

Having a Percutaneous Drainage

Information for Patients

In this leaflet:

Introduction	2
What is a percutaneous drainage?	2
Why do I need a percutaneous drainage?	2
Are there any risks?	2
What do I need to do to prepare for the procedure?	3
What happens before the procedure?	3
What happens during the procedure?	4
What happens when the procedure is finished?	4
Any questions?	5
More information	5
How do I make a comment about my procedure?	5

Introduction

This leaflet tells you about having a percutaneous drainage. It explains what is involved and what the possible risks are.

If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Interventional Radiology department.

What is a percutaneous drainage?

A percutaneous biopsy is a way of draining an abscess or fluid collection from your body, by inserting a fine plastic tube (drainage catheter) into it through the skin. This is typically performed through a very small incision using imaging such as ultrasound, computed tomography (CT) or X-rays to guide the positioning of the tube.

Why do I need a percutaneous drainage?

You have most likely already had an imaging examination, such as an ultrasound, computed tomography (CT) or magnetic resonance imaging (MRI) scan that has identified an abscess or abnormal fluid collection inside your body. The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case, and feel that percutaneous drainage is the best way to remove the abscess or fluid collection and relieve your symptoms.

Are there any risks?

Percutaneous drainage is a safe procedure, but as with any medical procedure there are some risks and complications that can arise.

- There is a risk of bleeding, although this is generally very slight.
- There is a very slight risk of an allergic reaction if contrast material is injected.
- 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 drainage.
- The drainage catheter 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.

Despite these possible complications, percutaneous drainage is normally very safe and is designed to improve your medical condition without need for a more invasive procedure, such as surgery.

What do I need to do to prepare for the procedure?

You may need to have a blood test before the procedure to check that you are not at increased risk of bleeding. Your doctor or clinical nurse specialist will tell you about this and how to arrange it.

If you are taking Warfarin, Clopidogrel, aspirin or other blood thinning medications please inform the Radiology department at least one week before the procedure, as these may need to be stopped for a number of days before the examination. Please continue to take all your other medications as usual.

You may already be an inpatient or, may need to be admitted into hospital on the previous day or the day of your procedure. On admission you will be informed of the approximate time of your procedure. However, this may change due to unforeseen circumstances.

You may be asked not to eat for 4 hours before the procedure, although you can usually still drink clear fluids such as water. If you are a diabetic your blood sugar levels will need to be monitored to ensure they remain within stable limits.

What happens before the procedure?

The procedure will take place in the Radiology department, either in the ultrasound room, CT scanner or a special X-ray room. You will be welcomed by the radiology staff:

- The Radiologist is a doctor specially trained to interpret X-rays and scans and to perform image-guided procedures.
- Radiographers are specially trained health professionals who move and control the radiographic equipment during the procedure.
- Radiology Nurses work with the radiologists and care for the patient during interventional procedures.
- Radiology Department Assistants (RDAs) are healthcare professionals trained to assist radiographers and radiologists in preparing and caring for patients undergoing scans and image-guided procedures.

A nurse or RDA will check your details. Please let them know if you have asthma, or are allergic to any medications, skin-cleaning preparations, iodine or the contrast medium (special dye used to highlight blood vessels on X-rays) used for the procedure.

You may be asked to change into a hospital gown and remove any jewellery from the area to be examined.

The radiologist will explain the procedure answering any questions you or your family may have. When all your questions have been answered you will be asked to sign a consent form for the procedure.

What happens during the procedure?

You will be taken into the ultrasound, CT or X-ray room and helped onto the scanner or X-ray table. The position will depend on where the abscess or fluid collection is in your body, and which type of imaging is being used to guide the procedure.

If intravenous contrast, sedation or painkillers are required for the procedure, a cannula (needle) will be inserted into a vein in your hand/arm.

A scan or X-ray will first be performed to mark the best site for the inserting the drainage tube. The skin will be cleaned with antiseptic fluid and covered with a sterile drape (towel). The radiologist will give you an injection of local anaesthetic to numb the area. This may cause some stinging, but it will only last a short time. The fine needle will be passed through the skin into the abscess or fluid collection under image guidance. You may be asked to hold your breath whilst this is done.

What happens next depends on what the fluid withdrawn through the needle looks like. Most of the time, a guide wire will be placed through the needle to allow the correct positioning of a drainage tube (catheter) into the abscess/fluid collection. Some discomfort may be felt as the drainage catheter is placed but this does not usually last long. The tube will be connected to a drainage bag outside the body and may remain in place for several days until the pus or fluid has been completely drained. Occasionally, the fluid may simply be drained through the needle or small plastic tube, which is withdrawn altogether at the end of the procedure.

Every patient is different, and it is not always easy to predict how long the procedure will take; however, expect to be in the radiology department for about 30 – 60 minutes.

What happens when the procedure is finished?

You will be taken back to your ward, where you will generally need to rest in bed for a few hours. You will have your pulse, blood pressure and if necessary your temperature taken to ensure there have been no complications.

You can eat and drink normally unless instructed otherwise by your doctor.

The drainage tube will remain in the collection until all the fluid has been drained. You will need to take care of the drainage bag and make sure that the tube does not kink (bend), or the fluid will not be able to pass through. Please be careful that the tube does not get pulled, as this could cause it to fall out. The nursing staff will measure and record the amount of fluid collected in the bag and change your wound dressings regularly.

Once the fluid has drained completely, the drain can be removed. This is not usually painful.

If a drainage tube has not been placed you may be discharged the same day.

Any questions?

We will do our best to make your visit as comfortable and stress free as possible. If you have any questions or suggestions for us, please contact the Interventional Radiology department on 01225 824375.

More information

For general information about Radiology departments, visit The Royal College of Radiologists' website: <https://www.rcr.ac.uk/public-and-media/what-expect-when>

For information about the effects of x-rays read the National Radiological Protection Board (NRPB) publication: 'X-rays how safe are they?' on the website: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947388410

How do I make a comment about my procedure?

If you have any concerns or suggestions following your procedure, please contact the [Patient Advice and Liaison Service \(PALS\)](#),
Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG.
Email: ruh-tr.PatientAdviceandLiaisonService@nhs.net
Tel: 01225 821655 or 01225 826319