This leaflet tells you about having percutaneous drainage. It 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 discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

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 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.

Why do you need drainage?

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 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 the 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.

Are there any risks?

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

Perhaps the biggest problem 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.

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

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

Are you required to make any special preparations?

You need to be an inpatient in the hospital. You will probably have had some blood tests performed beforehand to check that you do not have an increased risk of bleeding. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water.

Who will you see?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

In the radiology department – either in the ultrasound, CT scanner or a special X-ray room. It all depends on where the abscess is in the body and which imaging the radiologist feels is best for you.

What happens during the percutaneous drainage?

This does depend on where the abscess is in your body and which imaging is being used. Usually you will lie on your back or front in the position that the radiologist has decided is most suitable. The radiologist will explain this to you before performing the drainage.

You will be asked to get undressed and put on a hospital gown. You may receive a sedative to relieve anxiety.

You may need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative or painkillers.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure.

Your skin will be swabbed with antiseptic and you will be covered with sterile drapes. The radiologist will use an ultrasound probe, X-rays or the CT scanner to decide on the most suitable point for inserting the drain. Local

anaesthetic will be injected into the skin to numb the area. A fine needle is inserted into the abscess to obtain a sample. What happens next depends on what the sample looks like. Most of the time, a guide wire will be placed into the abscess to allow the correct positioning of a drainage tube (catheter). This will be connected to a drainage bag. Occasionally, the abscess may simply be drained through the needle or small plastic tube, which is withdrawn altogether.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. Some discomfort may be felt when the drain is placed.

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 be taken back to your ward on a 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. The drain will remain in the collection until it has been fully emptied. Once this has happened, the drain can be removed. This is not usually painful.

How long will the catheter stay in?

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 collection has been drained completely. 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.

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.

Contact:
British Society of Interventional Radiology
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This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists. Approved by the Board of the Faculty of Clinical Radiology: 25 February 2011

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Percutaneous drainage

Patient information

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