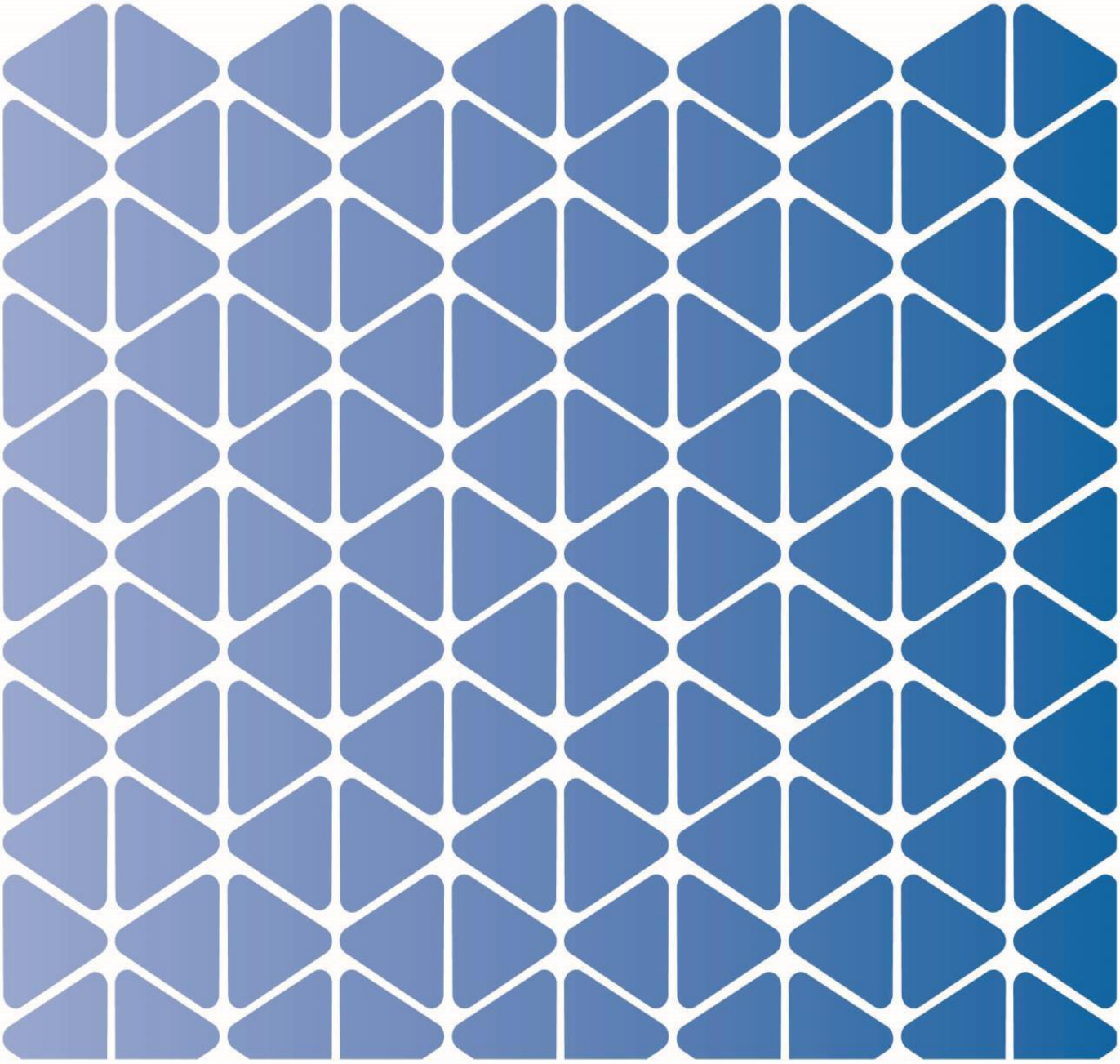
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

PERCUTANEOUS DRAINAGE OF ABSCESS /COLLECTION (ULTRASOUND GUIDED)



Radiology / Imaging Department
Investigative procedure information leaflet

Name of procedure: Percutaneous drainage of abscess /collection (ultrasound guided)

It has been recommended that have your abscess/collection drained using ultrasound guidance (sound waves). This will usually be performed by inserting a needle and/or a fine plastic tube (called a drainage catheter) through the skin using a small incision (cut).

During the procedure you will be asked to lie on a couch. The ultrasound probe will then be gently passed over your abdomen to locate the exact position required for the drain to be inserted. The skin will then be cleaned with antiseptic solution.

Local anaesthetic will then be injected into a small area of skin and the surrounding tissues. The aim of this is to make the skin numb so that you do not feel any pain. Using the ultrasound images which are shown on a television screen, a needle will be inserted through your skin. You should not feel any pain; however, you may feel some pressure as the needle is inserted. You may be asked to hold your breath for 5-10 seconds whilst the needle is being positioned; this is because the tissues may move slightly when you breathe in and out.

There are a number of techniques for draining the abscess/collection which are available. The fluid may simply be drained through the needle or a slightly larger needle may be inserted. Alternatively, it may be necessary to insert a fine plastic tube. This tube will then be attached to your skin so that fluid can drain into a bag. This tube may be need to left in for some days; your doctor will discuss this with you.

