Percutaneous Drainage of an Abscess or Fluid Collection

Your doctor has scheduled you to have an abscess or fluid collection drained on ___________ at _______ ( ) a.m., ( ) pm. Report to G3/3 Radiology. Take the Atrium elevators to the 3rd floor.

This handout explains what to do before and after the procedure. Before they begin, our doctors will explain it to you and ask for your consent.

What is an abscess or fluid collection?

This is an abnormal collection of fluid within the body. It can result in pain, infection, or prevent healing. Some small fluid collections may go away on their own. If they don’t, the fluid may need to be drained. The fluid pocket may contain serous fluid, blood, or pus-like material. If the fluid is infected it must be treated.

How is the abscess or fluid collection treated?

Your doctor has discussed with the Interventional Radiologist the best method to treat the fluid collection.

Many fluid collections can be safely drained through percutaneous drainage. The fluid is drained by going through the skin and tissue to the fluid pocket. C.T. (Computerized Axial Tomography scan) guidance, ultrasound, or fluoroscopy is used to find the best entry site for this drainage.

Before the procedure, an intravenous (IV) catheter will be placed to give you fluids. It will also be used for medicine for pain and to relax you. You will be brought to the Interventional Radiology suite where the procedure will be performed. The site will be marked and cleansed. The skin and tissue will be numbed with lidocaine. After the skin and tissue are numb, a needle is placed through the skin and tissue to the fluid collection. Fluid may be drawn out at that time. In some cases a drainage tube is put in place to keep the fluid draining. If a drain tube is left in place, a dressing will be applied. You will be given instructions on how to care for the tube and dressing.

The fluid that is drawn out will be sent to the lab and studied. This will help your doctor plan your treatment.
A drainage tube may be left in place after the fluid is taken out. This is most often done if:

- there is a large volume of drainage.
- there is concern the fluid may come back.
- the fluid is infected.
- a fistula is suspected

The drainage tube will need to be checked at a later date. This is done to make sure it is still draining and to decide if it needs to stay in place or if it can be removed.

The drainage tube will need to be changed every 6-8 weeks to prevent infection. This will be done in the same way as when the tube was placed.

Most of the time the tube can be removed if you no longer have a fever, your white blood cell count is normal, and you only have a very small amount of drainage from the tube or none at all.

How do I prepare for this procedure?

- You may need to have lab tests done the day of the procedure. If you just had lab work done at another clinic, bring a copy of the results with you.

- If you take a blood thinner daily, the Interventional Radiology staff will contact you and tell you when you should stop taking your blood thinner.

- Stop eating solid foods 6 hours before the procedure. You may have clear liquids (such as apple juice, 7-Up, weak coffee or tea) up to 4 hours before the procedure. You can take your usual medicines with a sip of water.

- If you are taking insulin, our staff will give you instructions on how to adjust the dose before the procedure. Test your blood sugar in the morning before coming to the radiology department. We will also recheck your blood sugar.

- Tell our staff if you are allergic to latex, contrast dye, antibiotics, anesthetic agents, or any other medicine. Also, tell us if you are pregnant or could be pregnant.

- Please plan to have someone drive you home. We strongly suggest you have someone stay with you that night. If any problems should occur and you need medical care right away, you would then have some help. You should not drive or make important decisions until the next day.

What happens after the drainage is completed?

- You will return to your hospital room or the recovery area where you will be watched closely.

- Nurses will check your vital signs: pulse, blood pressure, and temperature.

- Nurses will check the amount and color of drainage from the tube.

- You should tell the nurses if you feel:
  - nausea
  - fever or chills
  - pain at the entry site of the tube

How do I care for myself at home?

Most patients are sent home with the drainage tube in place. It is very important that you know how to care for the tube once you are home.
The dressing should be changed every 3 days. The tube site is cleaned when the dressing is changed. Soap and water will be used to clean the site. Then, a small sterile gauze should be placed over the site and covered with a Tegaderm™ dressing.

If your skin is sensitive to the Tegaderm™ dressing, you will follow the same steps, but the gauze can be taped in place. In this case the dressing needs to be changed daily.

**How do I change the dressing?**

1. Gather all supplies needed.
   - Mild soap (e.g., Dove)
   - Sterile 2x2 gauze dressings
   - Medium size Tegaderm™
   - Clear adhesive tape or paper tape (if sensitive to Tegaderm™)
   - Leg bags — only change if needed
   - Extension tubing (CTU-14) — only change if needed
   - Blue caps for flushing the drain.
2. Wash hands well with soap and water for 30 seconds.
3. Open the sterile 2x2 gauze, and Tegaderm™.
4. Remove the old dressing.
5. Check the tube site for signs of infection:
   - Increased tenderness or pain
   - Increased redness or swelling
   - Drainage that is green in color or has a bad smell
6. Check that the stitches at the skin site are still tight and not loose.
7. Using a clean wash cloth, clean around the tube site with soap and water.
   - Gently scrub the skin around the exit site.
   - Rinse site with wet wash cloth
   - Allow the area to dry completely before putting the dressing on.
8. Place sterile 2x2 gauze under the tube and then place another 2x2 gauze over the site.
9. Cover the gauze with the Tegaderm® dressing.

**Managing your tube**

If the tube is left in, it will be attached to extension tubing and a drainage bag. You should try to keep the drainage bag lower than the tube exit site. This helps it drain by gravity. The extension tubing and drainage bag should be changed every 2 – 4 weeks.

If you have a Bulb type drain:
- Open the drain and compress the entire drain in one hand.
- Then recap the opening with your other hand.
- Empty and measure the amount of drainage in the drain daily
- Keep a record of the amount of drainage
- A follow up call will be made to you weekly regarding the amount of drainage from your abscess.

Please call the Radiology Department at **608-263-9729** if you have less than 20mls of drainage in 2 consecutive days from your abscess tube. You may be scheduled for a 6 week follow up appointment, but if the drainage is less than 20mls the appointment may be rescheduled to an earlier date. The tube may need to be flushed each day. You will be given a sheet telling you how to flush your drain (Health Facts for You #5721).
# Drain Measurements

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drain 1 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain 2 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drain 1 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain 2 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 3</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drain 1 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain 2 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 4</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drain 1 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain 2 Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When to Call the Doctor

- Redness at the site.
- Greenish drainage.
- Excess swelling at the site.
- If you have a fever greater than 100.4°F. Take your temperature if you are not feeling well.
- Pain at the tube site or in your side where the tube has been placed that does not go away with pain medicine.
- The stitches at the site come undone.
- The tube falls out.
- Severe nausea, vomiting, or diarrhea.

Phone Numbers

If you have any questions or problems once you are at home, call the Radiology Department (608) 263-9729. Evenings, weekends, and holidays, this number will give you the paging operator. Ask for the Interventional Radiologist on call. Leave your name and phone number with the area code. The doctor will call you back.

If you live out of the area, please call 1-800-323-8942.