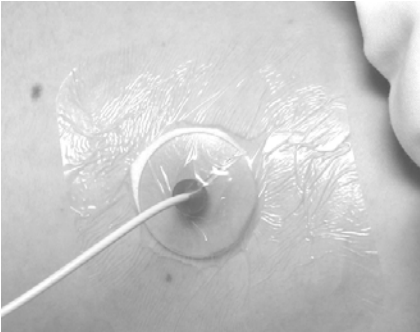
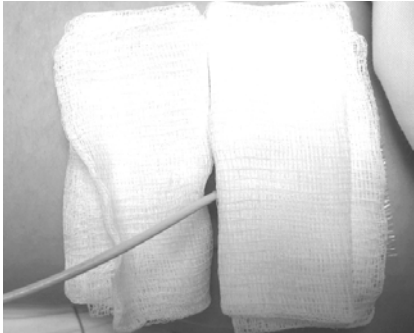
Toll Free Number: 1-800-251-3627 ask for the Interventional Radiology Department

Blue molnar disc with split
Blue plastic disc that is used to secure the tube to the patient's skin.



Telfa (cut to the size of the molnar disc or slightly larger) with split.



<p>FOLD tegaderm in half. Cut an “X” (size of nipple on blue disc) in center.</p>	
<p>INSERT tube through “X” in tegaderm.</p>	
<p>PLACE tegaderm on top of disc.</p>	
<p>FOLD 4x4 in half on each side of the catheter.</p>	
<p>Then PLACE 4x4 (unfolded) on top and secure with tape.</p>	