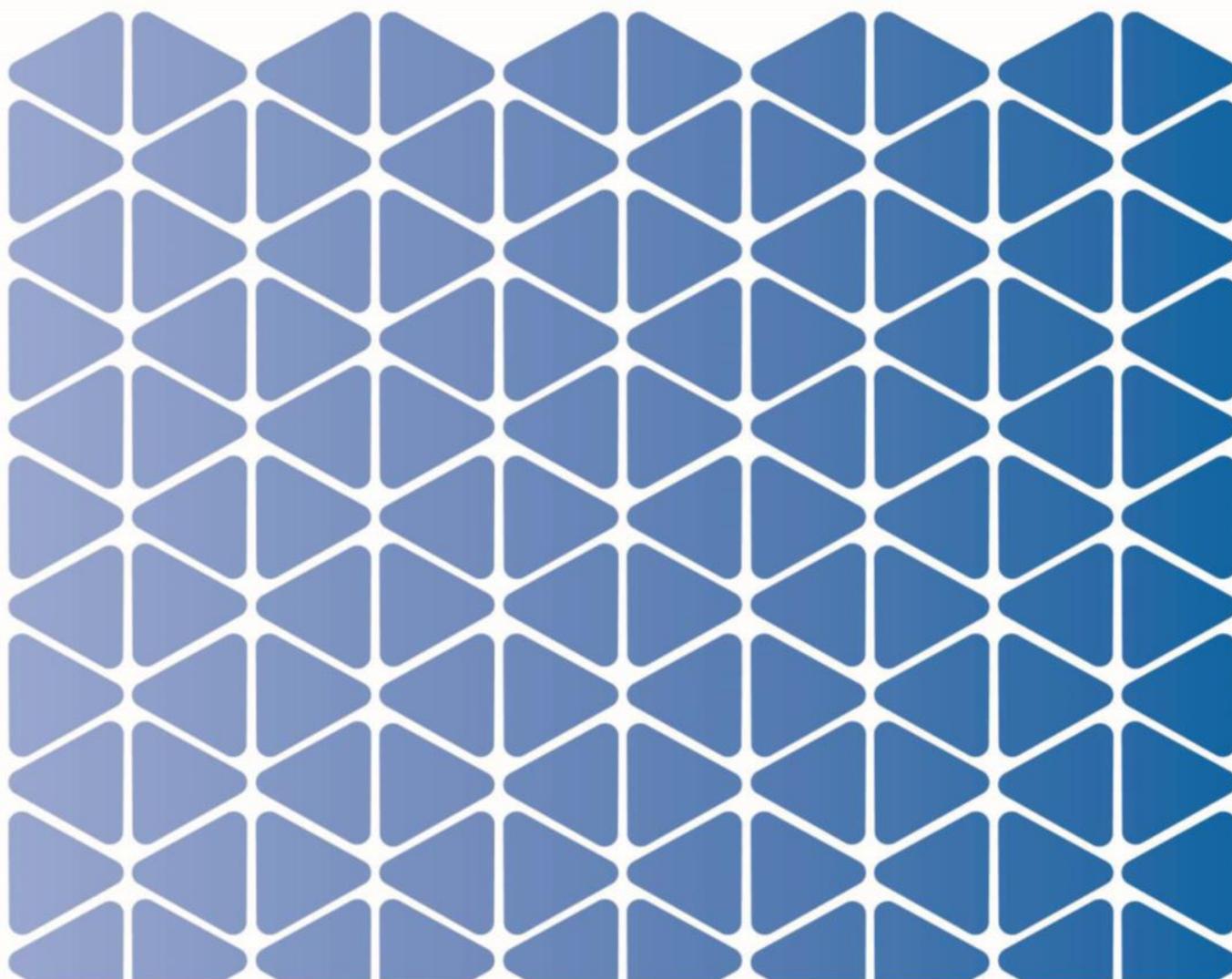




PATIENT INFORMATION

# PERCUTANEOUS DRAINAGE OF ABSCESS (CT GUIDED)



## **Imaging Department**

### **Investigative procedure information leaflet**

#### **Percutaneous drainage of abscess (CT guided)**

It has been recommended you have your abscess drained using CT guidance (computerised tomography, which is a specialised form of X-ray). The drainage will be performed by inserting a needle and a fine plastic tube (called a drainage catheter) through a small cut in the skin.

You will be asked to lie on a couch which moves through a large ring, rather like a doughnut, you will not be enclosed in a tube. Within the ring of the scanner there is a source of X-rays and on the opposite side X-ray detectors. Thin beams of X-rays are passed through your body; pictures are produced using a computer showing a cross-section of your body and organs.

