



## Diagnostic Imaging

# Percutaneous Drainage

This leaflet tells you about the procedure known as 'Percutaneous Drainage'. It explains what is involved and what the possible risks are.

### What is 'percutaneous drainage'?

An abscess is a cavity containing a collection of pus. It can be very painful and make you feel very unwell. In the past, drainage of an abscess or fluid inside your chest or abdomen would have required an open operation. Now it is possible to drain abscesses or fluid 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) drainage.

### Why do I need a percutaneous drainage?

You may have had an ultrasound scan or a CT scan, which has shown that you have an abscess or a collection of fluid. Abscesses can make you very ill, and if they occur after surgery, will delay your recovery. Although antibiotics can help, they are not very effective against a large abscess. However, once the pus or fluid had been drained it can be sent to the laboratory for tests to show which is the best antibiotic to treat the remaining infection.

### Who has made the decision?

The Consultant in charge of your case and a Radiologist will have discussed your case and feel that this is the best treatment option for you.

### Who will be doing the percutaneous drainage?

A doctor called a Radiologist who has been specially trained in using x-ray and scanning equipment to place the drainage catheter accurately into the affected area will perform the drainage.

### Where will the procedure take place?

In the x-ray department, either in the CT scanning room or in a 'special procedures' room, with an ultrasound machine.

### Is there any preparation?

You may need to have some routine blood tests. Your doctor will arrange for these to be completed.

If you are taking **Clopidogrel, Apixaban, Rivaroxaban or Warfarin**, these types of drugs affect blood clotting, so you may be required to stop taking them prior to the procedure.

**Please contact the Radiology Nurses for further advice if you have NOT been instructed to do so.**

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, then you must tell us.

## **Special instructions before the procedure**

You may have a light meal four hours before the procedure and continue to drink clear fluids up until two hours before the procedure.

Clear fluids = water, clear squash/apple juice, black tea or black coffee, clear herbal teas.

You should continue to take your regular medication as usual; however, patients taking warfarin, clopidogrel, apixaban or rivaroxaban will need to have this stopped by their referring doctor. If you have stopped drinking prior to the procedure, you should take your medication with sips of water.

## **Consent**

Informed consent will be obtained prior to the procedure. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

## **What happens during a percutaneous drainage?**

A nurse will take your details and attach a monitor so your blood pressure can be recorded, and your pulse etc. You will be asked to change into an x-ray gown. The Radiologist will explain the procedure to you before asking you to sign the consent form.

You will be asked lie on a bed or trolley. We will then scan you to find the best position for you to lie in. The Radiologist will clean the skin with antiseptic to help avoid infection. We will keep everything as sterile as possible; you may have part of your body covered with a sterile towel. The skin and deeper tissues will be anaesthetised with a local anaesthetic; this will sting briefly before the tissues go numb.

What happens next will vary in different situations. The pus or fluid may simply be drained through a needle or plastic tube, which is then withdrawn altogether. Alternatively, it may be necessary to place a larger drainage tube into the abscess or fluid and attach it to the skin so that it can continue to drain for some days.

## **How long will it take?**

Every patient's situation is different, and it is not always easy to predict how difficult the procedure will be. The procedure may take about 45 minutes.

## **Will it hurt?**

The local anaesthetic may sting briefly; you should then only feel touch and pressure in the area where the Radiologist is working. Generally, placing the catheter in the affected area only takes a short time, and once in place, it should not hurt at all.

## **What happens afterwards?**

You will be taken to your ward on a bed or trolley. Nursing staff will monitor your blood pressure, pulse, temperature, wound site etc, to make sure that there are no problems. You will generally stay in bed for a few hours until you have recovered.

If the drainage catheter has been left in your body for the time being, then it will be attached to a collection bag. It is important that you try and take care of this. You should try not to make any sudden movements, for example getting 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, and the nurses will want to measure the amount in it each time.

## How long will the catheter stay in, and what happens next?

This varies from patient to patient and the doctors looking after you should be able to advise you. You may only need to stay in a short while. You may need to have further scans or x-rays to check the abscess or fluid collection has been drained satisfactorily.

## What are the risks and complications?

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

Bleeding can sometimes occur, although in the majority of cases, this is self-limiting and only very occasionally will further treatment be required. Damage to adjacent structures is a rare complication because performing the procedure using imaging guidance allows the drainage catheter to be placed accurately.

You may experience a shivering attack (a rigor) during the procedure; this is generally treated satisfactorily with antibiotics and paracetamol.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a general improvement in your medical condition. Very occasionally an operation is required, but if the percutaneous drainage had not been attempted, this operation would have been necessary anyway.

## Finally

We hope that you have found this leaflet useful. If you have any questions, or you are worried about anything, please discuss it with your referring Consultant, your family doctor (GP) or:

- Radiology Sister – 01305 255276

**Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.**

## About this leaflet:

Author: Radiology Sister, Nicky Perkins  
Written: August 2018  
Updated & Approved: August 2022  
Review Date: August 2025  
Edition: v3

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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Williams Avenue, Dorchester, Dorset DT1 2JY  
[www.dchft.nhs.uk](http://www.dchft.nhs.uk)

# Information Booklet: Percutaneous Drainage

Getting feedback from our patients is important. Your answers can help us to monitor the information we give you, to ensure it meets a high and consistent standard at all times.

Could you please take a few moments to complete this form; all responses are in confidence. Thank you - your time is very much appreciated.

Did you find this booklet useful?                      Yes                       No

Did it contain the type of information you wanted?                      Yes                       No

Would you have liked more or less information?                      Yes                       No

Is there anything else you would like to know?                      Yes                       No

If yes, please tell us:.....  
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Your comments:.....  
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Radiology Sister  
Diagnostic Imaging  
Dorset County Hospital NHS Foundation Trust  
Williams Avenue  
Dorchester  
Dorset  
DT1 2JY