

Patient Information Undergoing Percutaneous Abscess Drainage

Directorate of Clinical Radiology

Introduction

This leaflet tells you about the procedure known as percutaneous abscess drainage, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such a discussion.

If you are having the procedure done as a pre-planned operation, then you should have plenty of time to discuss the situation with your consultant and the radiologist who will be doing the drainage, and perhaps even your own GP. It is more likely that you need the abscess drainage done as a relative emergency, and then there may be less time for discussion, but none the less **you should have had sufficient explanation before you sign the consent form.**

What is a percutaneous abscess drainage?

Everyone knows what an abscess is, and how painful it can be, and how ill it can make you feel. In the past, drainage of an abscess inside your chest or abdomen would have required an open operation.

Now it is possible to drain abscesses by inserting a fine plastic tube, called a drainage catheter, into it through the skin, with only a tiny incision.

This procedure is called percutaneous (through the skin) abscess drainage.

Why do I need a percutaneous abscess drainage?

Other tests that you probably have had done, such as an ultrasound scan or a CT scan, will have shown that you have an abscess, and that it is suitable for draining through a small tube, rather than by an open operation.

Abscesses can make you very ill, and if they occur after surgery, will delay your recovery. Although antibiotics can help, they cannot really be effective against a large abscess. However, once pus has been drained, this can be sent to the laboratory for tests to show, which is the best antibiotic to treat the remaining infection.

Who has made the decision?

The consultant in charge of your case, and the radiologist doing the drainage will have discussed the situation, and feel that this is the best treatment option for you. However, you will also have the opportunity for your opinion to be taken into account, and if, after discussion with your doctors, you do not want the procedure carried out, then you can decide against it.

Who will be doing the percutaneous abscess drainage?

A specially trained doctor called a radiologist. Radiologists have special expertise in using x-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

How do I prepare for percutaneous abscess drainage?

You need to be an in-patient in the hospital.

You will probably be asked not to eat for four hours beforehand, though you may be told you can drink some water.

You may receive a sedative to relieve anxiety, as well as an antibiotic.

You will be asked to put on a hospital gown.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, then you must also tell your doctor about this.

Where will the procedure take place?

Generally in the x-ray department, perhaps in a special "screening" room, which is adapted for specialised procedures. If it is necessary to use the CT scanner to guide the drainage, then it will obviously be done

in the CT scanning room. It may be done in an operating theatre, using mobile x-ray equipment or a portable ultrasound scanner.

What actually happens during a percutaneous abscess drainage?

You will lie on the x-ray or scanning table, in the position that the radiologist has decided is most suitable. You may need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative to relax you, or painkillers. You may also have a monitoring device attached to your chest and finger, and may receive oxygen through small tubes in your nose.

The radiologist will keep everything as sterile as possible, and may wear a theatre gown and operating gloves. Your skin will be cleaned with antiseptic, and then most of the rest of your body covered with a theatre towel. The radiologist will use the ultrasound machine or the CT scanner to decide on the most suitable point for inserting the fine, plastic drainage catheter. Then your skin will be anaesthetised with local anaesthetic, and a fine needle inserted into the abscess.

What happens next will vary in different situations. The pus may simply be drained through that needle, or a slightly larger needle or plastic tube, which is then withdrawn altogether. Alternatively, it may be necessary to place a larger drainage tube into the abscess and attach it to the skin so that pus can continue to drain for some days.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It may be over in 20 minutes, or very occasionally it may take longer than 90 minutes. As a guide, expect to be in the x-ray department for about an hour altogether.

Will it hurt?

Unfortunately, it may hurt a little, for a very short period of time, but any pain you have should be controlled with painkillers.

When the local anaesthetic is injected, it will sting to start with, but this soon wears off, and the skin and deeper tissues should then feel numb. Later, you may be aware of the needle or the wire and catheter, passing into the abscess and sometimes this is painful.

There will be a nurse, or another member of clinical staff, standing next to you and looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have more painkillers through the needle in your arm.

Generally, placing the catheter in the abscess only takes a short time, and once in place it should not hurt at all.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse, blood pressure and temperature, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

If the drainage catheter has been left in your body for the time being, then it will be attached to a collection bag. It is important that you try and take care of this. You should try not to make any sudden movements, for example getting up out of a chair, without remembering the bag, and making sure that it can move freely with you. It may need to be emptied occasionally, so that it does not become too heavy, but the nurses will want to measure the amount in it each time.

How long will the catheter stay in, and what happens next?

These are questions, which only the doctors looking after you can answer. It may only need to stay in a short time. It is possible that you will need further scans or x-rays to check that the abscess has been drained satisfactorily. You will be able to lead a normal life with the catheter in place. When the catheter is taken out, this does not hurt at all.

Are there any risks or complications?

Percutaneous abscess drainage is a very safe procedure, and there are very few risks or complications that can arise. Perhaps the biggest problem is being unable to place the drainage tube satisfactorily in the abscess. If this happens, your consultants will arrange another method of draining the abscess, which may involve surgery.

Rarely, you may get a shivering attack (a rigor) during the procedure, but this is generally treated satisfactorily with antibiotics.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your

medical condition. Very occasionally an operation is required, but if the percutaneous drainage had not been attempted, then this operation would have been necessary anyway. Risk of death under 1:1000

Medication

The Radiologist will need to know all medication that you are taking, including anti-platelet drugs and anticoagulants. These are medicines that affect the way your blood clots.

Listed below are some drugs that the doctor will need to be informed about if you have been prescribed them:

Warfarin	Aspirin	Enoxaparin	Dalteparin
Clopidogrel	Tinzaparin	Bemiparin	Fondaparinux
Danaparoid	Dipyridamole	Coumarins	Acenocoumarol
Phenindione	Lepirudin	GP IIb/IIIa inhibitors	
Bivalirudin	Argatroban	Dabigatran	Rivaroxaban
Abciximab	Eptifibatide	Tirofiban	Plasugrel

The Radiologist will need to know if you have a hereditary bleeding abnormality or abnormal bleeding history after minor procedures such as dental extraction and further tests to assess your blood may be needed.

Further Information

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. **Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.**

Percutaneous abscess drainage is a very safe procedure, designed to save you having a larger operation. There are some slight risks and possible complications involved, but these are generally minor and do not happen very often.

For further information contact:-

Sister G. Kingsbury on:- 01873 - 732737
Radiology Department, Nevill Hall Hospital

or

Radiology Nurses on:- 01633 - 234327
Radiology Department, Royal Gwent Hospital

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Mae'r ddogfen hon ar gael yn Gymraeg".**