

Percutaneous drainage

Radiology

What is the aim of this leaflet?

The aim of this leaflet is to explain the procedure for patients undergoing a percutaneous drainage. This leaflet is not meant to replace informed discussion between you and your doctor, but can act as a starting point for outlining risks and benefits.

What is percutaneous drainage?

In the past, drainage of an abscess inside your body would have required an open operation. Now it is possible to drain an abscess and other bodily fluids, directly by inserting a fine plastic tube, called a drainage catheter, into it through the skin (percutaneous). This is typically performed through a very small incision. This procedure is called percutaneous drainage.

Who has made the decision?

Imaging that you have had performed, such as an ultrasound scan or a CT scan, will have shown that you have an abscess that is suitable for draining through a small tube, rather than by having an open operation. Abscesses and excess fluid can make you very ill, and if this occurs after surgery, will delay your recovery. Although antibiotics can help, they cannot really be effective against a large abscess and drainage may be required. Once the pus/fluid has been drained, this can be sent to the laboratory for tests to guide the choice of best antibiotic treatment.

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

Who will do the procedure?

An Interventional radiologist will perform the drainage. They are doctors with special expertise in interpreting the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Consent:

We must seek your consent for any procedure or treatment beforehand. A written consent will be obtained from yourself by a doctor to give permission to have the procedure done.

Your doctor will explain the risks, benefits and alternatives where relevant before you sign the consent. A referral will be made and your appointment will be arranged. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What are the potential risks of having a percutaneous drainage?

Serious complications from percutaneous drainages are uncommon, but a number have been described.

- The biggest risk is being unable to place the drainage tube satisfactorily into the abscess. If this happens, your consultants will arrange another method of draining the abscess, which may involve an operation
- Rarely, you may get a shivering attack (a rigor) during the procedure, but this is generally treated satisfactorily with antibiotics
- Very rarely, an adjacent organ may be damaged by percutaneous abscess drainage
- The catheter placed at the time of percutaneous abscess drainage may become blocked or displaced requiring manipulation or changing of the catheter. In addition, a very large or complex fluid collection may require more than one abscess drain
- There is a chance that bleeding may occur from the small vessels in the abdomen. This should stop by itself but, if not, a different procedure will need to be done and you may need a blood transfusion
- **Radiation:** We do not routinely use radiation but occasionally x-rays are used to aid the radiologist. For most patients' the risk of causing cancer from this exposure is less than 1 in 1000. It may be more than this if your procedure is complex or depending on factors such as body type, height and weight. The requesting doctor and the doctor that will be performing your examination feel that the benefit of having the test or treatment outweighs the risk from the exposure to radiation.

If you have further questions about the risk of exposure to radiation, please talk to your doctor during consent.

Please contact the x-ray department as soon as you receive this appointment if you think you may be pregnant.

What are the potential benefits of having a percutaneous drainage?

- No surgical incision is needed - only a small nick in the skin that does not have to be stitched
- The procedure is minimally invasive and the recovery period is usually faster than after open surgical drainage
- May help to relieve your symptoms making you feel better.

Are there any alternative treatments and what if I decide not to have it done?

The consultant in charge of your care will discuss the alternatives with you, which includes surgery. They will also discuss the consequences of no treatment.

Are you required to make any special preparations?

Patients who require a drainage are usually already admitted to a ward but if you are an outpatient, your appointment letter will inform you of the ward you will be admitted to and whether you require an overnight stay.

- You can eat and drink as normal unless a doctor or nurse has specifically said otherwise
- Bloods may be taken before or on admission to check your clotting.

If you are taking the following medication and the doctor has not discussed them during consent please contact the X-ray department when you receive this information:

- Acenocoumarol, Apixaban, Aspirin, Bivalirudin, Dabigatran, Dalteparin, Danaparoid, Dipyridamole, Edoxaban, Enoxoparin (clexane) Fondaparinux, Heparin, Phenindione, Tinzaparin, Warfarin.

Where will the procedure take place?

The procedure will take place in the interventional radiology department. This is located within the radiology department. This is similar to an operating theatre in which specialised X-ray equipment has been installed.

If you are an in-patient, the interventional radiology department will liaise with your ward nurse and porters to arrange transport to your procedure.

What actually happens during a percutaneous drainage?

You may be asked to get undressed and put on a hospital gown. Observations of your heart rate and blood pressure will be taken after the procedure. This is routine. A team of nurses and radiographers will assist the radiologist during the procedure. You may be asked to lie on your back or on your side.

An interventional radiologist uses an ultrasound probe and/or X-rays (either Fluoroscopy or Computerised Tomography) to allow accurate access and treatment through a minute incision. Local anaesthetic (a medication used to numb an area of the body to reduce pain), is injected at the procedure site. This may sting for a few seconds but will then go numb. The interventional radiologist will gain access with a needle, and introduce a drainage tube over a guide wire.

You may be able to feel this, but there should be no pain. The radiologist may take a sample of pus to send to the laboratory. The drainage tube will be left in until it can no longer drain any more fluid.

Will it hurt?

When the local anaesthetic is injected it will sting but this will soon wear off. You may find this procedure uncomfortable depending on the position you need to lie in and where the access fluid is.

Pain relief may be given at the time of the procedure if appropriate. You should discuss this with the doctor doing your procedure on the day.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about 30 minutes.

What happens afterwards?

- You will return to the radiology day case unit for monitoring until the porters arrive to take you back to the ward
- You will need to rest in bed for a short amount of time and will need to be careful with the attached drainage bag you now have
- The drain will stay inserted until most or all of the excess fluid has been removed.

Going home advice

Percutaneous drainages are usually performed as an inpatient and therefore the interventional radiology department cannot give you discharge advice as you may be an inpatient for other reasons. This information will be given to you on your ward by the doctor or nurse looking after you.

Trainees

A radiology trainee (qualified experienced doctors training in radiology) or occasionally a student may be present during the examination. If you would prefer them not to attend, please let a member of radiology staff know.

How to contact us

If you have any personal access needs, require wheelchair access or wish to speak to a member of staff for further information please contact the interventional radiology department on 01902 307999 ext. 86344 between 08:30 and 16:30 as the department cannot help with queries outside of these hours.

Angiography Suite / Interventional Radiology

Second floor Radiology A2
New Cross Hospital
Wolverhampton
West Midlands
WV10 0QP

Patient Advice and Liaison Service

New Cross Hospital
01902 307999 ext: 85362
Email: rwh-tr.pals@nhs.net

Further information

Further information about your examination is available from
The British Society of Interventional Radiologists at:
<https://www.radiologyinfo.org/en/info.cfm?pg=percabscessdrn>

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。