This leaflet explains some of the benefits, risks and alternatives to the procedure. We want you to have an informed choice so you can make the right decision. Please ask your radiological team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form. Your doctor or health professional will give you this form, or you may already have received it through the post with this leaflet. Please sign it if you are satisfied with the explanations and bring it with you when you attend for your procedure.

Intended benefits of the procedure
The aim of the procedure is to drain your abscess/collection and obtain a sample for a laboratory diagnosis. You need to be aware that there is a small chance that the result could come back inconclusive, meaning no diagnosis. Your referring Doctor will be in touch should this be the case.

Serious or frequent risks:
Your doctor has decided to recommend you have this procedure undertaken to help in your continuing treatment, in so doing they have balanced the benefits against any potential risks associated with it.

Percutaneous drainage is considered to be a safe procedure, but occasionally complications can arise because of the test's invasive nature.
These include:

- **Bleeding**
  Internal bleeding from the puncture site can occur. This bleeding will normally stop on its own, but occasionally the bleeding is more severe and a blood transfusion may be required.
- **Infection**
  There is a small risk of infection.
- **Discomfort**
- **Reaction to local anaesthetic**
  There is a small risk of a reaction to the drug used.
- **Accidental injury to other organs**
  The risk of this complication is substantially reduced by the use of the ultrasound guidance.
- **Recurrence**
  This might need repeating the procedure.
- **Death**
  Rare.

You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately. As with all invasive procedures, there is a very small risk that you may die from complications of the procedure.

Please let the Imaging Department know before attending for the procedure if you:

- are taking any of the drugs mentioned below
- have any allergies

Other procedures that are available
The alternative treatment options are to treat you with antibiotics or to undergo surgery. Your doctor will discuss this with you.

Your anaesthesia
A general anaesthetic is not usually required but as indicated above some local anaesthetic will be injected into your skin to help ensure that you are comfortable during the procedure.

Preparation for your procedure
You can eat and drink normally before the procedure. Your routine medication can be taken with sips of water

You will need to have a blood test before the procedure, to check your blood clotting levels. You will be informed of the arrangements for this test.
You can usually continue with your normal medication before your procedure, except those listed below in which case please inform your doctor and the radiology department. Please bring any medication you take with you, particularly if you are to be admitted.

Your normal medication
We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

Aspirin/Dipyrimadole
If you are taking these medicines regularly, please stop 5 days before the procedure unless you have a high risk indication. e.g. have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Prasugrel, Persantin, Clexane,
If you are taking any of these regularly, please ring the booking coordinator on 01527 503030 asking for extension 44603

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the Referring Clinician.

Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban
If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please

ring the booking coordinator on 01527 503030 asking for extension 44603. We will need to know why you are taking this and what your target INR is.

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

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On the day of the procedure
You will be admitted on to a ward. Before being transferred to radiology you will be asked to put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that drugs can be given, if required.

Prior to the examination the Doctor who will be carrying out your procedure will be available to answer any queries you may have. Please let us know in advance if you are allergic to any antibiotics or other drugs.

During the investigation
Following the procedure, you will be looked after by nursing staff on who will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will be discharged by a doctor once you have recovered.

After your investigation
Following the procedure, you will usually be admitted for observation for a period of a few hours.
If a drainage catheter is required, then the catheter remains in place in your body for the time being and will be attached to a collection bag. It is important that the bag doesn't get caught on anything which may lead to displacing the catheter. You will be able to carry on a normally with the catheter in place and it will be removed once the area is fully drained. Taking the catheter out does not hurt at all.

Leaving hospital

Length of stay
How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the procedure.

Medication when you leave hospital
Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence
How long it takes for you to fully recover from your procedure varies from person to person. It can take one to two days.
Once home, it is important to rest quietly for the remainder of the day.

If you have any of the following, please contact your Consultant or attend the nearest Accident and Emergency Department (not minor injuries)

- excessive bleeding from the procedure site
- experience excessive sweating;
- experience excessive shivering; or
- generally feel unwell
- increasing pain

Wound
A small waterproof or dressing will be placed over the site after the test and can be replaced if needed.

Personal hygiene
You will normally bathe or shower as normal after you leave hospital.

Diet
You don’t usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Exercise
You should not participate in strenuous sports for the first 10 days after your procedure. You should avoid heavy lifting and carrying heavy shopping.

Driving
You should not drive until you feel confident that you could perform an emergency stop without discomfort. It is your responsibility to check with your insurance company.

Work
When you return to work will depend on your job. If your job involves heavy manual work you may be advised to take a week off. If your job does not include manual work or lifting you may be able to return to work 2 days after the procedure.

Test results

We will normally send the samples to a special laboratory in the hospital for tests. The results will not be available on the day of the examination. They will be sent to your referring consultant who will usually either write to you or arrange an outpatient appointment.

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcsacute.nhs.uk/
  Information about Worcestershire Acute Hospitals NHS Trust
- www.radiology info.org
  For information on a wide range of radiological procedures.
- www.patient.info
  Information fact sheets on health and disease.
- www.nhs.uk
  On-line Health Encyclopaedia and Best Treatments Website.
- www.bsir.org
  British Society of Interventional Radiology – patient information

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.