UAB MEDICINE

Knowledge that will change your world

Abscess Drainage – For Patients

What is abscess drainage?

Percutaneous abscess drainage is generally used to remove infected fluid from the body, most commonly in the abdomen and pelvis. The abscess may be a result of recent surgery or secondary to an infection such as appendicitis. Less commonly, percutaneous abscess drainage may be used in the chest or elsewhere in the body.

What shall I do in preparation for the procedure?

- You should report to your doctor all medications that you are taking, including herbal supplements, and if you have any allergies, especially to local anesthetic medications, general anesthesia or to contrast materials (also known as "dye" or "x-ray dye"). Your physician may advise you to stop taking aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) or a blood thinner for a specified period of time before your procedure.
- Women should always inform their physician and x-ray technologist if there is any possibility that they are pregnant. Many imaging tests are not performed during pregnancy so as not to expose the fetus to radiation. If an x-ray is necessary, precautions will be taken to minimize radiation exposure to the baby.
- You may be instructed to not eat or drink anything for several hours before your procedure.
- You will be given a gown to wear during the procedure.
- You should plan to stay overnight at the hospital following your procedure.

How does the abscess drainage procedure work?

During the procedure, an interventional radiologist places a thin needle into the fluid using imaging guidance such as computed tomography (CT) scanning, ultrasound, or X-rays. Usually, a drainage tube is left in place to drain the abscess fluid. Occasionally, abscesses that cannot be safely treated by percutaneous drainage may require more extensive surgical drainage in the operating room. The drainage tube is usually stitched to help keep it in place.

What will I expect after the procedure?

You will remain in the recovery room until you are completely awake and ready to be moved to your hospital bed. In general, patients who undergo percutaneous abscess drainage will remain hospitalized for a few days. Further follow up is usually done on an outpatient basis and you will be seen by your interventional radiologist at regular intervals to ensure that the healing process is proceeding according to plan. Once you have recovered and your interventional radiologist is satisfied that healing is complete, the catheter will be removed.

Will I be put to sleep (under anesthesia) during the procedure?

No. This procedure is done under with either local anesthesia or sedation.

How long will the procedure take?

This procedure is usually completed in 20 minutes to an hour.

What are the benefits of having the procedure?

- No surgical incision is needed—only a small nick in the skin that does not have to be stitched closed.
- The procedure is minimally invasive and the recovery period is usually faster than after open surgical drainage.

What are the risks of the procedure?

- Any procedure where the skin is penetrated carries a risk of infection. The chance of infection requiring antibiotic treatment appears to be less than one in 1,000.
- There is a very slight risk of an allergic reaction if contrast material is injected.
- Very rarely, an adjacent organ may be damaged by percutaneous abscess drainage.
- Occasionally bleeding may occur. This can typically be treated by minimally invasive techniques, if necessary.
- The catheter placed at the time of percutaneous abscess drainage may become blocked or displaced requiring manipulation or changing of the catheter. In addition, a very large or complex fluid collection may require more than one abscess drain.

What are the instructions after the procedure?

- Limit yourself to light activities for a few days after the procedure. Increase activity and diet as tolerated. Do not drive, work, or make any major life or legal decisions for next 24 hours. You may shower after 2 days with the drainage tube covered. No swimming or submerging of the tube site. Keep the tube and drainage bag secure. Keep the bag below the level of the drain insertion site for improved drainage. Resume previous medications as ordered by your doctor(s). Fill any new prescriptions and begin taking them as directed.
- Change your bandage every other day and more often if it becomes wet or soiled. Wash your hands well. Clean the skin site with a wound cleanser, like hydrogen peroxide or chlorohexidine, and let it air dry. You may apply a topical antibiotic to the site before placing a new sterile dressing like gauze and tape or appropriate sized band-aide. Look at different ways you can keep the site dry during bathing including plastic wrap, press-n-seal, or cover dressings
- Flush your catheter daily to twice daily with 10 cc's of sterile water or saline. The nursing staff will teach you and your family about drainage care. Do not pull back on the syringe, flush only. If you feel resistance that will not resolve with flushing attempts or see a leak when flushing, then stop, connect back to the bag, and call us for instructions at 205-934-0152.
- Empty the bag contents daily into the commode and flush. Keep a written record of how much you emptied. Clean the drainage bag at least twice weekly as follows: Temporarily clamp or cap the drain and disconnect the bag. Open the drain spout found at the bottom of the drain bag by twisting counterclockwise and swish and soak the bag in a ratio of 2 cups of warm water for every teaspoon of bleach. Let the bag dry before reconnecting to the drain. Be sure to close off the drain spout before reconnecting to the drain tube. We or the hospital staff can provide an extra drain bag for you at your request.
- Call us or the referring doctor for any problems including the following:
  - Fever/chills not resolving or leakage at/around the tube or site.
  - Increased pain.
  - Decreased drain output or significant change in the output.
  - New onset bloody drainage or any change for the worse.
  - CALL US IF tube remains for longer than 4 to 6 weeks.

If you are feeling much better and the daily drain output is less than 15 cc for 2 consecutive days, call us or your doctor for a

plan in anticipation of possible drain removal. Otherwise, your follow-up appointment will be with your referring doctor(s). Your appointment with us will depend on if your drain needs repositioned, adjusted, or removed. This is based on how you are doing and any follow-up imaging such as a CT scan. Your doctor(s) will inform us if we need to see you or you can call us for an appointment about your drain.

If I have other questions, who do I contact?

For further questions or concerns about declot procedure, please contact Interventional Radiology at 205-934-0152, 205-934-7245, 205-975-4850.