

Patient Information Leaflet

Undergoing Percutaneous Abscess Drainage

Produced By: Diagnostic Imaging

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Introduction

This leaflet tells you about the procedure known as **percutaneous abscess drainage** and 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 nonetheless, 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. 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.

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 determine 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.

Giving your consent

Before a doctor or health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision is helpful, for example if your treatment involves sedation or general anaesthesia. You'll then be asked to sign a consent form. If you later change your mind, you're entitled to withdraw consent, even after signing. In addition to this, please ask the staff looking after you if you require a sickness certificate.

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.

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.

How do I prepare for percutaneous abscess drainage?

If you need to be an in-patient in the hospital this will be arranged with you before the appointment. You will probably be asked not to eat for four hours beforehand, though you may be told you can drink some water. You will be asked to put on a hospital gown.

If you have any allergies, you **must** let the doctor know.

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.

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 the fine needle, a slightly larger needle or plastic tube, which will then be 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 into a bag 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. A slight stinging may be experienced when the local anaesthetic is injected, but the stinging will wear off as the area becomes numbed. Later, you may be aware of the needle, or the wire and catheter, passing into the abscess, but this should not be 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 a 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.

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. As a guide, expect to be in the x-ray department for about an hour altogether.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will regularly monitor your pulse, blood pressure and temperature during the recovery period.

If a catheter has been left in to drain the abscess, it will be attached to a collection bag. It is important that you try and take care of these. The catheter is secured by a special dressing and the bag is supported by an elastic belt, which fits around your waist. 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.

Finally

If you have any questions or concerns that you would like answered, please contact;

(01983) 534666 Monday to Friday
09:00-12:30 and 13:30-16:30

Ask to speak to a Senior Radiographer in Diagnostic Imaging

Access to Health Records by Diagnostic Staff

As a patient undergoing tests as part of a diagnostic procedure information about you may be accessed by other healthcare professionals. It is normal practice in these circumstances for your consent to be implied as part of your agreement to have the test or tests performed.

Accidental over exposure of radiation

Despite all safeguards, medical exposures can occur where the actual dose is greater than was intended. The regulations governing these exposures are either IR(ME)R 2000 or IRR 99. In the event of an over exposure the incident will be reported to the Radiation Protection Advisor. It will be down to the discretion of the RPA as to whether there is a clinical requirement to inform any patient of an overexposure.

If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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