

## Percutaneous Abscess Drainage

### 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 an abscess drainage done as a pre-planned procedure, then you should have plenty of time to discuss the situation with your consultant and the consultant radiologist who will be doing the drainage, and perhaps even your own GP. If you need the percutaneous drainage done as a relative emergency, 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, 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 percutaneous abscess drainage?

Other tests that you probably have had performed, 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 the best antibiotic to treat the remaining infection is.

### Who has made the decision?

The consultant in charge of your case and the consultant 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 you opinion to be considered 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 consultant radiologist. Consultant 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.

### Where will the procedure take place?

Generally in the x-ray department, either in the CT scanning room, ultrasound room, or else a "special procedures" room. It may also be done in an operating theatre, using mobile x-ray or ultrasound equipment.

### How do I prepare for percutaneous abscess drainage?

You may need to be an in-patient in the hospital. You will have some blood tests performed beforehand, to check that you do not have an increased risk of bleeding. You will probably be asked not to eat for four hours beforehand, though you may be allowed to drink some water.

You may receive a sedative to relieve anxiety. You will be asked to put on a hospital gown and a member of the medical team will insert a needle into a vein in your arm, which can be used to give pain relief or sedation.

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 tell your doctor about this.

### **What actually happens during percutaneous abscess drainage?**

You will lie on the x-ray; ultrasound or scanning table, in the position that the consultant radiologist has decided is most suitable. You may have monitoring device attached to your chest and finger, and may receive oxygen through a small tube in your nose.

The consultant radiologist will keep everything sterile and may wear a theatre gown and operating gloves. Your skin will be cleaned with antiseptic and you will have some of your body covered with a theatre towel.

The consultant radiologist will use the ultrasound machine or the CT scanner to decide on the most suitable point for inserting the fine, plastic drainage catheter. 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.

### **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 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 uncomfortable.

There will be a member of the clinical team nearby looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have more painkillers or sedation 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.

### **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 30 minutes, although you may be in the x-ray department for about an hour altogether.

### **What happens afterwards?**

You will be taken back to your ward on your bed or trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure 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 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 usually hurt.

### **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.

### **Finally**

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.

### **Consent**

**Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.**

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.

### **Sources of information**

This leaflet is based on information from Clinical Radiology Patients Liaison Group (CRPLG) of The Royal College of Radiologists and the British Society of Interventional Radiology (BSIR) who have given their permission for it to be reproduced.

### **Important information**

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team on 01323 417400 Ext: 5860 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:  
Dr Giles; Consultant Radiologist, Dr Neal Barlow; Consultant Radiologist, Dr Mo Faris;  
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The directorate group that have agreed this patient information leaflet:  
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