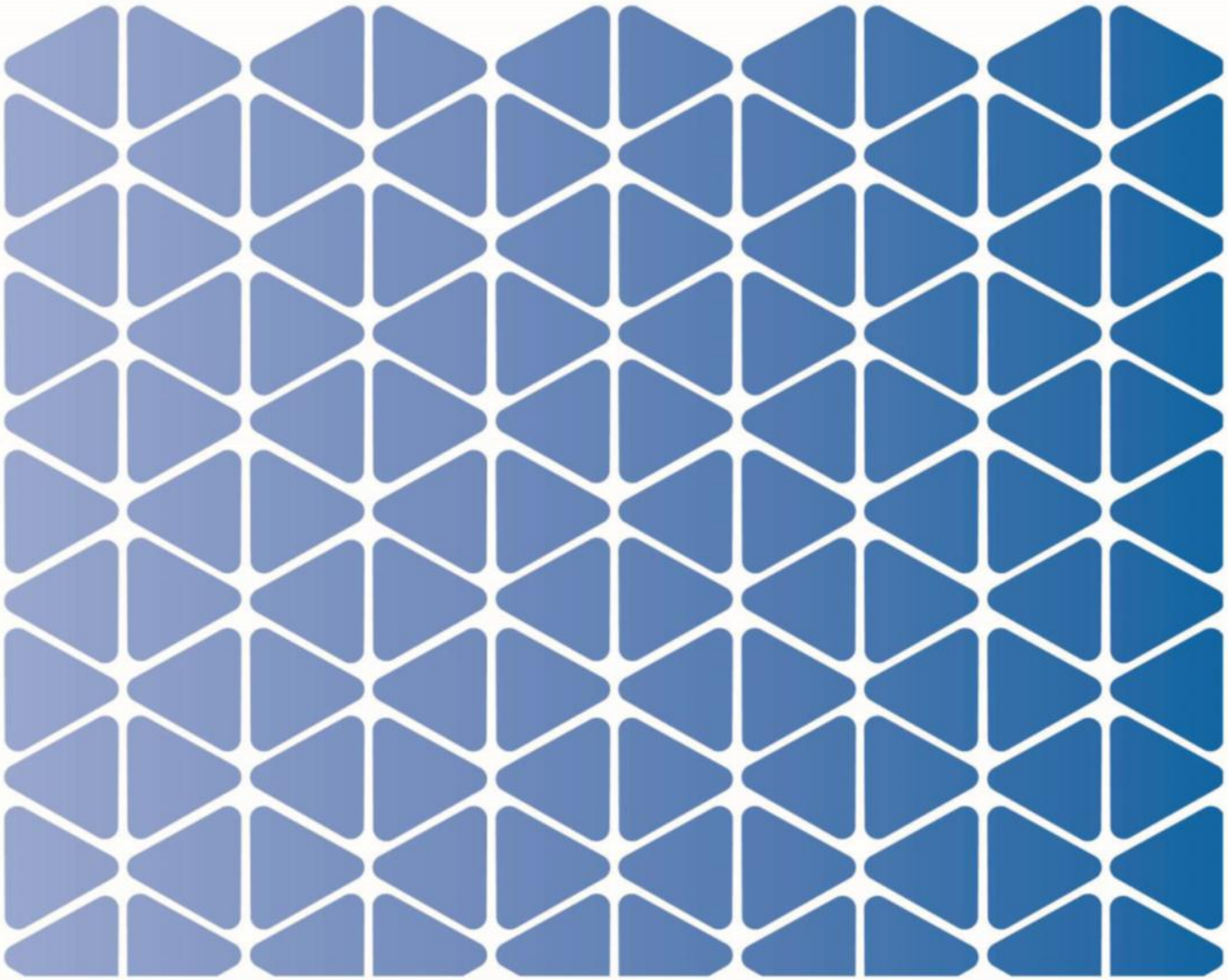
PATIENT INFORMATION

PERCUTANEOUS ASPIRATION OF ABSCESS (CT GUIDED)



Radiology / Imaging Department

Investigative procedure information leaflet

Percutaneous aspiration of abscess (CT guided)

It has been recommended for you to have your abscess drained using CT (computerised tomography, which is a specialised form of X-ray) guidance. This will be performed by inserting a needle and drawing out the fluid. Some larger abscesses may require a fine plastic tube (called a drainage catheter) to be inserted and left in place to allow the access to drain over a longer period.

A CT scan is performed using a specialised machine which looks like a large circular ring through which a moving table passes, on which the patient lies. Within the ring of the scanner there is a source of X-rays and on the opposite side of the ring is an X-ray detector. During the procedure you will be asked to lie on the CT table, which will then be moved slowly through the ring until the part of the body to be scanned is between the X-ray source and the X-ray detector. Thin beams of X-rays are passed through your body. Images (pictures) are then produced depending on the density of the tissues of your body. The cross-sectional images are used to locate precisely the area to take the biopsy and the best approach to make.

Using the images which are shown on a television screen, a needle will be inserted through your skin into the abscess.

In order to be able to perform an aspiration the couch will be moved through the scanner to locate the exact position of your abscess. Your skin will 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 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 inserted. This is because the tissues around the abscess may move slightly when you breathe in and out.

There are a number of techniques for draining your abscess which are available to your doctor. 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 biopsy.

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
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 aspiration 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 or procedure/operation 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**
  There is a small risk of injury to other organs including the lung. This complication is substantially reduced by the use of CT guidance.

CT scanning involves the use of X-rays. This investigation involves exposure to x-rays. X-rays consist of a type of radiation known as ionising radiation. Patients who are or might be pregnant must inform a member of staff in advance. X-Rays can have harmful effects on living cells and the radiation dose per examination is limited to level which is as low as is reasonably practicable and therefore the associated risks are minimal. The

radiologist / radiographer is responsible for making sure that the dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk.

Many CT examinations involve you having a contrast medium (a liquid ‘dye’ which shows up on x-ray) 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 media for a previous CT / Radiology exam 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.

Please let the Imaging Department know before attending for your procedure;

- If you are taking any of the drugs mentioned below
- If you 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

Local anaesthetic will be injected to help ensure that you are comfortable during the procedure.

Preparation for your procedure

You may eat and drink normally

You will need to have a blood coagulation test carried out before the biopsy. 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 biopsy 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 Imaging department on the numbers provided below.
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 Imaging department on the numbers provided below. 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.

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.

Please ring the booking coordinator on 01527 503030 asking for extension 44603 for any questions.

On the day of the procedure
You will usually have been admitted as an emergency or admitted for the procedure.
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 the radiologist can give you a sedative or painkillers during the procedure, if required.
Prior to the examination the 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 admitted on the day of your procedure.

During the procedure
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.

After your procedure
Following the procedure, you will be looked after by nursing staff on the ward 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.

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 abscess has 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.

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.

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 aspiration of abscess varies from person to person. It can take one to 2 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 doctor.

- Breathlessness
- Excessive bleeding from the biopsy site;
- Experience excessive sweating;

- Experience excessive shivering; or
- Generally feel unwell.
- Increasing pain

Wound
A small waterproof 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 biopsy. 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 biopsy.

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.patient.co.uk
  Information fact sheets on health and disease.

- www.nhs.uk
  On-line Health Encyclopaedia and Best Treatments Website.

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.