The cross-sectional images are used to locate the abscess and the best approach to make. Your skin will then be cleaned with antiseptic solution and local anaesthetic injected into a small area of skin and the surrounding tissues to minimise the discomfort associated with the procedure. You may be asked to hold your breath for 5-10 seconds whilst the needle is inserted, this should not be painful but you may feel some discomfort and pressure, a sample will usually be taken.

A number of techniques are available to your doctor for draining the abscess. The fluid may simply be aspirated through the needle or a slightly larger needle may be inserted, more commonly a fine plastic tube will be inserted. 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, to help you make the best, informed decision as to your treatment. 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 undertaken by signing a consent form, which your health professional will give you.

## **Intended benefits of the procedure**

The aim of the procedure is to drain your abscess and obtain a sample for a laboratory diagnosis.

## **Serious or frequent risks**

Everything we do in life has risks.

## **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 of abscess is considered to be a safe procedure. 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. Occasionally the bleeding is more severe and a blood transfusion may be required.
- **Infection;**
- **Discomfort.**  
There is a small risk of infection at the site of insertion of the tube.
- **Reaction to local anaesthetic;**  
There is a small risk of a reaction to the drug used.
- **Accidental injury to other organs;**  
There is a small risk of injury to other organs including the lung, liver or bowel – depending on the site the needle insertion. The risk of this complication is substantially reduced by the use of the CT guidance.

CT scanning involves the use of X-rays, and so has the usual risks associated with ionising radiation. Patients who are or might be pregnant must inform a member of staff in advance. The amount of radiation is more than is used for an ordinary X-ray of the chest or body, and is equal to the natural radiation we all receive from the atmosphere over a period of approximately 3 years. This adds very slightly to the risk of, for example, developing a cancer. However, as one in three of us will develop a cancer at some stage during our lives, the added risk is very small, and also the risks from missing a serious disorder by **not** having a CT scan are considerably greater.

Many CT examinations involve you having a contrast medium injected into a vein in order to increase the amount of information obtained from the scan. The injection usually

causes nothing more than a warm feeling passing around your body. There is a slight risk of an allergic reaction to the injection, such as a skin rash, but it may lead to an asthmatic attack or other significant complication. The doctors in the radiology department are trained to deal with any complications and again the risk involved is very small. If you had a reaction to a previous injection of contrast material given for a kidney X-ray (IVP/IVU) or a previous CT scan you should tell the radiographer at the time of your examination.

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.

### **Other procedures that are available**

The alternative treatment options are to undergo surgery, have conservative treatment with antibiotics but no drainage, or sometimes ultrasound guided drainage can be undertaken. Your doctor can discuss this with you.

### **Your anaesthetic**

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

### **Preparation for your procedure**

You may have a blood coagulation test carried out before the drainage. 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**

If you are taking aspirin 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, Dipyridamole, Cilastazol or Prasugrel**

If you are taking any of these regularly, please ring the Imaging department on 01527 512099. 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 and Rivaroxaban**

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 Imaging department on 01527 512099. We will need to know why you are taking this and what your target INR is.

## **On the day of the procedure**

You may have been admitted as an emergency and already be on a ward, otherwise, you should attend your appointment 15 minutes before the stated time. Following the procedure, you will usually be admitted for observation for a period of a few hours or until your doctors are satisfied the abscess is fully drained. You need not fast for the procedure.

Prior to the examination the Consultant Radiologist 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**

In the examination room you will be made comfortable on the scanner couch. The procedure will then be performed as described above.

## **After your investigation**

We will usually take you to a ward where you will be looked after by the nursing staff. You may feel some discomfort in relation to the site of the drainage.

## **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;

- excessive bleeding from the drainage catheter/ procedure site;
- experience excessive sweating;
- experience excessive shivering; or
- generally feel unwell.
- Increasing pain

Please contact your doctor.

## **Wound**

A dressing will usually be applied over the site after the test. It will be replaced as required, particularly if a tube has been inserted.

## **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 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 sample 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. You need to be aware that there is a chance that the result could come back inconclusive meaning no diagnosis. Your referring Doctor will be in touch should this be the case.

**Please let the Imaging Department before attending for your examination know if you;**

- have had a heart valve replacement;
- have suffered from endocarditis;
- have had a pulmonary shunt inserted;
- are taking any of the drugs mentioned above;
- have any allergies.

### **Additional Information**

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

- [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)  
Worcestershire Acute Hospitals NHS Trust
  
- [www.patient.info](http://www.patient.info)  
Information fact sheets on health and disease.
  
- [www.radiologyinfo.org](http://www.radiologyinfo.org)  
For information on a wide range of radiological procedures.
  
- [www.nhs.uk](http://www.nhs.uk)  
On-line Health Encyclopaedia and Best Treatments Website.
  
- [www.bsir.org](http://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](mailto: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.